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Original Communications.

Two years and a half in a London General Hospital. By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon Charing Cross Hospital.

A few months back there appeared in the columns of your journal some very interesting letters about London and London hospitals, from the experience of Dr. Perrigo, who had ample opportunities of observing the general management and different modes of practice in those institutions. I think, however, that following on the above a more minute account of the class of cases admitted into a London General Hospital, with a general idea of the treatment pursued, would be of interest to those of your readers who have not visited the old country. The Hospital to which I was attached is situated in the very centre of London, and affords ample accommodation for 160 patients. Eighty of the beds were set aside for surgical cases; seventy for medical; ten were at the disposal of the Physician accoucheur. Of the surgical beds, twenty were occupied by children between the ages of two and ten, suffering chiefly from so-called scrofulous disease of joints, hips, knee, ankle, shoulder and elbow, in their order of frequency. Cases of spinal disease, where treatment in an hospital would be considered beneficial, burns, scalds, fractures, etc., and occasional cases of stone in the bladder, although the latter cases are usually picked up by hospitals specially intended for that purpose, or are taken to surgeons specially skilled in Lithotomy, viz., Sir Henry Thompson, Sir William Ferguson, and others. The children, as a rule, belonged to London, and were of the half-starved, badly clothed order, although occasionally cases were sent up from the country for operation.

The different methods of treating hip-joint disease in its earlier stages were as follows:

1. To let the child lie in bed without any appliance.
2. To apply an interrupted liston with a perineal bandage.
3. A small sand bag attached to the foot with a perineal bandage passing under the opposite, that is the sound hip, and fastened to the head of the bed. Some surgeons prefer the perineal bandage to be applied on the diseased side.

The following was the ordinary way of applying a sand bag: A strip of plaster about 2 inches wide was stuck along the inner side of the leg, commencing below the knee and passing round the sole of the foot forming a loop, and then up the outer side of the

leg, a bandage being then applied to keep it fast. A sand bag, weighing from five to ten pounds, was fastened to the loop by a cord which passed over a roller fastened to the foot of the bed. By this means extension is applied directly in the axis of the limbs. Too much care cannot be taken in applying any instrument to the human body, but especially in the case of children, who are quite restless enough naturally, and do not take kindly to splints, so that every care should be taken to have the splint properly padded, to prevent bandages from chafing, or joints being kept on the strain as the ankle joint often is, through the foot being pointed downward too much.

4. To fix the hip-joint by the application of a plaster of Paris bandage to the limb and pelvis.

5. The splint devised by Dr. Sayre, of New York, was occasionally used, though not with as much success as he claims for it, although it answers very well as long as the patient is confined to bed—effectually relieving pain. It is not reasonable, however, to suppose that any instrument can be devised that will allow the patient's walking about, and at the same time preventing the head of the femur from touching its socket, if even only very slightly, still, when the joint is inflamed, causing intense pain.

6. Of the many methods of treating disease of the hip-joint in its earlier stages, or even after operation, I think Mr. Barwell's plan is by far the best.

It is as follows:—A wooden splint, like an ordinary long liston, with this exception, that it has a hinge joint opposite the hip, allowing the splint to be opened outwards, is bandaged to the limb as high up as the knee, a loop of strapping having been first fastened to the leg, as described above. From this loop a cord passes round a pulley, which is fastened to the lower end of the splint, up the outside of the splint over a pulley on the upper end of the splint, and then is fastened to a perineal bandage. This cord can be gradually tightened. Then a waist bandage is applied.

The great advantage this method has over others is that, in addition to steady extension, the limb can be abducted to any extent, which is one of the best means of preventing the tendency to great shortening after excision of hip. This fact is well enough known to any one who has had the care of many cases of fractured femur.

I have had opportunities of watching this plan of treatment, both in the hospital as well as in private cases of Mr. Barwell's. Whether he was fortunate in his cases or not, it is very difficult to say, at any rate I saw the disease arrested in two cases, one after wearing the splint constantly for three months. The

other child was able to walk without assistance at the end of the second month. A case in which Mr. Barwell excised the hip-joint recovered very rapidly, much more rapidly than any case that has come under my observation.

If the disease be not arrested, destruction of the joint follows, with extension of the disease to the bones forming it. Abscesses form, and may point in any direction. It was a fixed rule never, whether deep-seated or superficial, to open them with a knife. Usually they were allowed to burst and discharge themselves gradually; occasionally, when superficial a small amount was drawn off with a trocar and canula, the opening was then closed, and at the end of a fortnight a little more was drawn, and so on, until the abscess was emptied. I have never seen one opened under carbolic acid, nor have I heard of any case treated in that way in London, although I believe in Scotland the practice is becoming very common, of treating all chronic abscesses by opening them under a solution of carbolic acid.

With regard to cases where the hip-joint was excised, the practice was to make a crucial incision, remove the diseased bone, and then plug the wound with lint, soaked in a solution of carbolic acid. Many London surgeons, however, prefer to clean the wound thoroughly, and to bring the edges accurately together with sutures, leaving a small opening at the most pendant part. I believe the latter to be far the better way. The limb was then either placed between sand bags, as is the custom of Mr. Gant, of the Royal Free Hospital, who has been very successful in cases of excision of joints.

2. An interrupted liston was applied, which is a very objectionable mode of treatment, as the patient is sure to become deformed, especially if long treated in this way.

3. A well padded wire cradle which fixes both legs and pelvis reaching as high as the arm pits. There is an opening at the side, and one underneath so that the wound can be dressed, the patient can be placed on a bed-pan, carried from one room to another, or even taken out in the open air without the slightest movement of the lower limbs or pelvis. Extension can be readily applied by using a perineal bandage, so that there will be very slight shortening and no deformity of the body, as in cases treated by an ordinary outside splint.

4. Mr. Barwell's splint, which has been described. By abducting the limbs, the amount of shortening will be very slight. To a certain extent want of success in this operation as compared with other major operations is due, in London hospitals at least, to the

fact that cases are not sent into hospital until the time most favorable for operation has gone by. I had the charge of a case on which Dr. Sayre, of New York, operated subperiosteally. On the third day, I think it was, the periosteum sloughed and came away. I saw two cases operated on according to his method, in another hospital. All three did very well, more from the fact that the soft parts were less disturbed, owing to the great care necessary in removing the periosteum, than from the fact that the periosteum was preserved, as in the first case mentioned I know it was not.

THE ABORTIVE TREATMENT OF SMALL-POX.

BY W. E. BESSEY, M.D., MONTREAL.

In view of the loathsome character of this disease, its excessively contagious nature, its mortality in persons unprotected by vaccination, the hideous deformity and disfigurement which is a frequent result of its attacks, on the one hand; and on the other, the many evidences of its entire dependence upon a *particular disease germ*, engendered, preserved and multiplied under certain favourable conditions; as shewn by the success with which it can be destroyed, prevented and controlled by attention to habits of cleanliness, ventilation; and especially its destructibility by disinfectants, there seems to be not a shadow of doubt, so far as experience can guide us, that this *entity*, be it emanation, germ, or fungus, is incapable of resisting the destructive action of certain chemical agents, when brought into direct contact with it. Considering the constitutional disturbance, fever, and eruption, which characterize this disease, evidences of the presence and operation of this poison in the human system, which must have been introduced in infinitesimal quantity by the lungs, or by the stomach, and which must therefore, have been multiplied an indefinite number of times in the system, according to the degree of susceptibility of the patient, or the suitability of the soil in which it was thus transplanted, by being taken into the system. Moreover, as it is evident that nature treats this as it does every other morbid poison, by at once making efforts to cast it off as an enemy, or alienate it, I determined to try what success would follow an attempt to destroy the poison in the blood, and prevent the continuation of its ravages in the system, by bringing in direct contact with it in the circulation, substances which, when used as disinfectants, had not only succeeded in destroying its contagiousness, but also in eradicating the disease itself.

I have proceeded upon the hypothesis, that if the

disease depends upon a distinct *germ* or *primal cause*;—which it is self-evident that it must—and that this *entity* or *disease germ*, is capable of multiplication or reproduction in the system to an indefinite extent; and that the symptoms of small-pox are the resulting constitutional disturbance from its presence and reproduction; and the eruption, the casting out or effort of nature to rid itself of this enemy; and that this eruption, and other emanations from the patient are contagious; then, the shortest route to a successful eradication of such a poisonous influence from a community, neighbourhood or family, must be to attack, neutralize, and destroy the *disease germ* itself in each individual patient, by the use of such agents as are likely to be successful in accomplishing the feat. In this way the ravages of the disease would be cut short in the subject of its attack; nature would be prevented from sinking exhausted from its effects; its power of contagion destroyed and its ravages confined to the limits of a few isolated cases, and by a wise use of disinfectants in suspected localities, the fountain source destroyed from whence new cases might spring up and so extend the ravages of this dire disease. To meet these indications, I selected carbolic acid as an disinfectant and antiseptic agent, capable of destroying the *disease germ*, whatever may be its nature, whether an exhalation, a fungoid, an atmospheric influence, or a *disease germ*, capable of being taken into the system by injection, absorption, or inhalation.

If atmospheric germs, when introduced into open wounds are capable of occasioning suppuration, setting up putrefaction and preventing the healing of wounds, as maintained by Dr. Lemaire, of Paris, and Mr. Lister, and carbolic acid is capable of destroying these germs and preventing suppuration, thus promoting the healing of wounds, as it has been amply proven to be capable of doing. If it has been successful as an antiseptic and disinfectant in multitudes of ways in destroying disease emanations, and in opposing the spread of this and other contagious diseases. scarlatina, measles, typhus and typhoid, cholera included, must it not be through the power which it possesses of destroying *disease germs* in whatever form, of whatever nature, and under whatever circumstances, brought into contact with them even in the sanguineous fluid itself as in Pyemia, in the human subject. Its suitability, therefore as an agent calculated to destroy the small-pox *virus* in the system cannot be questioned, and especially when used in solution with glycerine, an agent which possesses such power of penetrability as to find its way to the most minute cells of the bony structures themselves. I therefore

selected carbolate of glycerine as the remedy he calculated to perform the work required of any remedy administered with such an object in view. The more perfectly to attain to the required *desideratum*, namely, a thorough antiseptic and disinfectant remedy, I combined the sulphite of soda in the prescription, as being a remedy well calculated, by virtue of the sulphurous acid which it contains, to destroy any parasitic or vegetable fungus which might at any time be present, or have any part or lot in producing or shaping the course of an attack of the disease, and which are assumed to exist in various forms of putrid fevers, and other forms of germinal disease. Moreover, sulphite of soda is a remedy of acknowledged value in many forms of disease depending upon a blood poison. The sulphurous acid, which is evolved when the salt comes in contact with the acids of the stomach, I suppose to act as an antiseptic and disinfectant, while the soda forming other combinations may act as a simple alkali or an aperient. For internal administration, then, I devised the following mixture:—

℞ Acid Carbolic, ʒj. Glycerine ʒj. Sodæ Sulphitis ʒx. Aquæ ad. ʒvj. Of this a dose proportionate to age of patient. For infants, $\frac{1}{2}$ a teaspoonful; for children up to about 7, one teaspoonful; and for adults, a dessertspoonful (or four teaspoonfuls) every third hour, to be administered as early as possible in the disease.

When there was much fever, and little action of the skin and kidneys, I gave the following as a diaphoretic every hour, until the feverish, or congestive stage of the disease had passed over,

℞ Potass Chloras ʒij. Liquor Ammon Acet. ʒij, Spts. Eth. Nit. ʒij, Aquæ ad. ʒvj. A teaspoonful for a child every hour, four times as much for an adult.

In cases where the eruption had already appeared before beginning the treatment, a topical application was required, which would at once destroy the contagious emanation from the vesicle or pustules, and at the same time remove the distressing itching present in most cases. To meet this indication, I prescribed a carbolate of glycerine, as follows:

℞ Acid Carbolic ʒij, Glycerine ʒij. To be applied to the face and other portions of the body on which the eruption had already appeared, once or twice a day with a feather.

I was not long waiting for an opportunity for putting this plan into practice. Mr. A., residing in Wolfe street, called upon me to visit his wife upon a Saturday evening in April last. I found her suffering from symptoms premonitory of small-pox, high

fever, great thirst, pains in limbs and back, tongue furred, &c., &c.

