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CANADA  
MEDICAL & SURGICAL JOURNAL

MARCH, 1881.

Original Communications.

CASE OF EXTENSIVE VARICOSE VEINS CURED BY  
PARTIAL EXCISION, WITH ANTISEPTIC  
PRECAUTIONS.

By T. G. RODDICK, M.D.,

Prof. of Clinical Surgery, McGill University; Attending Surgeon Montreal  
General Hospital.

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

I have thought that the following brief report of a case of varicose veins of the lower extremity, treated in a rather unusual fashion, might be brought before the Society with a view chiefly to elicit discussion on so common an affection, and one regarding the treatment of which there still exists in the profession such a diversity of opinion. The following report has been taken from the notes of one of my clinical clerks, Mr. J. B. Harvie :

R. W., aged 21, a blacksmith, was admitted into the General Hospital under my care on the 23rd November last. His ailment was a varicose condition of the veins of the right leg, causing considerable inconvenience and a constant dull, aching pain. His family history is unimportant. He never contracted any venereal disease. He says that four years ago he was kicked by a horse on the inner side of the right thigh, a little above the knee. He did not pay much attention to it at the time, as it gave him little inconvenience. About two months subsequently, however, he noticed that the part was becoming puffy, and that the veins below the knee were gradually enlarging. The puffi-

ness and enlargement of veins have increased very rapidly within the past few months.

On admission, he is noticed to be a powerfully-built, muscular fellow, and a picture of health. On the inner side of the right thigh, and about three inches above the most prominent part of the inner condyle, is a tumor the size of a hen's egg, soft, fluctuating, and readily emptied of contents when the patient lies down, but tense and resisting when he stands up. From the centre of its upper border the internal saphena vein, considerably enlarged, can be traced to the saphenous opening. A number of varicose veins, very tortuous and as large as the little finger, cross the leg below the tuberosity of the tibia, and communicate with the enlargement above by means of a trunk which appears to be at least three-quarters of an inch in diameter in its upper part, and about four inches in length. The tumor, a drawing of which I show you, is, in form, an enormous sacculated dilatation of the internal saphena vein. An operation for excision of a portion of the large trunk being determined upon, the patient was etherized, and a ligature, sufficiently tight to arrest the venous circulation only, applied to the upper part of the thigh. With antiseptic precautions (Dr. Fenwick assisting), I made an incision three inches in length over the main trunk, and dissected carefully down until the coats of the vein were exposed. A catgut ligature was then carried round the vein and tied; at a distance of an inch and a half above this, another ligature was applied. A branch of some size running into the intermediate portion was also secured. About an inch of the centre calibre of the vein between the ligatures was now completely excised with curved scissors. The edges of the incision were brought together with catgut sutures, and a catgut drain was laid along the bottom of the wound and made to project at either angle. The antiseptic dressings were applied and the limb was laid on a pillow.

*Nov. 24th.*—Patient had a good night and is free from pain; wound dressed, looking very well; the tumor is reduced to less than half its original size, even when in the recumbent posture; veins below the knee also much smaller and firm to the feel;

temperature 99°. *27th.*—Had slight pain referable to the knee during the night, but to-day has no pain and altogether feels very well. The wound was dressed and found to look remarkably healthy. The tumor has shrunk to one-third its original size, and is quite firm to the feel, being evidently filled with clot. He experiences little, if any, pain in it, but has had pain at times in the course of the saphena above, and some tenderness in the veins below; temperature normal.

*Dec. 3rd.*—Everything has gone on favorably; very little pain and no fever. The sutures appear to have given way easily, and hence the wound gapes somewhat, necessitating the application of adhesive straps. The tumour continues to contract, while its contents remain firm and unyielding. The dresser (Mr. Dawson) is instructed to apply a compress of cotton wool and a flannel bandage over the tumor, outside the dressings.

The antiseptic dressings were removed on the 7th December, and Martin's elastic bandage applied from the toes to the middle of the thigh. The patient was discharged from Hospital on the 20th, the tumor tending still to diminish in size, and continuing firm and readily movable on the adjacent tissues. It has always been somewhat closely adherent to this skin. In size now it scarcely reaches that of half a walnut. The veins in the front of the leg also have contracted to about half the former size, and in places they appear to contain firm clots. The patient experiences no inconvenience beyond slight stiffness of the knee from the constrained position in which it has been so long held.

The great point of interest which strikes one at first in connection with the case just reported is, perhaps, the occurrence of so marked a varicose and dilated condition of the veins in so young a man. As far as the varicosity is concerned, this is not exceptional, however, in my own experience, having met with at least half a dozen cases in youths, in some of whom it was even more marked than here. But so great a varicose dilatation I have never before seen. The mischief, doubtless, originated in the dilatation, the varicose condition below being a consequence of the impeded circulation. The traumatic history of the case, also, has its interest. The blow must have fallen directly on the

internal saphena, causing, in all probability, rupture of its internal and middle coats, resulting in a condition almost identical in its pathology with the aneurismal dilatation of arteries.

But it is to the mode of treatment adopted in this case that I would especially draw your attention. In considering the numerous operations that have been from time to time proposed for the cure of varicose veins of the lower extremity, it will be found that any relying on the adhesive process only will be found inefficient, for the reason that the lining membrane of veins does not readily undergo adhesive inflammation. Thus, I have always looked upon such measures as external pressure, the application of caustics, and acupressure, even with the addition of subcutaneous section of the vein, as simply futile. Nothing, I believe, short of actual excision of a portion of the varicose trunk will insure permanent arrest of the venous current. Even when the vessel has been laid open, the channel has been restored and the operation has failed in its object. I think, however, that the removal of one inch of the entire calibre of the vein is likely to result in as great a success as if many inches had been excised, and certainly the risks will be infinitely less. The employment of catgut ligatures for the temporary closure of the cut ends of the vessel is an element in the treatment worthy of note. The catgut being absorbed, gives no further trouble, and does away with any purulent formation so often noticed when carbolized silk or ligatures of any other material are employed. But, unquestionably, the great secret of the success to be chronicled in connection with this and similar cases lies in the faithful employment of antiseptic precautions; and I say it without hesitation that no surgeon who does not practice *Listerism in its entirety* would be justified in attempting such an operation as that described in this paper. There is no class of operations for which erysipelas, suppurative phlebitis and pyæmia have such an affinity, hence every known precaution against their occurrence should be taken, and outside of the pure Listerian method we know of no means by which these surgical scourges can be combated with anything like success.

(Note—*March 3rd, 1881.*—The man whose case is reported

above presented himself at the Hospital a few days since, the condition of things being as follows: General health excellent; leg somewhat weak from want of exercise; tumor diminished very much in size, but still contains some fluid contents, painless; veins below so markedly varicose before are now scarcely noticeable; patient much gratified with result, and will resume work immediately.)

## CASE OF ENCEPHALOID DISEASE OF THE TESTICLE—OPERATION.

BY G. M. DUNCAN, M.D., BATHURST, N.B.

On Thursday, Jan. 6th, was telegraphed from Belledune, 20 miles distant, to visit a case of rupture. On arriving, was ushered into an inner room, wherein, on a bed, lay Pascal (Ang. Peter) Guitar. His hair is a very dark brown, beard lighter; eyes hazel; sallow complexion and an anxious expression; rather cadaverous-looking, and not at all well nourished. A very short examination showed that whatever the "*animile*" might be, it was *not* a rupture.

After questioning him, which was a matter of no small difficulty, my French being very lame and his English being very much more so, I noted the following points:—He is 25 years of age, and has always been healthy; was never laid up for a day till attacked by his present trouble. His appetite is, and has always been, good. In August last he noticed for the first time that his left testicle was somewhat larger than usual, though free from pain, and continued observation determined its steady and rapid increase; never, to his knowledge, had a blow or hurt.

There was not the slightest pain on pressure. The tumor was evidently an enlarged testicle, though a squeeze did not elicit the sensation peculiar to a testicle. To the touch it felt pulpy and elastic, almost tempting one to use the lancet. The veins of the scrotum were not enlarged, nor was there any discoloration. The cord and vas deferens felt natural, showing that they were not involved. The mass was heavy.