Prescribed Pulv. Doverii, grs. x. every six hours, with drinks of hot gruel *ad libitum*. Saw her again on Monday. The characteristic eruption of small-pox had now made its appearance copiously over the neck and face, arms and chest, and upon the inside of thighs—high fever and great thirst. Patient was nursing a child eight months old, and was the mother of a family of five other small children. I recommended immediate isolation of children, or removal of mother to Hospital. Neither recommendation would be acceded to. I then prescribed the acid carbolic and sulphite of soda mixture, a desertspoonful dose every three hours, and gave the diaphoretic mixt. at intervals of every two hours, with simple gruel or milk diet. A gentle laxative being required by the costive habit of body, I ordered a seidlitz powder once or twice a day, as might be necessary to preserve a lax condition of the bowels. No external application was made use of in this case. On the second day the fever had abated, the pustules had begun to decline, and by the sixth day after the appearance of the eruption it had entirely disappeared, and the patient felt well enough to sit up, but was not permitted, for prudential reasons. The child continued to nurse throughout without manifesting the slightest illness after the first two or three days. None of the family contracted the disease. The patient exhibited no trace or mark of the disease after recovery. This gentleman afterwards informed me that he gave several bottles of the prescription to French Canadians in the neighborhood, members of whose families were suffering from the disease, in all of whom its action was alike satisfactory. Indeed, I had sufficient proof of this in the number of persons of that nationality who afterwards applied to me for "that particular prescription."

Case No. 2.—Mrs. R's child, Murray street. This child was aged 2 years. When seen the eruption was in full bloom, but distinct and copious. The child had been tried three several times with vaccination during its infancy, but each time without success. The face and head were considerably swollen, the skin very red, the child restless, and manifesting considerable internal distress by moans and cries, &c. The bowels had been costive. Ordered a moderate dose of castor oil. Pulse 140; pupils contracted, breathing regular, but frequent; kidneys acting as usual. Fearing congestion of brain I added to the febrifuge mixture, usually prescribed, Tr. Aconit. Rad. Gtt. s.s. doses, and to be given every hour until the fever abated. I ordered the carbolate of

glycerine (diluted) to be applied over the whole surface with a feather wherever the eruption existed, twice a day. The carbolate of soda mixture, or (carbolic acid and sulphite of soda,) I gave every three hours in doses of 1 gr carbol. acid to 10 grs. soda sulphis, and recommended milk diet only, with an occasional mild dose of castor oil if necessary. On the second day following, the pulse had fallen to 96, the pustules had begun to pit and wither, the feverish condition was entirely gone, and by the seventh day the pustular eruption had withered away to a dry scurf or scale, and was rapidly falling off, and without leaving a solitary trace of their late presence on the skin; the child was now sitting up in its cot, playing with its toys.

Case No. 3.—Child of Mr. S., commission merchant, æt 2 years, had been sick eight days. The feverish stage of incubation lasting four days, on 5th day the eruption appeared; had been out three days when seen. Eruption copious and confluent upon the face and chest; constitution not strong. Child evidences signs of debility, and depression, with possible sinking, to be feared. Pulse 100, feeble, but with a disproportionately high fever. Prescribed as a stimulating diaphoretic the following:—

℞ Potass Chloras ʒj, Liquor Ammon Acet. ʒj, Spts. Eth. Nit ʒiv, Aquæ ad. ʒiv. Sg. A teaspoonful to be given every hour. At same time ordered the acid carbolic, and sulphite of soda mixture, (1 gr. acid carbol. to 10 soda sulphite), to be given every three hours.

As a topical application to destroy infectious nature or emanations from skin (there being other children in house), and to allay itching, the carbolate of glycerine, was ordered (3 ij. acid carb. to glycerine ʒiij,) to be applied with a feather to the whole surface of body at least once a day, oftener if it should appear necessary. To quote the father's own statement, "As soon as we began to use the remedy the fever abated, and the eruption began to wither and desiccate, and in about six or seven days had entirely disappeared." No one contracted the disease from this case.

Cases No. 4 and 5.—Mrs. M's children, aged respectively 2 years and 9 months, of ordinary strength of constitution. Eruption had been out three days, fever slight, eruption not copious, case of a mild character; had both been vaccinated. Gave no diaphoretic mixture, used only the carbolate of soda mixture internally every three hours, and the topical application of carbolate of glycerine, (diluted for youngest child), upon the skin. These children both did well, the eruption withered away, and rapidly disappeared.

Case No. 6.—Mrs. L. McD., a married woman, æt. about 30, nursing an infant 6 months old. The mother contracted the disease, and the eruption made its appearance on fourth day, of a copious character, not confluent. Fever high, great thirst, and pains in back, head and bones very distressing. Gave seidlitz powders as aperients, and prescribed above remedies in following doses: Acid carb. grs. ij, sodæ sulphitis grs. xv. with glycerine, every three hours. The diaphoretic mixture also, during first two days, or until fever abated, in liberal doses, and the usual topical application to the skin or eruption. In this case the effect of the treatment was most marked; the pustules immediately began to decline, not going on to fill or mature as is usual in small-pox; the fever subsided on the second day, the pains left simultaneously with the fever; the sleeplessness, which had been a distressing symptom before using the medicine, was succeeded by comfortable rest during the first night after taking medicine, and patient continued to rest well after. The eruption, which had begun to desiccate on second day of treatment, began to scale off on the fourth day, and soon entirely disappeared, leaving a surface free from any traces of its former presence.

Strange to say, the child continued nursing throughout, and did not contract the disease. This woman is mother of six young children, none of whom contracted the disease.

Mr. F.'s children, two boys, aged respectively 10 years and 4 years, residents of St. David's Lane. Was called to see oldest child, who was first taken ill; had been ill for some days. Found head and face very much swollen, throat much inflamed, tonsils enlarged, eruption copious and confluent, body completely covered, fever high, and attended with constant delirium, eyes swollen and shut, and deafness present; child had been vaccinated in infancy.

Prescribed external applications of strong carbolate of glycerine to surface of body, and the following diaphoretic mixture:

℞ Potass Chloras ʒj, Liq. Ammon Acet. ʒj, Tr. Aconit Rad. Gtt. xxxij, Spts. Eth it, ʒ Niv, Aquæ ad. ʒ iv. A teaspoonful every four hours. Made use of a mouth wash for fauces and tonsils of Potass Chloras. Ordered carbolate of soda mixture every three hours.

This patient appeared to improve during the first week. The eruption declined during first four days, after which it refilled again, or rather an eruption succeeded it of what might be termed copious white blisters, filled with a thin milk serum or fluid. The delirium suddenly increased, the throat became

much worse, and the patient refused all fluids, even medicine.

By this time the tonsils were extensively ulcerated. I prepared a lotion of carbolic acid, 1 to 100 of equal parts of glycerine and water. This enabled the patient, after a few hours frequent application, to take some milk; beef tea was now ordered in spoonful doses every hour, with tart drinks. The patient continued insensible, and in a few hours afterwards showed signs of sinking, succeeded by a feeble pulse, coldness of surface, shiverings, and finally patient died on 14th day, in a state of collapse. My two important mistakes or omissions in this case seemed to me to have been omitting to immerse the whole body in a warm bath in the beginning of the case, or even later, which might have been daily repeated; and not using carbolic to the throat affection when first seen, and depending too much upon chlorate of potash. The throat difficulty seemed to be the pivot upon which the result of the case depended. Altogether the case was the most severe I had seen for years, and had been contracted from a straw bed, which had been thrown out of a neighboring house, upon which two patients, a mother and child, attended by a prominent medical gentleman, had died of the most severe and confluent type of the disease. The second boy came under my care during the fever stage, and I at once began the internal administration of the carbolic acid and sulphite of soda mixture, paying great attention to the skin and throat to which I applied a very weak carbolic acid lotion. The bowels were kept relieved by castor oil; and the eruption, which appeared on the fourth day, began to decline on the sixth day, and was entirely gone on the 8th. This child had been tried with vaccine, but unsuccessfully. Wherever administered, in early stage of the disease the pustules have been prevented from maturing, and in no instance has any one contracted the disease from those thus treated.

This treatment is essentially the same as that followed by Dr. Boyer, of Philadelphia, and published in the Medical and Surgical Reporter: He gives a solution of 2 grs. carbolic acid, with 15 to 20 grains sulphite of soda every three hours, but with *no other treatment* than an ordinary purge during the initiative or forming fever.

The result of Dr. Boyer's experience with this plan of treatment, which seems to have been large, he gives as follows:—"The result, after several months trial, with myself and son, has been, that, in *every case of variola* and confluent small-pox, on the fourth day of the eruption the swelling of the face abated, the pulse fell to a normal rate, the tongue commenced

clearing, and the eruption began to dry up, and the pustules withered and shrivelled. By the seventh and eighth day of the eruption, the patient was convalescent, without a sign or mark of having had small-pox after the slight desquamation of the light scales or scabs fell off. In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally any soothing application for the first three days is all that is required to allay itching, etc."

The above extract from Dr. Boyer's statement of his experience fully accords with my own observations, —which, however, have been necessarily somewhat limited—except in two particulars; first, that the eruption began in every case to wither on the second day after the remedy had been administered, and again, that no one, so far as I have been able to ascertain, contracted the disease from the patients under treatment. I am induced to report this plan of treatment with my views as to the philosophy of it, in the hope that others who may have opportunity may be induced to take it up and give it a more widespread and extended trial than it has yet received.

Case of Intermittent Fever, originating in Montreal, by Francis W. CAMPBELL, M.D., L.R.C.P., London, Professor of Physiology in the University of Bishop's College, Attending Physician, Montreal Dispensary.

Read before the Medico Chirurgical Society of Montreal, November 14.

Intermittent Fever, or Fever and Ague, is a disease which is not at all uncommon in Montreal; but when the history of the case has been thoroughly sifted, it will almost always, if not invariably, be found that the patient has resided either in a district which is known to produce ague, or at all events in a section of country which has the reputation of being marshy. During the sixteen years that I have been connected with the profession I have seen many such cases, but I have not till this summer met with a case occurring in this city, and where the evidence was conclusive as to its having originated here, as the patient was born in Montreal, and had never been absent from the city for even a single day. I was under the impression that, as a local disease, it was extremely rare, the only other case I remember having heard of, occurring in the practice of my preceptor—the late Dr. James Crawford,—the details of which have, however, escaped my memory. Upon my having expressed my intention one month ago to read this case to this Society, on

account of its being, as I believe, a rare case, more than one member stated that they had had several such. I hope they are prepared this evening to give us the facts concerning them, and add some little information as to what has produced the disease in Montreal. I will not make any attempt to describe the causes which have been said to give rise to the disease, although perhaps some little interest might be thrown around the subject, by entering upon a discussion of the views advanced within a few years by Dr. Salsbury, of Cleveland, Ohio. My object, however, is to detail a case—not write a paper upon Fever and Ague.

Case.—On the 4th of June of this year, I was requested to see Bernard McAllister, aged 15 years, residing in McCord Street, and, on visiting him, he informed me that on Sunday, the 2nd instant, he had bathed in the Lachine Canal. The water was not warm, and, according to his own statement, he remained in it so long that, from the amount of heat extracted from the body, he became so benumbed that it was with difficulty he reached the shore. On commencing to dress himself, which he was unable to complete without the assistance of some comrades, he noticed that his body was of a purplish blue color. On reaching home, he was seized with sickness at the stomach, and with an intense pain in his head. He was placed in bed, and warm bottles put to his feet. Copious emesis followed, and the head was slightly eased, but it still continued to throb and ache, and he was unable to get warm. When I saw him on the 4th of June, he was sitting up in bed, and complained of still being cold; his head was still bad, and there was now a severe pain—heavy and dull in character, extending over the back, but worse about a hand's breadth below the angle of the scapula. The skin had the appearance familiarly known as "*goose skin.*" Eyes were heavy, tongue dirty—no appetite. Pulse 96—not at all full in volume. I directed a mustard footh bath, and gave him at once ten grains of Dover's Powder, leaving him a prescription for a mixture of Liq. Ammonia Acetates with Nitrate of Potash.

On the 5th, when I called, I could not say that there was any improvement, although he had passed a very comfortable night. Indeed, when I entered the room, although the day was comparatively a warm one—he looked as if he was in an ice house, skin was bluish, hands and feet were cold, and the nails congested. The pulse had fallen to 72. I ordered warm drinks, and bottles of hot water to sides and feet, and to continue the mixture.

6th June. On making my visit to-day, I was

informed that I had hardly left the house the previous day when the patient was seized with a severe rigor, which was followed by fever and sweating—the mother asserting that the two last occurred at the same time. The appearance of the patient was better to-day, although he still complained of not feeling warm; the skin was more natural, but the tongue continued dirty, and the pulse was much about what it was the previous day.

7th June. To-day, when I made my visit, I found the patient in high fever, which had then lasted fully two hours, and had followed a distinct rigor; as on the 5th. I now felt sure that I had a case of Intermittent Fever, but to make assurance doubly sure I returned to the house between five and six o'clock p.m., when I found the patient about recovering from profuse perspiration. I was no longer in doubt as to my diagnosis, and inquired very particularly if he had ever been absent from Montreal, when his mother told me that he was born in the city, and had never been out of it even for a day. I ordered him two grains of quinine, three times a day, with a powder of eight grains of quinine, to be taken about ten o'clock on the forenoon of the 9th. Not to weary you with details, I may state that in spite of full doses of quinine, given just before the time of the expected paroxysm, he shook on the 9th, 11th and 13th of June. It was not till the 15th that there was any apparent benefit. On this date, all the stages of the disease were much shorter in duration, and not by any means so intense in character; and although on the 17th he had a threatening, no paroxysm occurred. From this date there was no return; but the patient became rapidly anemic, in fact, almost blanched—a very distinct functional murmur being heard over the heart. I then discontinued the quinine, and placed him on iron. His improvement was gradual, and about the middle of July he was able to resume his work. I have not seen him since that time, but know from other sources that there has not been any return of the disease.

Communication.

"POISONED BY MERCURY FROM A TOOTH FILLING."

DEAR SIR :—In the December number of your periodical you have inserted an extract from a Nebraska paper, with the above startling heading. As every dentist in the Dominion, excepting one, use amalgam, and as the case in question, in some measure, reflects upon all those who do; and more especially as the truth of the case appeared in the same

dental journal from which the extract was made, as far back as last April and May, it seems strange that it has not reached you before now. I beg you to give the other side a hearing. Instead of the deceased having been "poisoned by mercury from tooth filling" it was clearly proved that this statement was most intensely absurd; the filling being a single and small one. It was proved that the subject died "of phlegmonous erysipelas. The first symptoms noticed were toothache, with swelled face and neck, for the relief of which a physician? was called, who fanned the flame by applying poultices. The inflammation of the peridental membrane extended to the maxillary periosteum, thence to the gums and other soft tissues of the buccal cavity, passed on to the fauces, and perhaps to the glottis, and produced death by apnoea." There is probably not a dentist in this city but can cite cases in his own practice where, had similar treatment not been stopped, and teeth extracted or otherwise treated, would have ended in the same way, and in many instances where there was no filling of any kind in the teeth. *Ne sutor ultra crepidam.*

The direct administration of mercury in any form would not produce symptoms similar to those in so short a time, and to suppose that sufficient of the mercury contained in the filling could evaporate, oxidize, or be converted into a soluble salt by any influence within the mouth to produce fatal salivation is simply ridiculous.

The dentist who filled the tooth was *intoxicated* at the time. The tooth was, no doubt, plastered up with a huge daub of amalgam; the pulp may have been alive and largely exposed, or dead, it makes little difference which; but it is obvious that there was inflammation of the dental periosteum when the patient complained of toothache and swelling, and soreness of the face; and it is equally patent that the same thing would have resulted had the tooth been filled with gold, or any other filling that would hermetically seal the cavity, and prevent the escape of the gas arising from the decomposing pulp or its debris. The prompt extraction of the tooth would have obviated all danger. The true verdict of the coroner's jury should have been that "the deceased came to his death by phlegmonous erysipelas, brought about by the treatment of an inflamed tooth, by Drs. Sprague, Davis and Buffon,"—the three latter being ignorant physicians, *who poulticed the patient to death.* So far J. S. Rice, M.D.

Prof. Cutler, M.D., D.D.S., one of the keenest diagnosticians in the dental profession, and professor of chemistry, microscopy and histology in the New Orleans Dental College, writes in the May No. of

same Journal a very elaborate exposure of the ignorance and unscientific reasoning of those who accused the small amalgam filling as the cause of death. "It does not appear," says Dr. C. "that mercury had not been taken by the patient before filling the tooth for some other cause, and the system at that time somewhat under its influence and the salivation a simple coincidence only. It is clear from the evidence that the intoxicated dentist filled the cavity over the base nerve producing all the horrible symptoms described. The same thing would have occurred had gold been used."

"If the medical men in attendance had decided that the amalgam caused the trouble, and the tooth itself was sore and tender, they should have removed the filling or the tooth. If the trouble was that of salivation alone, from the vapour of mercury during the process of hardening of the amalgam, the effect in the mouth would have been general, not local, nor confined to that tooth at all, as the action of the vapor would have to take place, first through the lungs, then through the circulation, and locating itself afterwards, as the amalgam itself is not susceptible of producing any specific mercurial action, as no sensible change takes place in a filling in a tooth for a long time, and even then only a slight darkening, the result of an oxide of silver, not of mercury, which is an insoluble, innocuous oxide and perfectly harmless anywhere in the body. The acids of the mouth are too weak to produce salts of the materials of amalgam." Dr. Cutler describes a case which troubled the patient for several years, and in which life was almost despaired of, "in consequence of temporarily stopping a tooth with gutta percha. The inflammation at first was erysipelas in character, accompanied with copious salivation, very similar to mercurialization though I am not aware that the patient had taken mercury any time very recently before the occurrence. Without the closest attention and treatment, I believe the patient would have died from suffocation in consequence of the gutta percha filling."

A couple of pages more follow; but the above will suffice to give your readers the other side of the story.

W. G. B.

Progress of Medical Science.

TREATMENT OF RIGIDITY OF THE OS UTERI.

BY A. B. ISHAM, M.D.

In speaking of the therapeutical means upon which we may most confidently rely as safe, reliable, and

entirely suited to the ends to be accomplished, Dr. Isham, for purposes of convenience, divides them into four classes:—

1. Those which may assist the inherent expansile power of the os.
2. Those which may bring about dilatation by pressure.
3. Those which may aid dilatation by producing muscular traction upon the os.
4. Those which may combine the aid of all the factors engaged in dilatation.

Therapeutic Agents of the First Class.—A continuous current of water, either warm or cold, applied separately or alternately, is an efficient means of producing an expansion of the os. It acts directly as an excitant of the circular fibres of the os and cervix, and it undoubtedly also secondarily brings into action the other forces of dilatation.

Barnes' water bag is a mechanical agent of great value, operating the same way as the water current, with the additional power of expanding pressure applied equally to all parts of the os.

The *electro-galvanic current* passed over the os furnishes another powerful stimulus to the nervomotor function, acting remotely in the same way as the other remedies of this class.

Agents of the Second Class.—*External pressure* upon the abdominal walls over the uterus, if well applied, supplies a power lacking in the uterine muscles, forcing down the contents of the womb against the os and substituting an artificial pressure of considerable power for the natural one.

Forceps may be called to aid if there is sufficient dilatation for their introduction. They afford a mighty power in traction, supplying from without the force wanting within, and producing gradual dilatation over them.

Agents of the Third Class.—*Chloroform* has the weight of high authority as being one of the first therapeutical agents, administered by inhalation in the treatment of complicated labor. Carried to full anæsthesia it perfectly relaxes every tissue in the whole system, and its efficiency in relieving spasm is manifest. It would thus enable the os uteri to be dilated by mechanical means, supplanting the place of all the natural forces of dilatation, and rendering delivery possible by instrumental aid. It has also another property, that of putting in abeyance the cerebro-spinal nervous sense, thereby undoing spasmodic action, while the play of muscular force may continue in operation. In this way it is a useful means of overcoming antagonism of uterine muscles. That chloroform is not applicable to debilitated subjects is apparent.

Sulphuric ether has properties analogous to chloroform, but it is considered by many to be the less hazardous remedy. They are both agents not to be trifled with, for, carried too far, they may produce paralysis of the heart or respiratory apparatus.

Hydrate of Chloral is a grand addendum to our therapeutical means. By its contact with the alkalies in the blood the chloroform is liberated. In doses of x grs. to 3 ss, repeated, if necessary, it quiets spasmodic action, restores balance to muscular effort,

gives ease and sleep to the patient, while it in no way interferes with the natural play of the uterine muscles—labor quietly proceeding under its influence. It is easier of administration than chloroform or sulphuric ether, much safer, and in most cases as efficient. Where there is a great gastric irritability, its use would seem to be contra-indicated.

Hypodermic injections of morphia have a speedy and reliable influence in suspending spasm and contraction of uterine muscles. They put a lock upon muscular action by rendering unconscious the muscular nervous sense, and thereby enable the muscles to recuperate their wasted energies. Morphia may be given *per orem* for the same purpose; but where speedy action is desired, or where there is gastric disturbance, the hypodermic method is preferable.

Opium has the same action as its alkaloid, morphia, but the latter is preferable on account of its smaller dose, and its more certain and speedy action.

Agents of the fourth Class.—Rupture of the membranes, where there is a deficiency of pressure against the os, constitutes a measure of great value—it enables the presenting part to engage advantageously, and furnishes leverage to bring into play the third factor of dilatation. This means may also operate upon the inherent expansile power of muscles of the cervix by letting down the presenting part against it to produce excitation of the nervi-motor function.

Stimulants and tonics, which, through the blood, give tone and vigor to all parts of the system, as alcoholic liquors, extract of meat, ammonia, quinia, and strychnia (operating through the spinal nervous system), are all invaluable remedies in inertia uteri. They give new life to the dormant muscles, and enable them to make the traction needed, to produce pressure, and to stimulate the nervous influence—all the factors in the process of dilatation.

Galvanism has been alluded to as an agent of the first class. By its action upon the nervous influence it may combine all the agencies entering into the expansion of the os uteri. The current should be applied by one pole to the external surface of the os, while the other is placed over the abdomen in front of the uterus, and gradually swept around to the spine, over the sacrum and lumbar vertebrae.

Ergot of rye has a well-settled power of stimulating contractions. Its mode of action, after much discussion, is not well ascertained. It may be administered by the mouth in any of the several ways in which it is prepared.

Tartar emetic, given in minute doses, often exerts a beneficial effect in relaxing rigidity of the os. Its physiological properties in this connection are not well understood.

concomitants of most preparations of this class, frequently confronts the physician when he casts about him to meet a case of simple constipation with what he cannot readily discover, a pleasant remedy. "Cite, tute, et juconde," may be said, I think, of the way in which the elegant preparation under consideration acts.

About two years ago I first became acquainted with the compound liquorice powder through Dr. J. Warburton, Begbie, and, since then, I have, I may say, daily tested its efficacy as an excellent laxative medicine.

The majority of cases of constipation arise from simple or functional derangement, and perhaps in all of these a loss of power or atony of the colon is the faulty source.

In the aged, this condition is properly coincident with the gradual cessation of activity generally in the bodily functions; but in the young, more avoidable or accidental causes are at work, such as sedentary habits, irregularity, debility from other illnesses, and the like.

With regard to other cases of constipation, which can be traced to a deranged state of the upper intestine, catarrhal conditions are most frequently observed, and I have met with no more inveterate instances of this sort than those occurring in patients whose rule of life seemed to embrace the persistent use of the numberless quack purgative nostrums.

I may with truth remark, in passing, that, in England at least, more disorders of the primæ viæ come under the eye of the physician from this one cause than from all the natural and inimical agencies put together. (1)

For the treatment of simple constipation resulting from atony of the bowel, the compound liquorice powder is admirably adapted. Whether in simple uncomplicated torpor of the intestines, or in constipation accompanying temporary gastric disorder, the powder, alone or auxiliary to appropriate remedies, is preferable to other preparations of its class. In the former, our object is rather to call into play the peristaltic action of the intestine than to deplete by serous transudation from its walls, and, in the latter especially, no prudent practitioner would run the risk of aggravating the disordered stomach by the exhibition of purgatives possessed of irritant or drastic properties. The compound liquorice powder is composed of the following constituents, so prepared as to form when incorporated an almost impalpable powder:—Senna leaves, $\frac{3}{4}$ vj; liquorice root, $\frac{3}{4}$ vj; fennel seeds, $\frac{3}{4}$ iij; sulphur, $\frac{3}{4}$ 3iij; refined sugar, $\frac{3}{4}$ xvij. (2)

The active ingredients are sulphur and senna. The action of the former, when administered alone,

ON THE USE OF THE PULVIS GLYCYRRHIZÆ COMPOSITUS, A LAXATIVE PREPARATION OF THE PRUSSIAN PHARMACOPOEIA.

BY DAVID PAGE, M.B., MDIN.; Kirkby Lonsdale, Westmoreland.