There was a small tumor about the size of a hazel nut on the edge of the left side of the sacrum. It was first noticed in October

last, when he got a knock from an ox on the spot, and was then the same size as now.

About three months ago he felt shooting pains along the back of his thigh to the knee, and the testicle seemed to grow more rapidly. Shortly before my visit the neuralgic pain in the thigh got very bad. This was, I thought, due to irritation of the filaments of the genito-perineal branch of the smaller sciatic nerve distributed to the testicle.

My diagnosis was Medullary or Encephaloid Cancer.

I made arrangements to drive up the following Sunday, but a heavy snow-storm coming on, I did not get there till Tuesday morning. I was assisted by my student, Robert Gordon, son of a worthy graduate of McGill, who had been my own preceptor. I found him much the same as on the 6th. He had used the six morphine powders left to relieve the pain. Placing him on a table, I washed the scrotum well with carbolic solution and shaved it. I then administered chloroform, which he took very kindly, and when fully anæstheticized I dissected out the tumor by an incision from the abdominal ring to the bottom of the scrotum. A jet from an artery of the ducts was checked by torsion. Nott's Rectilincal Escraseur was then applied to the cord and screwed home, the tumor cut off close to the under surface of the escraseur, and the instrument removed, the cord having been first caught by a tenaculum, to guard against retraction. I do not find it necessary to ligature small arteries after Nott's Escraseur, but 20 miles is rather far to run any risk, and as a precaution I picked up and tied the deferential and three spermatic arteries. There was scarcely any blood lost, and after washing the wound well with the following lotion:

℞ Ol. Eucalypt. glob, - ʒiii  
 Alcohol, - - - - - ʒii  
 Aquæ, - - - - - ʒxviii

I brought the edges of the wound, which was about 6 inches long, together with fine sutures of Chinese silk dipped in Ol. Eucalypti, and dressed with a fold of lint wet in the lotio eucalypti, and retained in place by a simple suspensory bandage. I left, with instructions to keep the dressing wet with the lotion

and to change the lint daily till I returned, which was on the fifth day. The wound had united in the lower three-fourths by first intention, and the upper part containing the ligature shewed a strip of healthy granulations. I removed the sutures and one of the ligatures came away. There had been no pain in the thigh, he had slept well, and a somewhat joyous countenance had replaced the look of anxiety. Tumor over sacro-ischiatic foramen remained the same. Ordered wound to be washed with lotion daily, and dressing continued as at first.

The tumor weighed  $16\frac{1}{2}$  ounces, and was sent to Prof. Osler, who examined it for me, and who kindly makes the following notes on it:—

Mass about the size of a small cocoon, encapsuled; sheath is covered with adherent fibrous tissue and numerous blood vessels course beneath its capsule. There are two separate portions, one, about the size of a large testicle, is situated upon the larger part, and occupies the position of the epididymis. On section, the small portion is seen to be closely united and continuous with the larger part. The general appearance of the growth is that of a soft, rapidly-developing sarcoma. The upper part is firm, of a greyish-white colour, and firmer than the rest, but the tissue generally is fleshy-looking, soft, homogenous; presenting here and there small extravasations. There are a few small irregular cysts. On one side, beneath the tunica, there has been a large extravasation of blood, and the clot has become decolorized and now presents a gelatinous brown appearance, very oedematous, and the escape of the serum has caused the level of it to be a good deal lower than the other parts. On examination, this part is made up of a dense reticulum of fibrin fibrils, mixed with a few leucocytes and red corpuscles. Part of the centre of the tumour has a yellowish-brown look, as if undergoing caseation. In several places beneath the capsule blood has extravasated.

On microscopical examination, the chief constituents of the mass are small, round cells closely set together. Here and there elongated fibre-cells are seen, but they are not abundant. Many large fibrous bands occur, doubtless the remnants of the tra-



beculæ of the organ. In the central part of the tumour the cells have undergone fatty degeneration.

The tumour corresponds to a round-celled or medullary sarcoma, one of the commonest malignant growths in the testicle, and which frequently leads to extensive metastatic growths in the internal organs.

Visited my patient again February 8th. Ligatures had come away ten days ago but one, which was easily removed. Wound all healed except a flabby granulation at point of exit of ligatures. Not a drop of pus had formed during the healing process. No swelling in the stump of the cord. Complains of great pain in hip and thigh, excruciating at night, and increasing in intensity till morning, when it moderates, and sometimes leaves altogether till night, when it comes on again. It is, he says, like the gnawing of a rat, and began a day or two after last visit, and has been gradually getting worse. On examination, I found a swelling over the left hip, extending from the sacrum to the anterior superior spinous process of the ilium. It is well defined, only at the edge of the sacrum, where was noticed the tumor already mentioned, and there a tumor, soft and elastic, presents, giving the feeling of a cyst containing fluid. The remainder of the swelling seems to be an infiltration into the subcutaneous tissues over the glutei muscles. The skin over the cyst is slightly livid, and has a number of tortuous vessels in it. This and the whole swelling is painful on pressure. The pain is due evidently to pressure on the lower sciatic nerves, and is increasing in intensity equally with the infiltration and growth of the tumor. It is evident the disease has returned in this place, if not already existing there and dormant in the small tumor, while the testicle was the active seat of the disease. There is no evidence of any disease elsewhere.

I shall see him again in a few days, but should the disease continue to make as rapid progress, the end is not far off. I would not hesitate to operate again, but think the difference of a few weeks hardly calls for the trouble.

## LONDON LETTER—SURGICAL AND ANATOMICAL.

BY T. W. MILLS, M.D.

About the time this letter reaches you the wave of unusual excitement will be passing over the medical students' world as the examinations pass and honor approach; and as these scraps of knowledge were gathered from a course of lectures (chiefly) delivered by Mr. Fred. Treves, Demonstrator of Anatomy and Assistant Surgeon of the London Hospital, before men preparing for the various London Examining Boards, I hope the points in these notes may be of especial service to the student that aims at something above contented mediocrity; and unless the writer is under a misapprehension, the general practitioner may be able to turn them to some good account.

*Hæmorrhage from Palmar Arches.*—The brachial artery to be tied in preference to ligature of the radial and ulnar if compression *in situ* fail. To make effectual compression and avoid sloughing, which is very likely to follow compression made in the ordinary method, graduated pads of lint over the site of the bleeding on each aspect of the hand, forming two inverted pyramids, and secured by a short splint over each, fastened by straps of plaster at the ends with the needful firmness, are decidedly the most satisfactory. Tying either radial or ulnar in this case was condemned.

*Test for infiltrated Cancer of Breast.*—The mamma lying loosely on the pect. major, if in consequence of infiltration it has become attached to that muscle, will move with it when the arm is moved. In *removal of the breast*, the part towards the axilla should be removed last, because cancer *grows* in that direction, and because the principal *blood supply* to the mammary gland is from the vessels of that region.

*The Glands of the Axilla* consist of three sets: 1. One set along the vessels returning lymph from the upper limb; 2, another on the serratus magnus, beneath the anterior fold of the axilla; 3, a third at the posterior fold returning lymph from the back. There is no lymphatic gland in the arm of appreciable

size below that one situated at the bend of the elbow, towards the internal condyle.

*Tapping the Chest.*—In the 5th interspace : half-way between sternum and spine, *i.e.*, in mid-axillary line ; during inspiration, so as to avoid vessels, &c. ; and never behind the angle of the rib.

*Amputation at the Shoulder*—The landmark, above all others, to be kept in mind in all forms of amputation is a “ point midway between the coracoid and the acromion process.” The styloid process of ulna is the most important landmark about the wrist ; marks the point for opening the joint. In consequence of the arrangements of the synovial sheaths, abscesses of the thumb and little finger are often associated with abscesses in the fore-arm.

*In Excision of the Elbow*, the whole of the insertion of the brachialis anticus is not to be removed ; the books are not all as clear on this point as they might be.