THE want of a mild but effective aperient, of convenient form, and without any of the disagreeable

(1) In the fourth volume of his Clinical Medicine, speaking of constipation, Trousseau remarks: "The use of these pills, (aloës, colocynt, gamboge, and rhubarb) is certainly less injurious than is generally supposed; and the abuse of them in England shows that we, on this side of the Channel, are inclined to exaggerate their evil effects."

(2) This formula is given in the Pharmacopœia Borussiae.

is frequently accompanied by tormina, and the continued use is apt to cause derangement of the mucous membrane of the upper intestine. The physiological action of sulphur appears to be upon the muscular coat, and less upon the mucous surface, while senna is a more active purgative, more apt to excite tormina, and acts more upon the mucous than the muscular coat. By the aromatic and stimulant properties of the fennel, and the demulcent action of the liquorice, itself a mild laxative, the effects of the more active constituents are judiciously modified.

The usual dose is a small teaspoonful at bed-time in water, with which it is easily mixable, forming an agreeable draught. Children to whom Gregory's powder is a terror, readily take it with the belief that it is a sweetmeat.

That the action of the powder is not to produce catharsis with serous transudation is proved by the motions, which are usually well formed and soft.

It is not my intention to enter into details of individual cases, but I cannot refrain from alluding to one instance as illustrative of a group where its use is preferable to other forms of purgative remedies.

Two years ago I saw with a practitioner in York a maiden lady, seventy years of age, who for some time had suffered from general paresis as indicated by ptosis of both eyelids, defective eyesight, habitual constipation, and difficulty of deglutition, especially of solids. I found that the taking of pills was to her a constant source of dread and annoyance, and suggested the compound liquorice powder, the adoption of which proved so pleasant and satisfactory that it was afterwards taken to the exclusion of the pills.

I have said that constipation most commonly results from functional derangement. Constipation connected with the simpler forms of structural disease, such as piles, fissures of the anus, and prolapsus, is also effectually treated by the powder; and in those grave cases, happily less frequent, but the saddest of all that the physician is called upon to treat, where structural changes within or without the bowel are slowly but surely encroaching upon its calibre, the constipation that gradually appears may for a time find relief in the same manner; although at a later stage, when the symptoms, formerly obscure, become so developed as to afford certain proof of the existence of an invariable obstruction, we must desist from harassing the patient with general remedies, and fall back upon the forlorn hope of local means.

In the early stages of hepatic disease, when the tympanic state of the bowels masked long-existing ascites, and on the treatment of which Dr. Basham has lately contributed papers to the *Practitioner*, I have found the use of somewhat larger doses of the compound liquorice powder, twice a week, or so, equally beneficial, and in my opinion preferable to that of mercury, jalap, colocyynth, or podophyllin.

The general treatment of constipation must not be lost to view; and while the use of any purgative whatever can only rank as a temporary expedient, the all-important observance of a well-arranged dietary, exercise, and habits of regularity, must be

considered of paramount necessity in the attainment of permanent relief.

Dr. Warburton Begbie, writing to me lately, says:—

"Your experience of the compound liquorice powder fully confirms my own, and that in every particular. I have found it specially useful as a laxative in *young* and *old* subjects, and have formed a high opinion of its efficiency as a medicine in cases of atony of the bowels determining constipation.

"You are correct in supposing that it was introduced into practice here by me.

"I had the prescription from a gentleman long resident in Breslau, for whom the powder had been ordered by the distinguished Hasse.

"Many friends like yourself have borne a strong testimony to its efficiency.

"It is certainly an admirably arranged powder."

CLINICAL THERMOMETRY.

BY LUCIUS D. BULKLEY:

At a meeting of the Medical Society of the County of New York, February 26, Dr. Lucius D. Bulkley read a long and elaborate paper upon this subject, illustrated by numerous mural diagrams and tables.

The number of cases in which a record of temperature was regularly kept amounted to 337, classified as follows; typhoid fever, 93; typhus fever, 23; pneumonia, 64; erysipelas, 24; acute rheumatism; 17; remittent fever, 12; intermittent fever, 7; scarlet fever, 7; phthisis, 19; acute meningitis, 9; tonsillitis, 7; peritonitis, 6; miscellaneous, 49. Besides the temperature, the pulse and respiration were always recorded, and the doctor had tabulated all the cases under each disease with reference to these three vital signs.

The nature of the paper precludes any extended extract. We confine ourselves to the doctor's concluding summary of the chief points he considers established:

"1. The body heat is maintained in health, under all conditions, at the uniform standard of 98.4° Fahr.

"2. Any constant deviation from this constitutes disease.

"3. A return to and continuance at this standard marks the determination of the disease.

"4. A single high temperature is important.

"5. The changes of temperature in diseases follow definite and known courses.

"6. Variations from these typical ranges of temperature in disease are significant, as indicating a disturbing cause.

"7. An irregular course is more unfavorable than a uniformly high range of temperature.

"8. Different temperatures characterize different diseases, and various days of the same disease.

"9. Although a high temperature indicates a more severe attack, no heat under 109° can be considered surely fatal.

"10. The daily study of the pulse and respiration

in connection with the temperature is of great assistance.

" 11. When the temperature and general symptoms agree, but the pulse disagrees, the two former are to be relied on.

" 12. When the pulse and general symptoms agree in indicating unfavorably, the temperature cannot be relied on, if contradictory, unless the improvement in respect to temperature is marked and persistent.

" 13. When pulse and general symptoms agree in a favorable indication, a high or rising temperature should arrest attention.

" 14. All other means of investigation should be used in connection with the temperature to obtain the greatest benefit from the latter.

" 15. The continuous daily record of the three vital signs here represented, in the way exhibited, affords much aid in the diagnosis, prognosis, and treatment of disease, by the presentation to the eye of its history in these respects.

" 16. The systematic record of these three points may assist in determining, at some future day, the vexed question whether the type of disease is changing, by preserving pictures which can be easily compared."—*Medical Record, New York.*

BROMIDE OF POTASSIUM IN EPILEPSY—A CONTRAST DURING A FRENCH CAMPAIGN.

THE distinguished psychologist, M. Legrand Du Saulle, of the Bicêtre, in a communication to the *Gazette des Hôpitaux* of February 20 and 23, furnishes an interesting review of the results of his employment of the bromide of potassium in 207 cases of epilepsy.

The bromide, he says, does not produce any mischievous effects; provided that it is of irreproachable chemical purity, and that its operation be attentively watched by the Practitioner—say, every fortnight. He has patients who have been taking from one to two drachms daily for a very long period without any ill-effect upon their health. Frontal cephalalgia, stuffing of the nares, lacrymation, gastric irritation, loss of strength, torpor of movement, acne, partial abolition of general sensibility, indifference, apathy, somnolence, intellectual obtuseness, stupor, inordinate appetite, constipation, and especially emaciation, have been justly indicated as consequences of its employment; but such effects have only been produced when the bromide has been of doubtful quality or has been ill-administered. If we place ourselves under favourable conditions for carrying on the experiment, we are not long in finding out that it may become as the daily bread of the patient, and so far from inducing emaciation, it rather favours the gain of flesh. It must, however, be well borne in mind that when, even with the purest salts, the daily dose of one drachm is approached, the reflex sensibility of the pharynx, base of the tongue, and epiglottis is considerably diminished or abolished, and that the genital desire is sensibly blunted. It is at about the same dose that acne commences, and it is an error to suppose that its intensity should influence the prognosis.

If the dose be too large at first, or too rapidly increased, bromism may be easily induced. M. Legrand commences with from twenty to thirty grains a day, and, according to the nature of the case, increases this by from seven to fifteen grains every fortnight or month—"mounting only slowly the steps of the therapeutical ladder." The ultimate daily quantity which he reaches oscillates between ninety and 135 grains, but to attain this from three to six months are required. In one case only was a maximum of 210 grains reached, but for this twenty-six months of treatment were required. While at least from sixty to seventy-five grains daily will be required for males before any efficacious therapeutical effect will have been attained, in young girls and women well-marked and sufficient action may be obtained by from forty-five to sixty-five grains.

In 207 cases in which he has used the bromide, the following results were obtained:—In seventeen, absolute suspension of all epileptic symptoms during from two to four years; in twenty-eight, absolute suspension from twelve to twenty-two months; in thirty-three, considerable amelioration, no epileptic attack having occurred from six to ten months; in nineteen, a relative amelioration, the remission lasting from two to six months, and the various symptoms being much abated in severity; in 110, failure. This last item is rendered larger by the inclusion of patients that have been too short a time under observation to speak positively about; others who have been lost sight of during recent events, and others, again, for whom the medicine proved too dear to secure their perseverance with it. The proportion of cures is sensibly greater in private practice than in the Bicêtre or Salpêtrière, most of these last presenting cerebral complications. In the unsuccessful cases, also, the bromide often abates much of the violence of the symptoms.

When an epileptic has passed a year without an attack, M. Legrand administers the bromide only on alternate days during the first half of the month, and every day during the second half; and, after eighteen months' suspension of attacks, he gives it every third day during the first, and every day during the second half of the month. At the end of the second year it is given every fourth day during the first fortnight, and so on. He considers a rigid perseverance in this plan essential, and believes the usual plan of administering decreasing doses as improvement occurs a deplorable error. Relapse is sure to occur if any truce be thus given to this obstinate disease, the bromide being, as already said, as it were, the daily bread of the epileptic. Medical superintendence during its employment is always essential; and surreptitious augmentation of the dose, as sometimes practised by patients, may lead to aggravated symptoms. The acne which accompanies the use of the medicine is often very obstinate, and ignorance of its bromic nature has led the useless employment of various agents. Great fetidity of breath attends the prolonged use of the bromide, and this is best met by taking it only a minute or two before meal, or receiving it as an enema twenty minutes before.

TREATMENT OF PLEURISY.

In the course of his lectures entitled "Sketches of Success and Failure in Medicine," Dr. C. J. B. Williams observes that the treatment which is successful in a large proportion of cases of acute pleurisy is chiefly antiphlogistic, and more local than pneumonia. Venesection is required only in the plethoric and robust, and then only in the earliest stage of the sthenic form; but leeches or cupping may be used with advantage so long as there is pain with increased temperature. In very many cases there is little or no heat of skin; and in these he prefers a large blister at once, keeping it on not more than six or eight hours, and following it with a large poultice covered with oiled silk. This promotes the discharge from the blistered surface, and acting as a comfortable fomentation on the side, may well be continued till the parts are ready for further blistering, should it be required. Of internal medicines, mercurial and saline diuretics are the best for the early stage of inflammation. If there be severe pain, he gives a few doses of calomel combined with morphia, till the pain is relieved, and then substitutes small doses of blue pill, with squill and digitalis, two or three times a day, until an effect is produced on the bowels, kidneys, or gums. Salivation is by no means necessary or desirable, the best operation of mercury being on the liver and kidneys; and when these are brought to act freely, the effusion, if serous, generally is stayed and will diminish, quickly in some cases and very slowly in others, without any further active treatment. Saline diuretics of citrate and nitrate, or acetate of potash, are useful in most cases. In mild forms of the disease mercury is not necessary; blisters and saline diuretics are sufficient, and may soon be changed for iodide of potassium in a bitter infusion, with daily painting the affected side with tincture of iodine. But sometimes cases of extensive pleuritic effusion are met with, which, either from original intensity or from not having been treated soon enough, will not yield to any or all of these remedies; and whenever the effusion is not so much as to cause such distress in breathing as to interfere with the comfort of the patient and especially to prevent sleep, there should be no delay in puncturing the chest. We may be more confirmed in recommending this treatment if the symptoms render it probable that the effusion is purulent, and it may be often guessed that this is the case when there is general pallor, with partial hectic flush, alternations of chills and sweats, very frequent pulse, much weakness and tremulousness of movement, and more than usual tenderness and puffy feelings of the walls of the affected side. In cases in which the nature of the effusion is doubtful, the grooved needle may be introduced to settle the point; but Dr. Williams says that in all cases where there is great and continued effusion—such as to prevent sleep—the operation should be performed, whether the effusion is purulent or serous only. In cases of serous effusion, tapping to the removal of two or three points may be enough to relieve the oppression. The respiration and circulation being thus set free, the rest will probably be absorbed. But

in cases of empyema it is desirable to evacuate more matter, and repeated operations may be required. Dr. Williams' experience is in favor of avoiding the admission of air if possible, and for this purpose the simplest and most effectual means is the attachment to the canula of the trochar of a few inches of a perfectly flaccid tube, such as rabbit's intestine, or soft thin india-rubber, which permits the liquid to flow downwards freely, but, collapsing as the current flags, effectually prevents any air from passing upwards. After the operation the treatment should be of a sustaining kind. A course of cod-liver oil with a mild tonic, a generous but not too stimulating diet, and moderate exercise in a healthy air, greatly conduce to convalescence, and may prevent many evil consequences. In cases of empyema with a permanent opening in the chest, little improvement may take place till the patient goes to a healthy country place or to the sea-side; and then the discharge soon begins to diminish, and the health and strength are simultaneously improved.—*Medical Times and Gazette*, March 23.