*Holden's Line*—Midway between ant. sup. spin. proc. and top of G. trochanter, towards the groin. In fracture it is obliterated.

*Differential Diagnosis between certain forms of Chronic Rheumatoid Arthritis of the Hip and impacted fracture.*—In both there is shortening and eversion, and moderate extension does not overcome the former ; but in the rheumatic affection the shortening is, of course, very gradual. The main point, however, is, that the fascia lata, which extends from the iliac crest to the G. trochanter, in fracture is relaxed.

*Fracture of the Femur.*—Of all fractures this is most likely to be *oblique*, and especially in the upper third (leverage). In a *transverse* fracture, with shortening, there may be no crepitus. In fractures near either extremity of the shaft, the double-inclined plane has its most fitting application. The deformity at the lower extremity may be easily overcome by a division of the tendo Achillis producing it. From a mechanical principle, fracture of the patella is *transverse* in semiflexion of the limb, since one-half of it is then unsupported by bone.

*Fractures of the Leg.*—In frequency *both* bones together are oftenest broken ; next, the Fibula alone ; the Tibia is most often broken by direct violence, the Fibula by indirect. As the femur furnishes the best example of oblique fracture, the tibia is the

best of transverse of all the bones in the body. There is some confusion as to Pott's own method of treating the fracture of the fibula that bears his name. That surgeon recommended that the patient lie on the injured side, that the knee be bent at a right angle, and that a splint with a foot-piece be applied to the fibular side of the leg. Dupuytren's splint, on the contrary, was applied in an altogether different way; and to the inner side; his principle was to straighten the leg by main force. It is well known, in fracture of both bones, the break is usually not on the same level—the fibula giving way higher up; the best examples of comminuted and compound fractures are found at this site, at least they occur here with greatest frequency.

*Hip Joint.*—The surgical anatomy of this joint is not generally very well understood, yet is very important not only to a clear comprehension of displacements, &c., but to an intelligent treatment of its various affections.

*The Capsular Ligament* has certain accessory fibres which are of sufficient importance to bear special names. These are the ilio-femoral ligament, the pectineo-femoral, the ischio-femoral and the superior. The space in the capsule between the first and second of these accessory bands is the thinnest part of it. It is as well to remember that the hip joint has no fewer than five vessels and five nerves.

Dislocations take place oftenest when the thigh is in the *abducted* position. The easiest position for the limb in cases of large effusion into the joint is that of combined flexion and abduction, since it is in this position the joint holds most fluid; or, to put it otherwise, the one it assumes when the maximum of fluid is present. Speaking of the difficulty of getting in books a complete account of the anatomy of this joint and some other matters, the lecturer mentioned, incidentally, that on certain points he had consulted fifteen different works. It is encouraging to the student to know that untiring industry will compel success, even in London. However, it is questionable if idleness be the reigning sin of this age; and it is possible to convert a virtue like industry into a vice. As I look around me at the hosts of young men that are engaged in this London

in that struggle to rise to the upper or middle professional stratum, a struggle that seems to be almost terribly keen, I ask myself the question—will these men live out half their days? Are they not now prematurely old? I have no fears like this in regard to Canadian aspirants. I am not in any concern as to their coming to an untimely grave from excess of *scientific* zeal; and yet might we not honestly say, “would it were not so?” How often have I wished, since moving in these scientific fields, from the depths of a somewhat proud Canadian heart, that a few of my fellow-countrymen had made some little mark, enough at least to let the world of science know that there is such a place as Canada. It is some solace to think that there are at least a very few to redeem us *somewhat* from complete obscurity. These words are penned with honest regret, and in no spirit of depreciation of that country I love so well. But we had better realize the fact, and set about its correction. I hope, Mr. Editor, you will pardon this digression, but the feeling was strong, and had to find expression sometime.

*Action of Ligaments.*—The ileo-femoral limits extension; the pectineo-femoral abduction; the superior adduction; flexion is limited by no ligament. The lig. teres is tight only when the leg is flexed and adducted or rotated out. In *all* forms of dislocation of the hip the head of the bone passes downwards and backwards, leaving the posterior and inferior part of the ligament; and in reduction it must of course get back through the same opening. The Y shaped ligament of Bigelow is never torn; the lig. teres always torn. The plates in Bryant's Surgery on hip dislocation are erroneous; unfortunate, as the book is much used by students generally.

*Reduction of Dislocation of Hip.*—(1.) Flex to relax the lig. of Bigelow. (2.) Circumduct *out* when the dislocation is on the dorsum or into the sciatic notch; and *in* in the other cases to bring the head of the bone to the lower part of the capsular ligament (3.) Extend to force the head through the capsule.

There has been some dispute as to what Nelaton's line really is. N.'s own words are in reference to the questioned matter—“the most prominent part of the tuberosity.”

In reducing a dislocation of the femur, it is as well to bear in mind that the internal condyle looks in the same direction as the head of bone in all its possible positions. Many other points of surgical interest might be noticed, but your patience, I fear, is already sufficiently taxed, Mr. Editor. I will close by observing that it is, of course, understood that the reader will supply either from memory or by reference a good deal, as these notes are intended rather as hints than as complete descriptions.

## BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

PREPARED BY WM. GARDNER, M.D.,

Prof. Medical Jurisprudence and Hygiene, McGill University; Attending Physician to the University Dispensary for Diseases of Women, &c.

*The Porro-Müller Cæsarean Section.*—Dr. E. Richardson of Philadelphia reports what he calls the first successful case of the Porro operation in America, in the *American Journal of the Medical Sciences* for January of the present year. It is also the fourth case in America; the first, it will be remembered, was by Dr. H. R. Storer, then of Boston; the second by Dr. Isaac E. Taylor of New York, and the third by Dr. Agnew of Philadelphia (as yet unreported), in a case of fibroid filling up the pelvis in a patient three days in labour. Dr. Richardson, we think, scarcely does full justice to Dr. Taylor, whose case lived 26 days and then died suddenly of cardiac thrombosis from phlegmasia dolens, the latter, it is true, excited by the operation. Our readers will remember that the Porro operation consists in opening the belly by a short incision, opening and emptying the uterus *in situ*; turning out the uterus and ovaries; ligaturing the cervix, and then fastening the pedicle in the lower angle of the incision. The modification devised by Prof. Muller of Berne is to make a long abdominal incision, turn out the uterus and appendages, open and empty the uterus, and then treat the pedicle as in the Porro operation. Four out of eight Muller operations have been successful.

Dr. Richardson's patient is a dwarf, whose internal pelvic diameters at the superior strait are respectively: the conjugate,

1.87 ; and the transverse, 3.93 inches. The case is peculiar, in that he operated two weeks before the expected time of delivery, thereby securing the great advantages to both patient and operator, of ample preparation, of option of day and time of day, and of absence of exhaustion incident to labour. A further advantage it was believed was secured by the presence of a well-defined cervix, which facilitated the application of the ligature. The only interruptions to steady recovery were an attack of colic on the fourth, and a mild attack of phlegmasia dolens on the eleventh. Lactation was established as usual after normal labour, the milk being abundant and of good quality, and the patient has nursed her child regularly.

*The Treatment of Rupture of the Uterus.*—In my last report I gave a brief synopsis of two cases of rupture of the uterus reported by Dr. Frommel in the *Centralblatt für Gynäcologie*, successfully treated by irrigation with carbolized water and drainage tubes. In the last number of the same journal for 1880 appear the reports of two other cases recovering under the same treatment. One of these, by Dr. Morsbach of Halle, was that of a woman of 35, who had previously borne four children and had one abortion. The first and third child were born naturally, but of the second and fourth she was delivered with forceps. After the last labour she made a very tedious recovery, keeping her bed for six weeks. The patient in her fifth labour was in charge of a midwife. After labour of severe character for five hours she got the patient out of bed to rupture the membranes. This was very difficult, and immediately afterwards the pains ceased in spite of three ergot powders administered by the midwife. Soon after, general abdominal pain set in, together with discharge of blood from the genitals. On examination ten hours later, when Dr. M. first saw her, he found the feet presenting in the vagina. On attempting to extract, he found that the feet were projecting through a laceration involving cervix and vagina, and that the child was in the abdominal cavity. To deliver the child it was necessary to incise the edges of the rent. After delivery coils of intestine came down through the opening. The placenta was extracted from the abdominal cavity. The fundus

uteri was clearly felt a little above the symphysis pubis. Two large-sized drainage tubes were carried through the vagina into the Douglas fossa, and made to dip into a wad of salicylized cotton between the thighs. Carbolic acid was not used to irrigate the vagina and wound, but only to cleanse the external genitals. The patient did well; the temperature never rose above  $38.4^{\circ}$ , and but little pain was suffered. One drainage-tube was removed on the second day, and the other on the fourth. She was able to leave her bed on the fourteenth day. On examination fourteen weeks after, the cicatrix of the healed laceration was easily felt on the left side of the cervix and vagina.

The second case is reported by Dr. M. Graefe, assistant physician to the University Lying-in Hospital in Berlin. Dr. Möricke was called on the 3rd October, 1880, at four in the morning, to see a woman in her thirteenth labour. The pains had been severe since nine the previous evening, but had suddenly ceased at three o'clock. Dr. Möricke found the patient in a state of extreme collapse, with small, frequent pulse. A furrow-like depression crossed the abdomen in the umbilical region. Fœtal heart sounds inaudible. By vaginal examination, the face was found above the pelvis in the second position; a hand and foot were also prolapsed. Incomplete rupture was diagnosed, and the patient immediately transported to the Lying-in Hospital. After her arrival, on examination it was found that the conditions had changed somewhat. The well-contracted uterus was clearly palpable above the symphysis, and the child completely in the abdominal cavity. The patient being anæsthetized, it was easily extracted by the feet, dead. The placenta was removed immediately afterwards. It now appeared that the uterus was lacerated transversely to such an extent that only a band of three fingers-breadth remained behind and to the left, a large quantity of coagulated blood and meconium were found in the abdominal cavity. This was well washed out with a warm one to forty solution of carbolic acid. A large-sized drainage-tube was then passed through the rent and secured. A firm, compress bandage and an ice-bag were placed over the uterus. For two days the pulse could not be felt, but on the third even-



ing it had so much improved as to be counted (112 to 120). The temperature was normal. On the fifth day, frequent vomiting and hiccup. Her condition was such that recovery could scarcely be hoped for. On the sixth day the temperature rose to 39; the pulse 112, but full and strong. The discharge, hitherto scanty and slightly bloody, now began to be offensive. Carbolized water (1 to 40) was gently injected through the drainage-tube from one to three times a day, according to the temperature. During the next two weeks the temperature underwent morning remissions and evening exacerbations, which, however, did not exceed 39.6. The discharge from the tube was scanty, thin, and no longer offensive. At the beginning of the fourth week the temperature fell to normal, and so remained. At the beginning of the fifth week, as the discharge from the tube had ceased, it was removed on the 2nd of November. The patient rapidly gained strength, and was discharged on the 8th of the same month. Examination at this time showed that the uterus was nearly completely involuted and lay over to the left side. On the right side of the very short cervix the finger entered a small granulating cavity; close to it, in the right parametrium, was a mass of exudation of the size of an apple.

In conclusion, Graefc points out the great advantage of this method of treatment of rupture of the uterus in suitable cases over laparotomy (so strongly advised of late in certain quarters); especially to the country practitioner, far from skilled assistants and unprovided with the necessary appliances for its performance. A bottle of carbolic acid and a piece of large-sized drainage-tube in his obstetrical bag furnish him with a simple and, as experience has shown, a marvellously successful means of treating this terrible accident of labour a means whose application requires no skilled assistance.

In the last number (Heft ii, Band, V.) of the *Zeitschrift für Geburtshulfe und Gynakologie* appears an exhaustive article on the "Etiology and Treatment of Rupture of the Uterus," by Dr. Frommel, assistant physician to the Gynæcological Clinic in Berlin. After full consideration of the etiological aspects of the lesion, Dr. F. proceeds to give briefly the records of eight cases

occurring recently at the clinic. The first seven of these cases were subjected to laparotomy, with careful attention to all the details of the antiseptic system, but all proved fatal. The eighth case, treated by irrigation with carbolized water and by drainage, recovered; the child also recovered. Dr. F.'s conclusions with reference to the respective merits of these two forms of procedure will surely commend themselves to every one as being just. They are as follows: 1. Laparotomy ought to be performed when the foetus has completely receded into the abdominal cavity, in which case it can rarely be extracted by the natural passages without dangerous shock to the mother; when the child has been dead for some time before the setting in of labour, and therefore a tendency to, or an actually septic condition of the fluids exists; when, with death of the foetus, the rupture has occurred long after the escape of the liquor amnii, and therefore with great probability a septic condition of the contents of the abdominal cavity obtains; and when there is copious bleeding into this cavity, because in no other way may it be completely cleansed. 2. Drainage with irrigation is the appropriate treatment in recent ruptures, the child being alive or only recently dead; and when it is possible to extract by the rent through the natural passages without too much injury to the mother. The latter procedure in appropriate cases must strongly commend itself as being so much less formidable than laparotomy; a circumstance which must not be overlooked when the operator has to deal with a patient exhausted or even in a state of collapse from the combined effects of a long labour, serious injury to an important organ, and loss of blood.

*Evil consequences of Vaginal Irrigation during Labour.*—

A paper on this subject was recently read before the Obstetrical and Gynecological Society of Berlin by Dr. Frommel, and is published in the *Zeitschrift für Geburtshilfe und Gynacologie*, Band V., Heft II. It is obviously of the greatest importance that such occurrences should be recorded and borne in mind, in view of the fact that the most important part of the modern curative and preventive treatment of puerperal fever in its widest sense is the use of vaginal injections. It is the custom recently

established at the Berlin Obstet. Clinic, after demonstration of the patient to and examination by the students, to administer as a prophylactic, a 1 to 40 carbolic solution. The method is by fountain syringe and gum-elastic tube, with fresh glass vaginal pipe for each patient.

A woman of vigorous appearance, 38 years of age, pregnant of her second child, came to the clinic; child in second position; its heart sounds strong, 140 per minute. The vagina lax, the cervical orifice and canal admitted two fingers. After the usual demonstration and examination, the usual irrigation was practised. The glass tube, guided by the finger, was introduced to the posterior vaginal cul de sac. About 400 to 500 grammes of the solution had flowed through the vagina, when suddenly the woman began to throw her arms violently about; the face grew pale, livid, and then cyanotic in rapid succession, while respiration became laborious and stertorous. The vaginal tube was immediately removed, whereupon a considerable quantity of dark red blood came away. The pulse was weak and frequent, 150 per minute, and for a few minutes was scarcely to be felt. It however, after a few minutes, became less frequent and more regular, but remained small. Gradually respiration became free and the cyanosis disappeared, but complete consciousness did not return for two hours. After this the mother did well, but not so the child. As soon as the violent maternal symptoms had subsided, the foetal heart sounds were listened for, and the frequency before the accident (140), was now found to be reduced to 72, only five or seven minutes later. At this frequency the beats continued to be heard, but gradually becoming weaker, till 40 minutes after the accident they had entirely ceased. Just before its death violent movements of the foetus were noticed. During the night following this accident the woman was delivered of a recently-dead female child. On dissection, froth, composed of mucus and meconium, was found in the trachea, and numerous ecchymoses on all the serous membranes, especially the pleura, such as are usually observed in the bodies of newly-born infants dying of apnoea. The only pararell case Dr. F. has been able to find is one in the practice of his colleague Möricke, in the