QUININE COMPARED WITH ERGOT.

It is well known amongst practical men in England that sulphate of quinine has certain effects on the womb, of which it is well to be aware—for instance, that if given to young girls it is apt to make the menstruation painful and scanty. Dr. Angelo Monteverdi, of Cremona, has treated of this matter at length in a lately published treatise, (a) of which the following are the conclusions:—Bark and its preparations act first on the sympathetic, then on the spinal nerves. Thus it produces contraction of the muscular fibres supplied by the great sympathetic, and especially of the womb, bladder, intestines, and bloodvessels. Its effects depend on the dose, and on the condition of the organs acted on. It may restore relaxed organs to their normal state of tone; or if the tone of these organs be already sufficient, it may induce morbid and excessive contraction. This is shown by its action on the pregnant womb, and especially during parturition. It may, administered imprudently, cause abortion; but in case of languid and feeble uterine contraction it may accelerate childbirth, and cause the normal expulsion of the placenta. Dr. Monteverdi believes it to be far preferable to the ergot, and less detrimental to mother and child. It takes the place of the ergot in all relaxed contractions of the womb—menorrhagia, amenorrhœa, and the like. It is the best preventive of puerperal fever, and the best remedy for its early stages. It is injurious in all cases of uterine excitation. These are the conclusions of Dr. Monteverdi, supported by many cases and by abundance of argument. Without doubt he demonstrates the effect of quinine on the womb; but he fails to show that for rapidity, certainty, and power of action it is at all comparable to the ergot as a parturient. Nevertheless, the hints here given, and especially on the possibility of causing dysmenorrhœa or abortion, are worthy the attention of the circumspect Practitioner.—*Medical Times and Gazette*.

CHRONIC URETHRAL DISCHARGES.

F. N. Otis, M.D., N. Y. (*N. Y. Med. Journal*), in an article on "Chronic Urethral Discharge," gives us his treatment as follows: When, after a longer or shorter time, the acute symptoms of an attack of gonorrhoea have subsided, and there remains simply a purulent or muco purulent painless discharge, examination should be carefully instituted with the view to ascertain the exact point to which the disease has extended, and, as nearly as possible, the pathological condition upon which the continuance of the discharge depends.

The indications for treatment are to apply such local measures as are most likely to diminish the excess of fluid, and to stimulate the membrane to a more complete performance of its functions. Solutions of the salts of zinc, lead, and iron, combining the astringent and stimulating properties in various degrees, are found well calculated to meet this double requirement. Vegetable tonics and astringents are found also of value. The more thoroughly the epithelial products in the discharges are degenerated, the more stimulating and astringent is the application required to be. When the discharge is not wholly without pain, he is accustomed to add 2 or 3 grains of the extract of belladonna to the following solution: Sulphate of zinc, or the acetate of lead, alone or in combination, and of a strength varying from one to three grains to the ounce of distilled water. When the discharge is small in quantity and chiefly mucous, the acetate of lead, grains *one to three*; the persulphate of iron, grains *three to five*; tannic acid, from *five to ten*, are often promptly efficacious.

He has seen positive benefit in quite a number of cases where a solution of two or three grains of phenol to the ounce of water has been used.

CHLORODYNE.

We proceed to redeem our promise to give an exact formula by which this proprietary medicine may be prepared. We may premise that careful investigation enabled us to decide upon the general composition of the article, but that the following prescription was actually prepared by a pharmacien in the East, just before chloridyne was so extensively advertised:—

R. Morph. mur., gr. xvj.
Acidi perchlor., m. xl.
Tinct. lobelia, ʒ ij.
Tinct. capsici, ʒ j.
Ol. m. pip., gtt. vj.
Chloroform, f. ʒ j.
Ac. hydrocy, Scheele, m. xxiv.
Theriac, q. s.
Aq. ferventis, ad ʒ iv.

M. Dissolve the morphia in the acid and hot water; then add the other ingredients.

After careful experimentation we find that a more uniform result will be obtained by ordering three ounces, by weight, of treacle instead of the indefinite *quant. suf.* Half a drachm of the product contains a quarter of a grain of the morphia salt.—*Doctor, June 1, 1872.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A. M.D. L.R.C.P. LOND.

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MONTREAL, JANUARY, 1873.

THE AMALGAM QUESTION.

In our November number, we inserted, at the request of one of our subscribers, a paragraph which appeared in the *Dental Register*, published at Cincinnati, in which it was made to appear that a certain individual had died from the most intense salivation, produced by the introduction of this now somewhat noted mercurial amalgam into one of his teeth. As we anticipated, the insertion of this paragraph has produced a letter signed W. G. B., initials of one of our well-known dentists, in which he gives the opposite side of the question, quoting from two articles, which appeared in the same *Dental Register*, reviewing and criticising the verdict of the Coroner's Jury, and the statements of the first paragraph. As we have not the slightest intention to become further involved in this now somewhat celebrated dispute which has produced a law suit, and as both sides have been able once more to put in an appearance, we shall not insert anything more on the subject. We, however, think there would not have been any harm if W. G. B. had quoted the following additional paragraph from the article of Dr. Rice, giving as it does his opinion of the value of the preparation. "Amalgam has many faults, and few advantages, and every conscientious dentist should disdain its use, except in cases that are few and far between."

TO OUR SUBSCRIBERS.

With this number we complete the first half year of the *Record*, and we are happy to be able to announce that its success has been beyond our most sanguine anticipations. Ushered somewhat hurriedly and unexpectedly into existence, there was no time to make a special effort to extend its circulation, nor has any been made since. Yet it has been quietly, yet surely, working its way, till at this moment our circulation is within a fraction of being double that of the old *Canada Medical Journal*. To many of our friends throughout the country, who have aided in extending our circulation, we owe many thanks, which we heartily tender them.

We are now unable to supply complete sets of the

Record, and new subscribers will be furnished from the present issue to the close of the Volume, at \$1.00.

With the present number, we send accounts to all our City subscribers. Next month they will be forwarded to our subscribers in the country. To all we wish the compliments of the season.

AN ANTI-VACCINATION MOVEMENT.

We had hoped that, after the utterly complete and disgraceful route which the corporals guard of English anti-vaccinationists received at the hands of the committee of the British House of Commons, appointed to investigate their complaints, no man possessed of ordinary common sense would again be found, raising their standard. We have, however been mistaken, and once more has the old proverb "that it takes queer people to make a world," been aptly illustrated. In the city of Montreal, where, above all other places in Canada, that we know of, the value of vaccination and re-vaccination has been proved, Dr. Coderre has found followers who have actually been bold enough to petition Parliament lately in session at Quebec, for a repeal of the compulsory vaccination act. That the medical man whose name we have just mentioned should take this course does not the least surprise us, but we confess that we are more than astonished to find the name of L. A. Jetté, the recently elected member for East Montreal, among the petitioners. That section of the city was the local of eighty per cent. of the cases of small-pox, which occurred last winter, and the intelligent people of Montreal know the reason why. It is sadly out of taste for the newly elected member, even before he has taken his seat, to place himself in the front rank to oppose that which the scientific intelligence of the world has pronounced beneficial. It is certainly a blot upon our escutcheon, that any representative of our city should attempt to lead a movement, which, should it succeed—of which there is not, we are glad to say, the remotest chance—would throw us back three quarters of a century in the march of civilization. And this too from a liberal candidate, a member of the great party of union and progress. A queer world indeed, in which queer terms are used to designate political parties.

TO CORRESPONDENTS.

A communication, signed *A Young Physician*, is received, but cannot be inserted till we receive the author's name. This is an invariable rule, and will not be deviated from.

CYANO-PANCREATINE.

We very willingly draw the attention of the profession to the preparation which bears the above name, and for which Messrs. Evans, Mercer & Co. are the wholesale agents. It is prepared by the Sisters of the Grey Nunnery, and is really a very elegant and valuable preparation in those diseases, for which it is specially recommended.

PERSONAL.

Dr. C. W. Covernton of Simcoe, member of the Ontario Medical Council for the territorial division of Gore and Thames, was in Montreal, the middle of December. He visited the various Medical Institutions of the City, and met a few medical friends at lunch at the residence of a prominent practitioner.

Dr. Proudfoot, graduate of McGill University, intends establishing himself in Montreal, as an oculist.

REVIEWS.

LITHOTOMY AND LITHOTRITY.—Illustrated by cases in the practice of Gordon Buck, M.D., Visiting Surgeon to the New York Hospital and Presbyterian Hospital; Consulting Surgeon to the Roosevelt Hospital and St. Luke's Hospital. P. 59. 1872. New York, William Wood & Co., 27 Great Jones Street: Montreal, Dawson Brothers.

As the author observes: "Lithotomy and lithotripsy are the two principal methods upon which surgeons rely for the removal of calculus from the urinary bladder. Other methods have only a special and very limited application, and are scarcely taken into account in deciding the question of the choice of methods." In reading the excellent little monograph by Dr. Buck, this choice is much facilitated. The author is not prejudiced in favor of either method, but divides his cases into several groups, which he treats accordingly: the first, "comprising cases in which the moderate size of the calculus, and a favorable condition of the urethra and bladder, as also of the general system; indicated lithotripsy as preferable to lithotomy;" the second being "cases where the stone was large, though soft; the bladder healthy; and the urethra capacious—a concurrence of circumstances permitting the successful employment of lithotripsy;" the third group comprising "cases in which, from the unfavorable condition of the bladder or urethra, or from the large size and hard composition of the calculus, lithotomy should be resorted

to in preference to lithotriety." In the *first* group of twenty-four cases there were two deaths, only one of which, however, could be attributed to the operation. In the *second* group there were six cases, all of which were successful. In the *third* group there were fourteen cases and eight deaths. The average number of deaths in the three groups was one in six and one-ninth cases—not a very brilliant result it must be admitted. But, if we exclude the third group of cases—cases in which the condition of the bladder and urethra, and the large and hard composition of the stone, alike forbid resort to the lithoclast, then we find groups one and two, comprising thirty-one cases, giving but two deaths. And, as the author claims, "if to this be added twelve relapses, the aggregate of cases is increased to forty-one, and the rate of mortality further reduced to one in twenty and a-half." We think Dr. Buck erred in submitting the cases in the third group to the action of the lithotrite. They were cases clearly belonging to the lithotomist, and the severe disturbance of the bladder lit up by, as he says, "a single crushing easily and promptly performed," showed their ineligibility to the kind of operation to which they were subjected. Yet is it difficult sometimes to predict these disturbances, and, when they do occur, and go on to a fatal termination, it is equally difficult to explain their symptoms on the pathological conditions found after death, where no "abrasion of the lining mucous membrane of the bladder was detected.

The author, from an observance of fifty cases, draws certain conclusions, which are thus stated:—

1. "For patients under seventeen years of age lithotomy should be preferred. Its results, heretofore, in such cases, have been so favorable as scarcely to leave any other resource to be desired, especially now that we possess the inestimable auxiliary advantage afforded by anæsthesia. The only exception admissible to this rule might be a case not under ten years of age, in which a stone was ascertained, by measurement with a lithotrite, not to exceed one-half to three-fourths of an inch in diameter, and which might therefore very probably be gotten rid of by a single operation."

2. "For adults lithotriety is most advantageously employed when a moderate sized calculus, co-existing with a favorable condition of the urinary organs and general system; also, where a like favorable condition of the local and general system co-exists with a calculus of large size, but not of hard consistency."

3. "If a calculus be found by the lithotrite to be very hard, and to measure one inch or more in diameter, though at the same time other favorable con-

ditions may co-exist, lithotomy should be preferred as affording the patient the best chance of a good result."

4. "Great difficulty in passing the neck of the bladder with the lithotrite, whether for enlargement of the prostrate, or from a fixed position of the stone itself, should deter from the employment of the lithotriety."