same clinic. This was a case of placenta prævia, being treated by tampons and vaginal irrigation on each occasion previous to renewing the plug. At the sixth injection the same symptoms as in Frommel's case occurred; the patient recovered several hours afterwards. Unfortunately in this case the child was already dead, so that the effects of the phenomena described in the mother were not to be had on the child. Olshausen, Martin, Depaul, and others relate allied cases. As regards the cause of the symptoms in this case, Frommel believes that unintentionally the point of the tube was applied within the open cervix, and that by the sudden tolerably forcible pressure of the fluid by the syringe the symptoms were produced. Various explanations are given for such symptoms. Kustner suggests an acute carbolic acid poisoning, but as opposed to this, permanent carbolic irrigation has been kept up for days together, and carbolic urine been thereby induced and maintained for days without such symptoms. Moreover, the same symptoms have occurred in Fritsch's hands by salicylic acid irrigation, and are well known to have followed the use of pure water. Frommel also rejects the theory of injection of air into the vessels, as he has been unable to find more than one unmistakable case of this kind which recovered. In the case in question there was extensive emphysema of the abdominal walls. He suggests two explanations: Access of the injection fluid to the veins; and intense irritation of the numerous nerve filaments of the uterus, leading to cerebral disturbance, but favours the first of these, as there are numerous facts in its favour. Such are the phenomena occasionally witnessed during transfusion, and accidental injection directly to small veins in the use of the hypodermic syringe. Frommel concludes his paper with a few remarks on the practical aspects of the case. One or two unfavorable cases cannot be taken as good ground for discarding vaginal irrigation, but it ought to be used with caution, and is undoubtedly necessary in certain cases, notably after the removal of the tampon. Especial care is necessary when the head is high, and the cervix open. In all such cases, the vaginal pipe must be carefully kept away from the cervix and very little pressure used during the injection.

When the head is low in the pelvis, and applied closely over the cervix, there is no danger.

*Remarkable Case of Maternal Impression on Fœtus.*—

Dr. Hunt of the Pennsylvania Hospital reports the case of a woman aged 30; pregnant  $8\frac{1}{2}$  months, who was admitted to the hospital for very extensive burns from flame. The foetal heart sounds were detected till the second day afterwards. The child, a well formed dead female, was born a few hours later. It was apparently burnt and blistered in places and in extent almost exactly corresponding to the injuries of the mother. The blisters stood out fresh and full, as though recently formed, and in places the derm was deeply involved, as on the mother. The case appears in the *American Journal of Med. Sciences* for January, 1881, and is accompanied by drawings of the appearances on both mother and child.

*Antiseptic Ovariectomy.*—In the *British Medical Journal* for January 22nd of the present year appear two important papers giving the results of experience of abdominal section by the two principal surgeons to the London Samaritan Hospital for Women.

Dr. Granville Bantock's paper is entitled "Fourth series of twenty-five cases of completed Ovariectomy." In reviewing the hundred cases which this series completes, Dr. Bantock congratulates himself upon having as early as the seventh case discarded the clamp for the ligature, which, as is well known, is now almost universally employed. The reason of this is that it has been thought to be a necessary part of operation by the antiseptic method. In this connection it is worthy of note that, while some operators attribute the great success of modern ovariectomy to antiseptics, others as Lawson Tait reverse the proposition and attribute it to the ligature. Bantock, in one case only of the hundred, employed the actual cautery, which he looks upon as the only true rival of the intra-peritoneal ligature. He began to practice the antiseptic method in his thirty-first case, when thymol was first brought to notice from Germany. His experience of carbolic acid is not very encouraging; thinks that while perhaps saving his patients from one danger, he has by the spray exposed them to others, and believes he has seen deaths from

acute pulmonary congestion, due to the chilling effects of the spray, and to carbolic acid poisoning. After his first twelve operations with carbolic acid he had five deaths, but of this dozen cases there was an unusually large number of unfavorable ones. Of the five deaths, he attributes two to the use of carbolic acid. In his fifty-first case he substituted absolute phenol for Calvert's No. 1 acid, and then had a run of seventeen cases, with only one death, in a bad case. In his later cases, Bantock has used one to fifty, one to sixty and one to a hundred solutions instead of the one to twenty and thirty of Listerism, and his results lead him to two important deductions: 1st, In similar cases the antiseptic system in his hands has not yielded a lower temperature curve; 2nd, the reduction of the strength of the carbolic acid solution has been attended with a proportionate lessening of the temperature curve and a decrease in the rate of mortality. Mr. B. has further departed from Lister's instructions by abandoning the "protective" and dressing the wound by the dry method, with thymol gauze.

On the 14th December last Mr. Knowsley Thornton read a paper before the Royal Medico-Chirurgical Society on "One hundred and seventy-two antiseptic abdominal sections; with remarks on the causes of death." All the cases were treated strictly after Lister's method, which Mr. T. thinks very important, and objects to the "modified Listerism" of some operators. Mr. Thornton's conclusions from these 172 cases thus treated are: 1. Simple cases recover under Lister's method with a certainty previously unknown. 2. There is less fever, and convalescence is more rapid, than under the old method. 3. The success obtained in the more complicated cases is in proportion to the exactness with which the antiseptic method can be applied to the individual cases. 4. The accidents and complications occasionally following operation—such as hæmorrhage, for example—are more easily overcome in aseptic cases. 5. There are difficulties and even dangers in the application of the method; and the more experience the individual surgeon has in it, the more readily he foresees and avoids these, and the more complete becomes his success in applying it.

*Stenosis of the Uterine Orifices and its relations to Dysmenorrhœa and Sterility*; by Professor Pajot of Paris. The above is the title of an interesting and spicy paper by the celebrated Parisian professor, in the *Annales de Gynécologies* for December, 1880. After some introductory remarks, the author proceeds to say that the narrowing may be at either of the two orifices of the cervix or either of the two orifices of the uterine body (the Fallopian tubes). Stenosis may affect either internal or external os, or both, or the whole cervical canal. This narrowing may be congenital or acquired, but the latter is very rare. Stenosis of the external os is easily diagnosed; stenosis of the internal os is only to be diagnosed by the sound. The importance of narrowing of these respective orifices is very different. With reference to dysmenorrhœa, narrowing of both orifices and of the canal of the cervix may be a cause, but in the case of sterility, stenosis of the external os only is important. The extent of stenosis of the external os varies. When of less than two millimetres diameter, it must be considered abnormally small, but Pajot has met with cases in which the orifice was so small as to be invisible to the naked eye; a lens mounted on a handle being necessary to its discovery. To diagnose stenosis of the internal os, P. recommends graduated whalebone sounds in preference to metallic ones; and while on this subject, he takes occasion, from the stores of his large experience, to warn the young gynecologist of the occasional grave, sometimes fatal, consequences which may follow the simplest procedures in gynecology, such as the use of the sound, and cordially endorses the statements made in the recent paper of Dr. Engelmann of St. Louis on this subject. The author rejects the theory of obstructive dysmenorrhœa, pure and simple, and asserts that there is always something else as the cause in addition. This is found in the fact that the non-gravid uterus possesses the properties of irritability and contractility which may be excited by the congestion of the organ at the menstrual period, and by the presence of blood in its cavities of body or cervix. In the treatment of stenosis, Pajot rejects incision as being much more dangerous and no more successful than dilatation either for sterility or dysmenorrhœa. He employs

a metallic dilator with expanding blades. In the case of sterility, it is necessary to dilate only the external os so as to afford free ingress and lodging of spermatic fluid, and adduces in support that the zoosperms without difficulty make their way through the barely, (to the naked eye) visible orifices of the Fallopian tubes. For sterility, he thinks, moreover, that the dilatation of the external os ought to be transverse, to imitate as much as possible the condition of two lips found in multiparæ. For dysmenorrhœa, on the other hand, he dilates the whole cervix. In either case he is careful to dilate gradually by repeated efforts at intervals of some days, and to avoid abrasion or bleeding during the process. He is careful to examine the husband and spermatic fluid before subjecting the woman to treatment, and insists on the necessity for caution in giving an opinion as to prospects. He relates several cures of sterility without dysmenorrhœa from dilatation of the external os alone.

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### Correspondence.