5. "In a debilitated or reduced state of the system from purulent cystitis and protracted suffering, irrespective of the size of the stone, lithotomy should be preferred. Emptying the bladder instantaneously of its foreign contents, and putting it at rest by draining off the urinary secretion, will afford the patient, in such condition, the best chance to rally and recover."

6. In a case of stricture of the urethra its complete cure should be a preliminary step to the employment of lithotriety.

In the author's directions for seizing and crushing the stone, we think he errs in advising to "proceed to seize the stone without first sounding for it." We should rather advise sounding for and finding it, before proceeding to crushing. With his other suggestions we entirely agree, particularly with his advice to *rotate* the instrument, with the stone held securely to make sure that no part of the bladder is seized with it. Another rule which the author recommends and which might generally be followed with advantage, is this: not to continue the lithotrite in the bladder for a longer period than five minutes, whether the stone had been seized or not. This rule should not be absolute, for a much longer continued attempt to seize and crush might be well borne in some cases, while a shorter period might be productive of irritation in others. The tact and judgment, however, requisite to fit a surgeon for the performance of this, unquestionably one of the most delicate operations must be trusted to. A careful review of these cases, a synopsis of which we have here given, leads us to adopt the views now generally entertained, and which the author thus expresses: "Lithotomy and lithotriety are not to be regarded as rival methods, one of which is destined to supersede the other, but they are rather to be viewed as supplementing each other, each having its special application to peculiar conditions which should be carefully discriminated." And the author, in his unpretending little pamphlet, has added something to our means of discriminating those cases which should be submitted to the knife from those which may properly be left to the lithotrite.

AURAL CATARRH AND CURABLE DEAFNESS. By Peter Allen, M.D., F.R.S., Edin., M.R.C.S., Eng., Aural Surgeon to, and Lecturer on Aural Surgery, at St. Mary's Hospital, and Aural Surgeon to the Royal Society of Musicians. William Wood & Co., 27 Great Jones Street, New York: Montreal, Dawson Brothers.

The study of aural medicine and aural surgery has long occupied an inferior and neglected position, and has not kept pace with other lines of scientific medical investigation. Why it should be so, may be in the fact, that teaching bodies, with few exceptions, have practically ignored its importance, and also, perhaps, at the examinations, candidates have not been tested therein. The sister study of the eye has far outstripped it, and ophthalmic surgeons of eminence are to be found in almost every country. Had it not been for the labours of Toynbee, Pollitzer, Wilde, Meyer, and others, the profession would yet be groping in the dark, in a most lamentable manner. Any addition to the literature of the subject is to be hailed with gratitude, and it was with feelings of satisfaction we read Dr. Allen's work, particularly since it treats upon that portion of the subject the profession is likely to know least about. Dr. Allen, from his position at St. Mary's Hospital, has had ample opportunities to collect all the material necessary for such a work. He treats altogether of the "Middle ear, including the membrana tympani, the region most commonly affected in aural catarrh." He divides aural catarrh into three classes:

I. Simple aural catarrh, or catarrhal inflammation of the mucous membrane of the cavitas tympani, membrana tympani, eustachian tube and mastoid cells. This form may be divided into acute and chronic.

II. Purulent aural catarrh, or otitis, also acute and chronic.

III. Oborrhœa, aural polypi, &c., or the results of purulent aural catarrh.

This arrangement is simple, and all confusion is avoided. His treatment is admirable, and such as will recommend itself to all who read the work. He is opposed to mercury, and considers it of little use. He says: "Recollect that the constitutional peculiarities commonly met with in patients who are the subjects of catarrh of the middle ear are such as totally unfit them to endure the so-called 'strictly antiphlogistic' measures recommended in almost all works on ear diseases."

"Weakly children and strumous young persons cannot bear well the frequent dosing with calomel or

even the grey powder—the usual panacea, according to popular belief, in all inflammatory complaints. A patient suffering from catarrhal disease of the ear is commonly disordered in general health; especially are the digestive functions disturbed."

There are several illustrations demonstrating the anatomy of the parts and the method of using instruments. He gives a long chapter on catheterism, with the necessary precautions, and gives hints, not mentioned in books, that old practitioners would do well to give heed to.

The book is practical throughout, and practitioners who have a large practice, and who must, of necessity, have a good many patients suffering from aural catarrh consulting them, would do well to add it to their library.

THE VIENNA HOSPITAL; treatment of VENEREAL DISEASE, by M. H. HENRY, M.D., Surgeon to the Venereal Department of the New York Dispensary, adapted and arranged from the German. New York: William Wood & Co. Montreal: Dawson Brothers.

This monograph first appeared in the "American Journal of Syphalography and Dermatology," for April of last year. The interest it then excited induced the compiler to issue it on a more permanent form, hence the present very neat little volumn of some fifty pages. The Vienna Hospital for the treatment of venereal affections is very probably the largest and best appointed in the world. It follows, of course, that a resume of the experience gained in that extensive establishment cannot fail to be extremely valuable and serviceable to all who are engaged in the treatment of this class of disease. The details of the treatment are extremely minute, and all the more valuable on this account. About two hundred formulæ are given, and the only fault in the work seems to be in this section. In our very humble opinion so many similar formulæ are given as rather to perplex than assist the practitioner. With this exception it is an admirable little volume.

LESSONS IN PHYSICAL DIAGNOSIS; by ALFRED L. LOOMIS, M.D., Professor of Institutes and Practice of Medicine in the Medical Department of the University of New York, Physician to the Bellevue and Charity Hospitals, &c., &c. Third Edition, revised and enlarged: William Wood, & Co., Publishers, 27 Great Jones Street, New York, 1872.

Through the courtesy of the publishers we have received a copy of this valuable work, and the fact

that a third edition has been called for in the short time that has elapsed since the first was published marks its great usefulness.

During his attendance at College, the student has so many subjects to engage his attention it is almost impossible for him to understand the various symptoms of disease—which are often so similar in different cases—that are taught him, that a concise work like Loomis' is of great value, and even older practitioners will find it of useful service. The lessons on Mechanical aid to Diagnosis are new and pertinent, and will well repay the time occupied in studying them. It is illustrated with excellent wood cuts, beautifully printed on good paper, and neatly bound—as are all works that emanate from the establishment of the Messrs. Wood.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD NOVEMBER 30TH, 1872.

Dr. REDDY, Vice-President, in the chair.

After reading of the minutes, Dr. F. W. Campbell read a report of a case of local ague, which will be found among our original communications.

Dr. SCOTT said in 1842 and 1843, when he was House Surgeon of the Montreal General Hospital, several cases of fever and ague were admitted into that Institution. All were clearly local in their origin, and came from what was known as the Cavé or the plateau between St. Catherine and Sherbrooke streets. He had, however, not seen any since that time.

Dr. ROBILLARD said that somewhat recently he had had a case in a child residing in Victoria street. The child was born in Montreal, but had passed a few months at Riviere du Loup *en bas*. At first the child shook every twenty-four hours, and then every forty-eight hours.

Dr. RODDICK mentioned that there was a local case at present in the Hospital, under the care of Dr. Wright, the notes of which were being kept by Dr. Chipman.

Dr. CHIPMAN said it was an undoubted case of tertian ague, in an Irishman who had resided in Montreal during the past three years, but who previously lived for some time in London. He was taken ill five weeks before admission. The chill always came on about one o'clock, so Dr. Wright ordered him half a drachm of chloral, to be taken the morning of the attack. He had taken two or

three doses, but so far no results had followed its employment,

Dr. TRENHOLME stated that he had a case of intermittent fever in a child seven years of age, who was born and had always resided in Montreal. The patient lived in the upper part of St. Urbain street. It was of the tertiary form. It was somewhat remarkable in the fact that every second attack was less severe in character. The child was placed on quinine, and did very well.

Dr. HINGSTON said that were Dr. Drake to re-issue his work on the Diseases of the Valley of North America, he would have to modify the statement that ague was unknown East of Lachine. Last summer (71) he had had two cases in a family residing three miles from Montreal. These two cases had come on after a very dry season, and they resided close to the quarries at Petite Cote. He treated them with quinine. After the close of the American war, he had many cases in hospital of ague in discharged soldiers, and he invariably gave large doses—sometimes thirty grains—just before the attack, seldom less than twenty grains.

Dr. FENWICK stated that in his practice he never gave such large doses. He generally gave a grain three times a day, and about two hours before the expected attack came on, he gave six or eight grains. If this treatment did not succeed the first time, it usually did after a few days.

Dr. REDDY said he always had good results from quinine in doses of thirty grains.

Dr. BESSEY spoke of the cause of intermittent fever, which he believed might be due to the direct influence of marsh vegetation. It had been observed that this fever made its appearance in the vicinity of marshy districts soon after the blooming of a certain aquatic plant found growing in marshes in July or August. He had noticed this connection in several localities. Ague was pre-eminently an autumnal fever; at least, this had been the result of his own observations, and he thought a connection might be thus traced to the taking into the body of vegetable emanations or organisms. It might be that the pollen or minute spores wafted in the wind were inhaled, or the sporules might be ingested in drinking river water, and this might account for cases occurring in Montreal, where the water came from the upper country, and might contain stray vegetable germs capable of producing the disease.

Dr. MACEWAN (of Carleton Place Junction) stated that, immediately after he graduated, he settled ten miles out of London, and in a very short

time he had fully one hundred and fifty cases of ague. In fact every second case that came to his office was ill with ague. Quinine was the remedy which he found most effectual, in doses of five to ten grains just before the attack, and continued in smaller doses during the interval. It was generally given in solution, and was never known to fail. In four or five days the patients were usually cured. If ill with the disease for some time before commencing the treatment, it did not so readily yield. He tried cinchonine, but did not get on so well with it. It had to be given in large doses, and it did not agree with the stomach. South-west of the place he resided, they were draining a swamp, and in the opinion of many, this was the cause of the great prevalence of ague at that time.

Dr. F. W. CAMPBELL said he was glad he had brought forward his case of ague, for it had been the means of showing that the disease, as a purely local malady, was although rare, not so much so as was believed by many.

Dr. G. A. BAYNES then read a case of injury to the knee-joint. He said :

On the first of August, 1871, I was called to see B. N., a young man aged about 19 years, and moderately muscular. He was the third son of a family of eighteen children, nearly all of whom were more or less inclined to the strumous diathesis. He was returning home, carrying his scythe across his arm, when he stepped into a hole, and fell down upon the scythe with his right knee. It made a clean cut about six inches long, extending from the insertion of the vastus internus downwards and outwards, completely severing the patella, through the synovial membrane, obliquely across the joint into the fleshy part of the gastrocnemius, exposing the cartilagenous surface of the external angle of the femur. I could feel the anterior crucial ligament with my finger. There was not any appearance of shock, and there was but little bleeding,—what there was, was easily checked by tension. I washed out the wound with carbolic acid lotion (1 to 30) and then brought the parts as nearly in apposition as possible by means of wire sutures. I would have preferred hair lip pins, but was 8 miles away from home, so had to use what I had. I then applied a figure of eight bandage, with a long back splint well padded and bandaged firmly to the leg, preventing any motion whatever. After this was done, he was carried four miles to his own home. I gave an opiate, and left directions to have the lotion constantly applied. I continued the same treatment throughout. On the 12th August, there appeared a slight bagging of pus on the outer edge of the knee,

which after a poultice, I laid freely open. This was the only obstacle to the uninterrupted healing of the wound. At no time during his illness did the pulse exceed 110, and the temperature was normal after the 2nd day; on the 1st and 2nd it varied from 100 to 106 F.

On the 19th August, I removed the splint, and rested the leg on a pillow. On the 2nd September, wound quite healed, and can use his limb pretty freely with the aid of crutches.

I heard of him for the last time on December 17, 1871, when he said that his wounded limb was nearly equal to the other in strength, and quite flexible.

Dr. HINGSTON said that Dr. Bayne's paper showed the liberty that sometimes could be taken with joints. The danger of opening a joint was not so great as was at one time supposed. It was once taught that if air got into a joint it was lost. At Ottawa, in 1870, at the meeting of the Canadian Medical Association, he had read a paper on tapping the knee joint in simple synovitis. He then said that he took no special pains to exclude the air, and had not seen a single case where any bad results had ensued from its admission. In the case of a young man, named Madden, he tapped both knee joints on the same day for acute synovitis. Into one joint air accidentally entered and into the other none. Next day the patient had pain in one knee and not in the other, and the knee in which there was no pain was, the one into which air had accidentally entered. He now tapped immediately. He thought it good practice to tap early and relieve tension. He did not think the good result which had followed in Dr. Baynes' case was due to the carbolic acid and oil, which, in his opinion, formed a foreign body in the joint. Rest and pure air would give as good results.

Dr. BAYNES stated that it was carbolic acid and water, and not oil, that he had used.

Dr. HINGSTON said he was glad of the correction, as he had no objection to, but on the contrary, confidence in carbolic acid and water. Although he had seen the late Mr. Syme and Prof. Lister use carbolic acid and oil, he could not conceive how the compound was got rid of—not by absorption certainly.

Dr. REDDY suggested that the aspirator might be employed with benefit in cases where it was deemed necessary to tap the knee joint.

Dr. TRENHOLME asked Dr. Baynes how far he had succeeded in effecting union between the divided portions of the patella. Also, if Dr. B. had followed Prof. Lister's antiseptic method in dressing

the wound. While speaking upon the subject of antiseptic dressing he remarked that, when in Edinburgh last summer, Prof. Lister employed two assistants to throw carbolic spray over and around the wound as the dressings were being changed. This to him seemed going beyond what was necessary to obtain the benefits of carbolic dressings; as surely a granulating surface already carbolicized should effectually check and destroy any chance germs that might alight upon its surface.

Dr. FENWICK mentioned that in the Hospital he had a patient who was struck on the outside of the knee joint with a tomahawk, and who was not doing well. Every precaution had been used to exclude air, but the joint was becoming ankylosed.

Dr. HINGSTON said he tapped in acute cases, before pus was formed. He of course endeavored, as far as was possible, to exclude air, but if it did get in, it did not produce the terrible mischief attributed to it. He tapped as soon as he was sure fluid was present, so as to relieve tension, a proceeding which gave great ease to the patient. In acute general arthritis tapping was not called for, and could only produce mischief, but as synovitis frequently led to general arthritis, he believed early tapping would frequently cut short the disease. In the cases where he had tapped, the relief was so marked that he was able to discontinue attendance on the fifth or sixth day, whereas previous to his adoption of this method of treatment, attendance extended to a much longer period. It was, of course, necessary to distinguish between synovitis and arthritis, but the history of the case, and the character of the pain, would suffice to distinguish them. He was glad to have heard Dr. Baynes very interesting paper, as it afforded an opportunity to take up generally the subject of inflamed joints, and their tolerance of air, with or without the favorite antiseptic.

Dr. FENWICK said that he had never tapped the knee-joint in synovitis, and yet his case did very well indeed.

Dr. BAYNES, in replying to the debate, said that the term antiseptic, which he had made use of, was not quite correct, for it was derived from the Greek, and meant "against pus." There was no mistake but that air entered the joint, for it was exposed during the whole time they were driving to his residence, eight miles from the scene of the accident, and back again, a period of fully two hours. The joint was well washed out with the carbolic acid lotion, and the hemorrhage was controlled by torsion. There was not any foot-piece to the splint that he employed, and

the foot inclined to fall to one side, so that he had it supported by pillows. The patient was able to sit up on the fourteenth day, and on the December following the accident he was walking quite firmly, although the limb was in a somewhat atrophied condition.

A vote of thanks having been passed to Dr. F. W. Campbell and Dr. Baynes for their papers, the meeting separated.

MEETING HELD DECEMBER 14TH, 1872.

Dr. R. PALMER HOWARD, President, in the chair.

Dr. PROUDFOOT was proposed as a member.

Dr. BESSEY then read the following paper on the hypodermic use of strychnia in a case of total blindness. He said:—

MR. PRESIDENT, AND GENTLEMEN:—

The case I have deemed of sufficient interest to bring before you, is that of a poor woman, who for the past four years has been afflicted with almost total blindness, but which happily I have succeeded, far beyond my most sanguine expectations, in relieving, by a tonic course of treatment, and especially hypodermic injections of a solution of strychnia. I have said *almost* total blindness because, although obliged to be led or to grope her way, yet still, when brought to me in August last, she was able to distinguish day from night, and could point out the situation of a window by the light appearance at the point of its situation, and by turning her eyes slightly downwards, she could discern obstacles before her, although their outlines were undefined.

I have used the word *amaurosis* in handing the name of this paper to our worthy Secretary; not because I wish the term thus used to be taken to signify a definite diagnosis of the case as such; more especially as *amaurosis* has come to be a very indefinite expression, which may be taken to mean any one of the numerous class of affections caused by, or depending upon, various lesions or degenerative changes occurring in the optic nerve, retina, choroid coat, or other deep-seated structures of the eye, not usually implicated in the formation of cataract, and often dependent upon diseased action in the nerve centres. The eye which I particularly desire to refer to in this communication is the right one, and which I have chosen to designate a case of *amaurotic blindness*; although, of course, the left will demand a share of attention, as the seat of an opacity which three months ago entirely obscured the vision.

Mrs. H. is a woman of spare habit of by, lig ht

complexion, nervous temperament, aged 45 years. She has been twice married, and has been the mother of eight children, four of whom are now living. Her health has always been very good, but she complains of always having felt tired and exhausted from hard work, aggravated during her first husband's illness by want of rest. For many years previous to the failure of her sight, she complains of having suffered from severe pains in the head, referable to the vertex and frontal regions, with an occasional darting pain passing through to the occiput. These pains she calls neuralgia. She says her head has always felt too hot. Her habits have always been regular and temperate. She has never been addicted to the use of any narcotic, and there is not the least possible trace of syphilis in her history.

In 1864, her eye first became affected; it began with redness, which was attributed to "having taken cold in her eye." This redness increased, until, in a few days, the whole eye was covered with an ecchymosis, having the appearance of a blood clot; there was no pain or uneasiness felt in the eye at this time, nothing more than a slight intolerance of light. A market woman now advised her to put a lotion of *alum* into the eye, to remove the redness, which it did, but was followed in a few days by what she describes as "a most excruciating pain, of an aching character," which lasted many weeks. Her sight in that eye now began to grow gradually worse, and in a few weeks, to use her own expression, it was "stone blind." There was now frequent flashes of bright light; and upon closing the eye, the appearance of numerous stars, with other photopsies of a like character. Never more than one figure of a candle was visible at one time, and there was no circle or halo surrounding it, as is the case in Glaucoma. There was considerable neuralgic pain in the left half of the head, in the eye brow, temple, and ball of the eye especially; which latter I suppose to have been *ciliary neuralgia*. It continued in about the same condition for several months, when she was induced to apply to Dr. Thayer, who continued to treat her for several months without success. During this time two floating dark masses appeared in the eye, resembling black spiders, which, after a time, were lost in the dense darkness which settled over her eye. At this time the sight of the right eye was perfect, although she states that after the introduction of some kind of a lotion, by the person previously mentioned, she felt her sight impaired, but not to an extent sufficient to incommode her. She states that she next applied to Dr. Hingston for advice, hoping to secure the recovery of sight in her left eye,

now totally dark. That gentleman, however, she tells me, informed her that he could not render her any assistance. Her sight in the right eye continued very good, until the winter of 1868, when, on going to the window to arrange a curtain, the bright reflection of the sun upon the snow dazzled her sight so much that she turned away, and found to her great surprise that she was unable to see at all, exclaiming at the same time to her daughter, who was in the room, "Oh mercy, I am quite blind," whereupon the daughter was obliged to lead her to a seat. She states that she now remained "quite blind" for several weeks (having been blind in the left eye before), when she was persuaded to consult Dr. Smallwood, who, she states, applied blisters to the temples, behind the ears, upon the back of the arms, and gave her tonics. This so far succeeded in restoring her sight in the right eye, that she became able to read, sew, or do any thing she desired. Her sight now remained good for several weeks, but she continued to experience a pain of an aching character through the upper portion of the eye-ball. To remove this Dr. Smallwood gave her a lotion, which she put into the eye. The effect of this, however, was at once to impair the vision, and although she informed that gentleman of the circumstance, he encouraged her to persist in its use, which she did for a few days, but finally gave it up, as she felt she was rapidly losing the sight of the eye. Since then the eye has remained in a condition of almost total blindness up to the present autumn; a period of over 3 years. It may be well to mention here that presuming the lotion above mentioned to have been one of atropine, and also the one previously mentioned, as having been introduced into the eye by Dr. Thayer, to have been the same, then an explanation would be afforded for the circumstance of impairment of vision succeeding their use, for Soelberg Wells mentions that Von Graefe pointed out originally the fact that glaucomatous affections often succeed its use; and Dr. Derby, of Boston, records two cases of acute glaucoma following its instillation into the eye. He had also seen similar instances, which, he remarks, should warn us against the use of atropine unnecessarily and in this woman's case the use of atropine is followed by almost total blindness for about two hours. During the last period of blindness of the right eye, she states that she has been in the habit of discovering frequent flashes of light passing before the eye, and when closed she would frequently see a luminous circle of great brightness, interspersed with numerous brilliant stars. Sometimes she would see images of all kinds of strange

objects. This occurred chiefly at night, and made her very nervous, restless and sleepless. Upon close inquiry she tells me that while being led along the streets of the city she would sometimes fancy she could see the feet and legs, up to the knees, of persons passing by. She could not see anything at other times, and under other circumstances. She states that at one time since the failure of sight in the second eye, she consulted Dr. R. P. Howard, who examined her eyes and told her that, in the event of the right eye becoming totally blind, he would advise an operation upon the left. The very mention of an operation, to which by the way she had great aversion, she says so frightened her that she never returned to him, although shortly after the right eye did become quite blind. This is as much of the past history of the case as I have been able to gather. I will proceed to detail the case since it came under my care.

About the middle of last August she came to me, or rather was led to me by a child. I observed on her entering the door that she was quite blind, being entirely dependant upon the child for guidance, and keeping one hand extended to avoid striking anything that might be in her way. Her object in seeking medical advice was threefold: to obtain some improvement in her general health—which was much below par—to restore her appetite, which she states had entirely left her; and also in the hope of getting some remedy which would, to use her own expression, “do her some good, even if ever so little.” She was pale and anemic and complained of general weakness and loss of appetite. Her menses had not appeared for eight months, and there were other evidences of nervous prostration, such as a sense of faintness, shortness of breath, forgetfulness, langour, etc. A cursory examination of her eyes by the unaided vision, showed the presence of an opacity in the left eye, the true nature of which I could not well determine, but which I attributed to cataract; although it did not present the usual color and appearance to the naked eye, but was darker, duller, and apparently irregular, and appeared to be deficient on the inner edge, towards the inner canthus of the eye.

The right eye did not contain any opacity observable to the naked eye, but wore a peculiar vacant staring expression, and a somewhat hazy appearance. Both eyes seemed to be shrunken in their sockets and unusually dry.

The patient complained of this, and an absence of tears, dating from the time when severe pain was first felt in the eyeballs. There was also a very considerable degree of tension in both eyes, especially

the left. The right eye presented the usual appearances of amaurosis, which I was then disposed to consider the true nature of the case, depending, perhaps, upon debility of the optic nerve and retina, or atrophic changes of a degenerative nature in these tissues.

A casual glance at the countenance showed the eyebrows very strongly knit, the “corrugator supercillii” very much contracted, and the head thrown forward in an eager manner, when endeavouring to find an object before her, and when groping her way. I should have observed that there was some degree of photophobia complained of. There was also a slight roughness noticeable in the left cornea.

Treatment.—For the improvement of her general health I prescribed quinae sulphates gr. i. with tinct. ferri mur. x. ter. in. die., and, as she expressed a strong desire to have something done for the amelioration, at least, of her then helpless condition of blindness, I proposed a trial of frequent hypodermic injections of strychnia in solution. The strength of this, to avoid unpleasant effects, I made much below that mentioned by Soelberg Wells (namely 1-40 to 1-20 of a grain). My solution contained $\frac{3}{4}$ of a grain of strychnia in eight ounces of water, of which I injected half a drachm, or 1-170th part of a grain, underneath the skin covering the Triceps Femoris Muscle, and repeated it every morning and evening. The susceptibility of the patient may be imagined when I state that the hypodermic injection of this small dose was followed in about ten minutes by uncontrollable twitchings and jerking of muscles of the fingers and slight contractions of those of the left hand; winking of the eyelids of the same side. These soon passed away, and never appeared again. She now continued to visit me morning and evening, and I injected each time into the arm half a drachm of the solution of strychnia before mentioned, each containing 1-170th of a grain of strychnia. From these injections she felt no inconvenience not even the slight twitchings before mentioned as having followed the first administration. On each occasion I selected a new site for the introduction of the needle, and by observing this precaution, and changing the arm frequently, no great local tenderness or inconvenience was experienced. During the first three days no perceptible change was noticed, but on the fifth day she claimed to be able to distinguish houses as she passed along the streets, and upon the sixth day she said she could read on her way to my office, a large sign in Wellington street, bearing the name of Logan, and to be able to see the passers by. The eyes were now much brighter (having lost their dull, listless stare) and were

more moist. She now continued to improve under the daily continuance of the treatment (Sundays excepted when no injections were administered) until on the 15th day she claimed to have read the letters "Open on Sunday, &c.," upon the door post of a Drug Store in McGill street. These letters are about one inch in size, and are white, painted upon a black ground. She could also spell signs at the distance of sixty or eighty, feet letters about one foot in size. Encouraged by this degree of improvement, I went on using the hypodermic injections, but, on the principle that if a little would do good, more would do better, I doubled the dose, and for a few times injected a drachm of the solution containing 1-35th of a grain. This seemed to produce a greater dullness of sight, and I again returned to the small doses, resolved to wait for a gradual improvement rather than to hurry matters. Her sight now continued to improve until, on the 25th day, she expressed herself much delighted at being able to make out with greater clearness the signs of the shops as she came along the street. She had also for the first time on the day previous recognized the green shutters upon her neighbor's window, and could tell whether they were open or shut. She could also distinguish household articles as chairs, books, etc.