#### TYPHOID AT LENNOXVILLE.

*To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.*

SIR,—In the January number of your journal you published a communication from Dr. Worthington, of Sherbrooke, on "Typhoid Fever at Lennoxville," and added some editorial remarks on the same subject. As I have been medical attendant at the School since May, 1878, I feel it my duty to give a short statement of the facts of the case. Before doing so, in order to show that the School has heretofore not been the unhealthy place many would think from all that has been said about it, I have looked over my notes of cases occurring in the School, and find that during the two and a half years I have been in attendance, excluding trivial cases that required one, two, or at most three visits, and surgical cases there have been only twenty-two cases of sickness among the boys, including the recent cases of typhoid, viz.:—Typhoid, 5; scarlet fever, 4; cold and mild bronchial attacks, 4; pneumonia, 3; erysipelas, 2; sore throat, 1; rheumatism, 1; intermittent fever, 1;



epilepsy, 1. This list, however, does not include Heneker, as he resides in Sherbrooke, and was not under my care.

In May last it was found that the College drain was obstructed; on the 18th of that month this drain was opened, the necessary repairs made, and the drain closed up on the 22nd.

On the 28th May one of the boys complained of not feeling well, and on the 30th went to his home in Montreal; he subsequently developed typhoid. As he was not under my care, I have not included him in the above list. This, as far as I know, was the first case of typhoid that originated in the School since it was opened.

From this date up to the closing of the School for the summer holidays, on the 24th June, I find no record of having been called upon to prescribe for any of the boys; however, on their return home several developed typhoid, all ending in recovery.

The opening of the drain being at this time, and with much reason blamed as being the origin of the fever, it is, perhaps, not to be wondered at that the well did not receive more attention, especially after Dr. Baker Edwards had pronounced the water pure and free from animal matter, and also from the fact that the water from this well had been used by the inmates of both College and School for 20 years, and was considered unusually good and pure. In fact, I was not aware any objection had ever been made to this water until after the second outbreak of fever.

On the 18th September the School was re-opened, and no case of sickness was brought to my notice until the 25th November, when I was sent for to see Tiffin. The previous history of this case, the admission of the boy and the symptoms under which he laboured, pointed to an attack of colic from eating too freely of indigestible articles, such as nuts, canned fruit, canned salmon, &c. He was so much better on the 28th that I found him up and dressed, but as he appeared weak and languid I sent him to bed again. On the 29th he was much the same, there being nothing about the case as regards his

temperature, pulse or tongue that would indicate with any degree of probability an approaching attack of typhoid, until the 30th, when I found his temperature 102°. I then thought the case suspicious. Next day, December 1st, finding his temperature still rising, I at once wrote to his father, informing him that I feared his son was threatened with an attack of "low fever." Previous to this the boy had written home to say that he was sick. In using the term "low fever," I take it that this term is popularly and usually understood to indicate a mild form of typhoid or that condition of the system which indicates a liability to an attack of typhoid. On the 3rd December his father came to Lennoxville and took him home to Montreal. I much regret to say the poor boy died about eight days after his removal.

F. Booth I first saw on the 27th November. The day before he had got very warm sliding, and on going to bed had chills, followed by fever, headache and sore throat. On the 28th, 29th and 30th, with the exception of the sore throat and some headache, he appeared better; but on the 1st December, finding his temperature rising, I at once wrote to his father to the same effect as I had written to Mr. Tiffin. On the 8th Mr. Booth took his sons home to Ottawa.

J. Booth, who had occupied the same room as his brother, for some days before going home complained of being "out of sorts," but did not keep in bed.

Ogilvie complained of headache while in class on the 29th November, and was sent to bed. On the 1st December, as his head still ached and the other cases having given a clue to the probable cause of his indisposition, I also wrote to his father, who came out next day, the 2nd December, and took him home to Montreal.

Stewart did not appear to be as well as usual on the 2nd December, but kept about; there being no improvement next day, I sent him home.

These five boys, with the exception of Heneker, are as far as I know the only cases that originated in the school during this last outbreak.

As regards the imputation that the parents ought to have been sooner informed of the nature of their sons' illness, any medical man can easily understand how difficult, if not impossible, it is in many cases to diagnose typhoid fever with any degree of certainty during the period of invasion, and how cautious it is necessary to be when the case occurs in a large school, lest, by a precipitate diagnosis, unnecessary alarm may be given, probably resulting in a breaking up of the school. The medical attendant has a duty to perform both to the parents of the scholars and to the school; and while he is very properly expected to inform the former of any serious illness attacking their children, it is equally his duty not to injure the latter by jumping to too sudden a conclusion.

Of the four cases of scarlet fever, three occurred in December, 1878, a few days before the Christmas holidays. It was considered advisable not to wait until the end of the term, but to allow the boys to return home at once; the fourth case was in March, 1879. In all these cases the parents were notified of the nature of the disease the day I was called in, and the patients removed to the infirmary outside the school building.

With reference to your remarks as to the "tendency to keep things quiet through fear of injuring the school" and "to the delay in notifying parents of the illness of scholars," I trust the foregoing remarks on the facts of the case will be sufficient to absolve me from any such imputation. And as regards your statement that "in one case public indignation has been loudly expressed at the unnecessary suffering inflicted upon friends who could only reach Lennoxville in time to find their sufferers delirious and soon pass into a moribund condition," I can only say that if such a case did occur, it must have been before I attended at the school, as most certainly no such case has happened since.

F. J. AUSTIN.

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*To the Editor of the CANADA MEDICAL & SURGICAL JOURNAL.*

SIR,—The "official account of typhoid fever outbreaks at Lennoxville" first misrepresents what I stated, and then challenges my veracity.

“Dr. Worthington stated *that he at that time condemned the well*; as there is no allusion *in the report* to a well, the doctor must *have drawn upon his imagination!*” What I wrote was, “*That privy was condemned, and it was suggested*” that the well was at a “*suspicious distance*” from the privy.

Suspicion is not condemnation, nor is suggestion assertion. When “it was suggested” Dr. Nicholls said they were not then using the water; as it had a bad taste; but, soon after this, the well was cleaned, and as a number of dead frogs were found at the bottom of it, the bad taste was accounted for, and the water has been used ever since—except when the presence of dead frogs was suspected. Whether the frogs contaminated the water, or the water killed the frogs, is a matter of conjecture. It will give me great pleasure to introduce to the Committee of Management—if they have any doubt about this—the person who cleaned the well, who will state why he cleaned it, and what he found in it.

I made no reference to any written report. I was writing from memory, as I am now, of what occurred years ago. We were preparing to write one, when a serious accident happened to one of the school boys, and Dr. Robertson had to leave. I believe it was arranged that he should complete the report, and the meeting of corporation adjourned until evening to enable him to do so. At the same time another matter was suggested, which was regarded as perhaps only second in importance to the privy as a source of danger. At that time the main drain from the school terminated abruptly in the slope of the bank, above the level of the little water course that ran through the swamp, and quite close to the crossing to the cricket field. There was nothing to prevent the foul air of this drain being blown back into the building, and at times the smell was very offensive at the crossing. The level of the swamp is about the level of the bottom of the well, and it would be interesting to know how far that swamp to-day is affected by percolation from the ground above it, irrespective of miasma from the swamp itself. The distance is great, but 30 years would do it. The sums collected from the boys for the cricket field, and never

expended upon it, would have drained that swamp and made the field one of the best in the Dominion. I have examined the water several times, and always found it *bad*. I will not honor my examinations by the name of analysis; I am too rusty for that, but still bright enough to know whether a given quantity of water contained 8.4 or 85.4 grains of solid matter. Every outburst of fever only served to convince me that the development or diffusion of the typhoid poison was due to the water supply. In that opinion I was supported by Dr. Robertson, and both of us expressed warnings about that well, long before the time admitted in the "official account." Only the other day the father of one of the boys stated before a number of gentlemen in Quebec, that my son had cautioned his son about drinking the water, as his father had pronounced it bad, and he felt grateful for the warning. It was what I considered the improper secrecy connected with the recent outbreak that induced me to write my article. Who is responsible for that secrecy I do not know, but doubt if any master or matron ever had written instructions as to what should be done in such an emergency.