I now tested the correctness of her statements by asking her to spell words which I had at hand, printed in large type, such as newspaper headings, advertisements, etc., and by which I observed that type of about $\frac{1}{4}$ inch in size could be read with ease. She could readily make out No. 20 of Jæger's test types, and could spell No. 19 of the same set, and type of the same size and description. I may here premise that when I adopted this mode of treatment I did so without the expectation of being able to do more than ameliorate her pitiable condition by improving her general health, and possibly to some extent, her vision in the right eye. This I hoped to do by restoring tone to the optic nerve and retina; and relieving her debilitated condition, upon which, I deemed it quite within the range of possibility, her defective vision might, in some considerable degree depend.

However, the expectation of being able to accomplish anything of much consequence in the improvement of her condition was, at first, so slight, that for some time I took no detailed notes of the case, and have been obliged, thus far, to quote largely from memory.

The favorable results already attained on the twenty-fifth day of treatment encouraged me to hope

for a continued improvement and possible permanent restoration of sight in the right eye, and before going on with the treatment I resolved to make out the true nature of the case, by an ophthalmoscopic examination. My first attempt was, at first, somewhat negative. I could settle the nature of the difficulty with the left eye, which I distinguished as lenticular opacity, most dense at the centre. The right eye appeared to contain a smoky or misty cloud, or opacity, which seemed to be very deeply seated, it might be in the vitreous humour, or the hyaloid membrane, I could not decide which. I could not make out the retinal vessels; or, as it appeared, get a clear view of the retina at all. The pupil was very undilatable; in fact, its smallness has always been characteristic. Wishing to make out a satisfactory diagnosis, I requested Dr. Hingston, who had been her former attendant, and who might be presumed to be well acquainted with the history of the case, to join me in using the ophthalmoscope. The pupil would not dilate much under a four grain solution of atropine, but became distorted into an irregular ragged shape, showing strong adhesions of the iris. The opacity in the left eye we concluded to be capsulolenticular cataract, but the character and situation of the opacity in the right eye was not determined, Dr. H. supposing it to be situated in the hyaloid membrane. It effectually obstructed the view of the retina. On this occasion, previous to using the atropine, she could read type of a quarter of an inch in size. I resumed the treatment, and continued the injections until the sixth week, once a day for the last few days. Her sight continued slowly but steadily to improve. The weather now became inclement, and she ceased to pay her regular visits to my office, but continued the use of her quinine and iron daily. It is now over two months since the hypodermic injections were discontinued; during which time, however, she has continued the use of the tonic. Her general health has greatly improved, her menses, which were suppressed, have returned; and she boasts of a vigorous appetite.

Before proceeding with the use of the hypodermic injections, which I intend to continue for a few weeks to give her all the benefit possible from their use, I again tested her powers of vision on Friday, December 6th, with and without the aid of lenses, and also by artificial light. Her judgment of colours I found to be perfect, and she was able to read No. 15 of Jæger's test types, and to make out No. 14 of the same; while with the assistance of a pair of nine inch focus periscopic lenses,* she could make out without hesitation No. 12 of the same set of type.

I now submitted her to another examination with the ophthalmoscope. This time, also, in company with Dr. Hingston, and in the presence of two other medical gentlemen, who happened to be present, and before whom she displayed her ability to read the types above mentioned. The pupil is still but imperfectly dilatable, becoming distorted and ragged under atropine. The opacity in the left eye appears to be diminished around the edges, and by holding a hand a little to the left and in front of the eye, she could then make out the number of fingers extended. The relative size of the opacity allows a considerable quantity of light to enter the eye, and she can, by looking in certain directions, recognise the presence of objects. This eye has, otherwise, a very healthy appearance, and is free from pain. The right eye now contains no opacity. The cloud of a smoky colour no more intercepts the vision, and, although the iris remains undilatable in this eye also, the retina can now be brought into full view, the different *media* of the eye appearing quite clear. The retina, or so much of it as can be seen, has a very pale and anemic appearance, and is marked by three pigmentary deposits. The optic disc can be made out with some difficulty, but not in its free circumference. There is also, an apparent slight depression near the optic papilla.

The foregoing is a hasty *resumé* of the case up to the present time, when the sight in the right eye may fairly be claimed to be in a great measure restored. The sight, however, is not so good but that it admits very much farther improvement; and, with that end in view, I purpose a continuance, at intervals of a month or two at a time, of the hypodermic injections.

Dr. F. W. CAMPBELL said that in the October number of the *American Journal of the Medical Sciences* there was a very interesting paper on the employment of strychnia in ophthalmic diseases, from the pen of Dr. Chisholm, of the Baltimore Eye and Ear Institute. Dr. Chisholm began with the 1-60th of a grain, slowly increasing till the 1-30th was reached, but only injected a small quantity of fluid,—say, about three minims. It had been found useful in hemeralopia, muscular asthanopia, amblyopia, tobacco amaurosis, progressive nerve atrophy; and one case of acute glaucoma, in which prompt relief followed its use, had come to the knowledge of Dr. Chisholm.

Dr. TRENHOLME said no reference had been made in the paper to the degree of tension in the eye at the beginning of the treatment.

The PRESIDENT concurred in this remark, and requested Dr. Bessey to state what condition he found the eyes in, in that respect.

Dr. BESSEY observed that the tension in both eyes was increased, and greater in the left than in the right; the former contained the cataract. Both were retracted, or, as it were, shrunken deeper in the sockets. These conditions gradually seemed to disappear as the treatment went on.

Dr. HINGSTON remarked that as Dr. Bessey had referred to him among others, he would state he barely remembered the woman's case. She had, it is true, been an old patient of his, and he remembered her applying to him some years since for advice respecting the eye containing the cataract, for which he could afford her no relief, seeing there was anterior synechia. The other eye was then in good condition. The case was one of considerable interest to him, from its history. Dr. Bessey had asked him to join him in making an examination with the ophthalmoscope. At first the opacity in the right eye, wherever seated, quite prevented a view of the retina. He considered its situation to be the hyaloid membrane. The adhesions of the iris were such as to prevent dilatation. The last time he had examined the eye with Dr. Bessey he found this opacity entirely gone. The retina was quite pale and anemic; indeed, he had never seen a retina so pale. A very interesting point in the case was, the important practical fact that she was once blind but now she could see.

[The patient was now brought into the room and a copy of Jæger's test types put into her hands, of which she proved herself able to read readily and correctly No. 15.]

Dr. BESSEY stated that the previous week, before using atropine with a view to an examination of the eye with the ophthalmoscope, she had read No. 14 of Jægar's types, and with some little hesitation could spell No. 12. But since then she complained that her eyesight had not been quite *so clear*. This, however, was only temporary, and was always the effect of atropine when introduced into her eyes.

[Her eyes were then subjected to an ophthalmoscopic examination by the members present. Dr. Bessey remarked that as the pupil was but slightly influenced by the action of atropine, he had not, at the patient's solicitation, introduced any before bringing the patient before the meeting.]

Dr. BULL enquired whether the introduction of atropine affected her vision as regarded large objects—as houses, etc.—or only affected her power of accommodation in reading. [She replied she could not see large objects as well after as before atropine was

* A pair of Messrs. Lazarus, Morris & Co's. perfected lenses.

put in her eye, and could not see anything small at all for a few hours. Her sight was always much weakened by it. When its effects began to pass off she could see first, large objects clearly, and not until 6 or 7 days could she see to read as well as before.]

The PRESIDENT remarked (in effect as follows), that the case was one of much practical interest, yet it was wanting in certain features in a diagnostic point of view. The true state of the deep structure of the eye could not be made out until recently from an opacity which interposed, and which Dr. Hingston had thought was seated in the hyaloid membrane, probably due to a thickening or want of clearness of the membrane. They had the patient brought before them, and could examine the case for themselves. It was clear that whereas she had been blind now she could see, which in itself was a fact of great practical moment. It was, however, a matter to be considered how much the patient's previous state of bad health, which had been much below par, had had to do with her blindness, and also, how much the iron, and quinine, and nourishing diet had to do with her restoration to sight, and whether the author of the paper was not wrong in attributing entirely to the hypodermic injections of strychnia the great share of the success which had attended the treatment. He was not prepared to say how strychnia acted in these cases,—such as amblyopia, ramaurosis, etc. It was as difficult to explain as how the calomel sometimes acted. Still it was another evidence of march of progress in the science of therapeutics. Many drugs were daily being discovered to possess therapeutic actions which had not before been ascribed to them. He had observed that, of all the writers who had used strychnia in eye affections, that it was purely upon empirical grounds. No adequate explanation had been offered of its *modus operandi*. It was a very interesting fact in therapeutics that strychnia injected under the skin should have so much more beneficial an effect, than when taken by the mouth, and this led him to cherish the hope that there were many diseases, whose treatment was now unsatisfactory, which would eventually become amenable to treatment. It was still a matter of conjecture what particular forms of disease it might prove most useful in.

Dr. BULL stated that he had seen, while attending the New York Hospitals, the employment of this method of treating eye affections by the hypodermic injection of strychnia. It was used in all forms of eye diseases, but he could not say that he had seen very much benefit from it.

A vote of thanks having been proposed and passed

unanimously, Dr. Campbell introduced as the next business before the meeting a report of the Committee upon Medical fees. This, however, after having been read, was, on motion, allowed to lay on the table, to come up for discussion at a future meeting.

Medical Items and News.

CONSTIPATION.

Professor Samuel G. Armor, M.D. (*American Practitioner*), in a conversation with his friend, Dr. J. H. Baxter, of the United States Army, was informed that the extract of stramonium is beneficial in cases of constipation.

Prof. Armor has been in the habit of using belladonna in the form of suppository, in constipation; but following the suggestion of Dr. Baxter, tried the extract of stramonium in the same way, and is pleased with the results. It possesses in his judgment, valuable alterative properties, which commend its use in many cases of constipation, independently of its action on the bowels. Half or three parts of a grain of extract of stramonium may be combined with sufficient quantity of cocoa butter, made into suppository, and used by the patient each night on going to bed. It is admirably adapted in this form to obstinate constipation of nervous females, who suffer at the same time from pelvic irritations from various causes.

It quiets irritation of the uterus and bladder, calms and sothes the nervous system, allays irritative actions generally, and permits the patient to sleep.

To give permanency, however, to its effects, its use may be accompanied or followed by small doses of nuxvomica, or a dinner pill composed of aloes and nux vomica. Universal and permanent tonic action of the paralyzed muscles of organic life is secured, and the morbid condition of the intestinal glands at the same time corrected.

TREATMENT OF ASTHMA.

BY J. HALE, M.D., OF GWENSBOROUGH, KENTUCKY.

This prescription is particularly recommended in cases of asthma, by Dr. Hale: ℞ Ether, sulph. $\frac{5}{8}$ iss; tr. lobeliæ, 3j; tr. opii, tr. stramonii, ua. $\frac{3}{4}$ iv. M. S. Teaspoonful every hour or two until the dyspnoea is relieved.

MARRIED.

At Gentilly, on the 25th of November, by Reverend Mr. Dostie, Parish Priest, J. E. A. Lanouette Esq., M.D., C.M., to Camilla, eldest daughter of B. Maurauld, Esq., N.P.

DIED.

At Toronto, on the 26th November, Edward Quincy Sewell, Esq., M.D., aged 62.