Why was the water sent for analysis? The report says the Chairman of Trustees *urged it*. There is no whisper before this that any warning was given. I must, therefore, conclude that the idea originated with the Chairman of Trustees. It would never do to admit that I had ever suggested a suspicion as to the purity of the water. Why were three medical men in 1873 requested to examine and report upon the sanitary condition of the school? Was it that some mysterious influence was at work, giving to the school a general unhealthy character? and the school authorities wished to find out what that influence was? To say that inquiry had no reference to typhoid fever would be no excuse, as the official account devotes a paragraph on its first page to two cases of pneumonia. The gentlemen who give the "medical history of the institution in reference to typhoid fever" are, of course, not responsible for its exactness. The first case referred to as "10 or 12 years ago" was November-December, 1871, which brings the time nearer to the time of

the former commission. Still there is an interval of 17 months to May, 1873. What occurred in that interval to make a medical inquiry necessary? Three doctors! The case must have been serious? History "in this respect, as in many others," is silent.

"During the progress of the drainage work the Committee determined on the removal of the wood-sheds and latrines from the centre of the great College yard, where they had *long been an eye-sore, and it was on this ground alone that they were removed.*" If this is intended as a denial of what I stated about the objectionable latrine, I will give the Committee a short history of their latrines, which may be useful to them. The College was built in 1846, the school in 1860 (?). The *first* latrine was close to the site of the present school. Its pit was laid in dry stone. A small building was erected over it, and there was no drain from it. After being in use more than 10 years the building was moved to the centre of the quadrangle, where a new pit was dug; no drain from this either. Beautiful inventions both of these for saturating an extended area of light gravelly soil. When this *second* latrine had been in use 13 years it was *condemned*. When condemned the building was removed, the hole filled up, and a *new latrine*, covered with new sheds, was built—the one described in the Medical Report, and called the *old latrine*, the one that had *long been an eye-sore*, and which was removed—not from sanitary considerations, but from architectural defects. It did not please the eye! It was an eye-sore!

There is a want of harmony between my account and that of the Committee in reference to this *third* latrine. But if the Committee wish it, I can shew them the original building—the one moved from near the old covered way between the school and college—to the middle of the 'quad,' and removed a few years ago to make room for the new one. I can also shew them the man who built the first—moved it, and erected the *new one*—the one that is called the *old one*, the one taken down last summer, because it had long been an eye-sore.

E. D. WORTHINGTON.

[The following printed letter bearing on this matter has also been sent to us for publication.—ED.]

THE LODGE, LENNOXVILLE, Feb. 19th, 1881.

In sending out the accompanying Statement and Report, I wish to repeat my expression of deep regret, which I made at the meeting of Corporation on the 21st December, for having failed to attach sufficient importance to the warnings which I had received about the well-water. In the case of Dr. Robertson, whose advice and opinion I had myself requested, I find it peculiarly difficult to explain even to myself how I came not only to neglect the advice, but utterly to forget that I had received it. This, however, is the case. I cannot even now recall the circumstances, though I have no doubt that the warning was given.

I have felt it to be due to the medical gentlemen in question to put on record their warnings, and due to those who are interested in the College to make this personal statement.

J. A. LOBLEY,

*Principal of Bishop's College.*

### Reviews and Notices of Books.

*Lectures on the Surgical Disorders of the Urinary Organs.*—

Delivered at the Liverpool Infirmary by REGINALD HARRISON, F.R.C.S. 2nd Edition, 8vo. J. & A. Churchill, London.

Nearly half of this work is taken up with a description of stricture of the urethra, its causes, symptoms, treatment and consequences. In this department of the surgical diseases of the urinary organs Mr. Harrison is thoroughly at home, having had an immense experience, the sea-faring community which frequents Liverpool furnishing the surgeons of the infirmary an unlimited number of examples of this disease. The remaining part of the work is taken up with the diseases and injuries of prostate, bladder, ureters and kidneys, finishing in the 30th lecture with a description of varicocele and its treatment. No new theories are advanced and no controversial verbiage is introduced to confound his opponents and mystify the reader. Mr. Harrison "sees good in everything," and states his own

experience in a straightforward manner, and dwells especially on those practical points of which he can speak authoritatively from actual personal knowledge. The lectures are written in a simple colloquial style, which makes them pleasant reading to the busy man. Mr. Harrison is well known by his irrigation treatment of gleet, and in this method of treatment he adopts the views of Mr. A. Pierce Gould, viz., "that the morbid matter collects in the horizontal or bulbous portion of the urethra," and can only be got rid of by employing means whereby the urethra may be thoroughly cleansed from one end to the other. Thus not only is the gleet cured, but strictures are prevented by freeing the urethra from the morbid secretions which are apt to lodge there, and set up sufficient inflammation to lead to plastic exudation and so to stricture. If these views are correct, then a gleet is not always "indicative of an early formation of stricture." That it often leads to stricture is a well established fact. Lecture 4 deals with the practical points in connection with the surgical anatomy of the urethra, and draws special attention to its relations with the rectum and the connections of those bug-bears to students, the pelvic and perineal fasciæ. We are glad to see that Mr. Harrison holds the view that extravasation of urine is caused in the majority of cases, not by the rupture of the urethra behind the stricture, but from the products of inflammation (pus), around the urethra behind the stricture, finding their way by ulceration into the urethra, and so leading to extravasation. Gouley's tunneled bougies and catheters are highly spoken of in the treatment of tight stricture, and their more general employment is strongly advocated. In strictures of recent date the treatment by gradual dilatation has been successfully employed.

We are afraid that Mr. Harrison's views are rather utopian, when he looks forward to the time when the discovery of some means to prevent contractility of scar tissue will supercede or improve the present instrumental treatment. Aspirating the bladder above the pubis has been found preferable to any other method for relieving retention of urine where a catheter has failed to pass, and is preferred to tapping the bladder through



the rectum. The objections to tapping the bladder through the rectum would have been made much stronger had some cases been cited which had been followed by extravasation of urine. Dr. W. McFee Campbell says that aspirating the bladder is sometimes followed by extravasation of urine, and cites a case.

Mr. Harrison has performed the operation of external urethrotomy (Symes') twenty times without any fatal result. In connection with this part of the subject, Mr. Wheelhouse's paper is quoted in full, with the original wood-cuts. This will be found useful by those who have not access to the file of the *British Medical Journal* for 1876. The tenth lecture is devoted to syphilitic stricture and its treatment by mercury, aided, however, by gradual dilatation, and several cases are cited to illustrate the point. These strictures appear to come on more during the secondary stage of syphilis, and are very amenable to anti-syphilitic treatment, more so it appears than similar strictures of other mucous canals.

The lecture on irritable bladder is a very instructive one. In it Mr. Harrison mentions that he has met with several examples of fissure at the orifice of the female urethra caused by rapid dilatation of the urethra. He considers this affection (fissure) one which has not been sufficiently recognized. In cases where it is necessary to wash out the bladder a very simple apparatus is advised—a glass funnel, to which is fitted two feet of India rubber tubing and a gum elastic catheter; the catheter is introduced into the bladder and is connected with the funnel by means of the rubber tubing, when the funnel is elevated and water poured in; the water, by hydrostatic pressure, is forced into the bladder, and by lowering the funnel below the level of the body, the water escapes from the bladder. Mr. Harrison strongly insists on the necessity of examining the urine before sounding for stone; he has known more than one instance of sounding being followed by death, the *post-mortem* examination revealing disorganized and suppurating kidneys. He also always administers ether when sounding, as he says without it, it is quite impossible to obtain all the information one needs concerning the stone. This is all very well in hospital

practice, but in cases in private practice where we suspect stone, for the mere verification of our suspicions, it is our opinion that the administration of an anæsthetic is unnecessary. Bigelow's operation for crushing stone is merely noticed, not fully described. Now, we think this is the most important improvement which has of late years been introduced into the operations of surgery of the urinary organs, and ought to have been fully dwelt on in such a work as this now under notice. Lecture 26th; on the surgery of the kidney, adds largely to the interest of the work. It is a subject which has of late greatly attracted the attention of practical surgeons. A synopsis of all that has been done in this department of surgery up to the present year is given; the operation of nephrotomy is not as minutely described as we should have liked to have seen it.

In conclusion, we may say that we have perused this book with much interest and benefit, and if not approving of all it contains, still have no hesitation in recommending it to our readers as a sound practical treatise on the surgical diseases of the urinary organs. The work is profusely illustrated, and printed in large, clear type on good paper, and is free from typographical errors.

*Food for the Invalid, the Convalescent, the Dyspeptic and the Gouty.*—By J. M. FOTHERGILL, M.D., Edin., M.R.C.P., Lond., Associate Fellow of the College of Physicians of Philadelphia, &c., and HORATIO C. WOOD, M.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, &c. New York: MacMillan & Co. Montreal: Dawson Bros.

This is a useful book of recipes for physicians and others who have to provide for the varying and often hard-to-satisfy wants of invalids and convalescents. It is preceded by a short and useful introduction upon the physiology of foods and of digestion. Then follow the culinary receipts, which number in all about 300. Amongst them will be recognized many old friends, whilst several have all the appearance of novelty. Some of these

seem rather startling for delicate stomachs—*e.g.*, goose pudding, is composed of bread, flour, onions, sage and dripping. The invalid is to imagine that he has ordered roast goose, but has, by mistake, been helped only to the stuffing. Onion soup, again, is a compound of onions, potatoes, eggs, and Parmesan cheese. Great variety is offered for selection of soups, fish, puddings, salads, fricassees, &c., and without professing to be enough of a *gourmet* to fairly criticise them, we may safely recommend them to physicians who are so frequently consulted concerning the best means of catering for the capricious appetites of delicate persons and invalids.

*Photographic Illustrations of Cutaneous Syphilis.*—By GEO. HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases. Forty-eight plates from life, colored by hand. New York: E. B. Treat. Montreal: Dawson Brothers.

During last year we had the pleasure of drawing attention to the publication by Dr. Fox of a series of photographic illustrations of skin disease, and expressing our admiration of the very excellent manner in which the design had been carried out. We have now received six numbers of the new work by the same author, bearing the above title. It will form a companion volume to that which we have just mentioned. It is gotten up in exactly the same style, and every plate exhibits indications of the same care and fidelity to nature. In the study of these cutaneous troubles, the differential diagnosis of which is often difficult, nothing is of such assistance as *good* plates. We need not specify in detail the different varieties of syphilis which have been so far illustrated; each number contains four full-sized plates, executed in the best style and very carefully colored by hand. Any one, therefore, possessing this work will have before him an accurate representation actually from life of very nearly every important or, at least, frequently-met-with syphilitic affection of the skin. We cordially recommend it to all.

*How to use the Forceps, with an introductory account of the Female Pelvis and of the mechanism of Delivery.*—By HENRY G. SARDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College. Illustrated. New York: E. B. Treat. Montreal: Dawson Brothers.

The author remarks that “the great diversity in the shape and design of forceps now in use, and the vague and conflicting opinions as to the manner of their employment, are a sufficient evidence that an exact and scientific basis has not yet been reached, or if known at all, that it has not been well and generally understood.” His aim, therefore, is to make as clear as possible the present condition of knowledge with reference to the cases which are suitable for the use of forceps and the principles which should guide the operator in their employment. A very good account is given of the mechanism of labor, with the various important points in the anatomy of the pelvis concerned in the process. A number of useful diagrams are introduced for the purpose of illustration. As this volume is a great deal more full than the section on the subject in most of the text-books of obstetrics, it will no doubt be found useful by students, resident accoucheurs and physicians generally.

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The *Popular Science Monthly* for March is to hand, with the following contents: Physical Education (In-door Life), by F. L. Oswald, M.D.; The Problem of Municipal Nuisances, by R. S. Tracy, M.D.; The New Phrenology, by H. de Varigny; A Piece of Coal, by R. S. Calvin; Political Forms and Forces, by Herbert Spencer; Lingering Barbarism, by Vogt; The Legal Position of Married Women, by Anna Garlin Spencer; Rock Weathering, by Prof. Geikie; The State as an Educator; The Morals of Luxury; Mind as a Measure of Nature; Sketch of Prof. B. Pierce; with the usual Notes, Literary Notices, and Popular Miscellany. (D. Appleton & Co., New York.)

## Proceedings of Societies.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of the Society was held January 21st, 1881. The President in the chair.

Dr. Osler exhibited—1st, a specimen of sarcoma of the testicle, sent to him by Dr. Duncan, of Bathurst, N.B. 2nd, a specimen of dilated gall-ducts, from a woman who died of septicæmia. A small stone was lodged in the *pars intestinalis* of the common duct, and the bile passages behind it were considerably dilated. There was no jaundice. The cystic duct contained two calculi, the gall bladder was moderately dilated, and contained six or eight small stones in a clear mucoid fluid. He drew attention to an important symptom in the chronic impaction of gall stones, which, so far as he knew, had not been noticed by any English or American writers; it has been described by Charcot as biliary intermittent fever. Two cases had been under his care. The first, a woman, aged 30, was admitted to hospital in November, 1879, with jaundice. She remained until the end of April, and during her residence the characteristic symptoms were as follows:—Intermittent jaundice, remarkable ague-like paroxysms, chills, fever and sweats, the temperature rising to 103° or 104°. The jaundice always became much more intense after these attacks, which lasted from two to six hours. There was great loss of appetite, and at times tenderness in epigastrium. They recurred at intervals of from two to eight days. She left the hospital in the end of April, and went to her home in St. Johns, where she was attended by Dr. Robt. Howard. Early in June she passed a large gall-stone, weighing 60 grains, and has been well since. The second case, also in a woman, was at present under his care, and presented very similar symptoms:—Jaundice, intermittent in character, lasting for eighteen months, severe ague-like paroxysms, coming on every week or ten days; the jaundice deepened after the attack. Charcot has collected twenty of these cases, of which only one so far as is known, recovered.

Dr. Henry Howard then read a paper on "Hæckel on the Evolution of Man," after which the meeting adjourned.

A regular meeting of the Society was held February 4th, 1881. The President in the chair.

Dr. Osler exhibited a specimen of hypertrophied heart, with mitral stenosis. Dr. Ross said the specimen was the heart of a young girl, aged 11 years, who had died in the Hospital. When admitted she was suffering from an attack of chorea; had a history of acute rheumatism. She had hypertrophy of the heart and a loud mitral murmur. She was treated by hypodermic injections of Fowler's solution, and in a week the choreic movements had entirely ceased and patient was up. She then became a little feverish, and acute inflammation of wrist and knee set in. Patient was put on salicylate of soda, and rheumatism reduced in 48 hours; then she had elevation of temperature and pulse 140. The following day a pneumonia was noticed, and whole of right lung consolidated. She lived only about six days.

Dr. Osler exhibited another specimen from a case of chronic endocarditis.

Dr. Geo. Ross then read a paper on "Concussion of the Spinal Cord."

Dr. Roddick read a short paper on "Railway Spine."

Dr. Henry Howard said, with regard to Dr. Ross' paper, a fact of interest is that where there is concussion of the spine with severe symptoms, you have often rapid recovery; and where the symptoms are not severe at first, you get a lingering case.

Dr. F. W. Campbell mentioned a case occurring in his practice about three years previously, where a man fell on his back; paralysis followed, from which patient improved, but within a week the paralysis became complete, and the patient died.

Dr. Hingston said, in answer to Dr. Henry Howard's question, as to how a very slight paralysis is permanent, and in a very severe paralysis you have early recovery, that in complete paralysis the substance of the cord is not injured much, but the brain is affected, and you have effusion of fluid into the meninges of the brain and spinal cord. In concussion the loss

of consciousness is not complete and recovery slow. Complete paralysis sometimes occurs in Potts' disease of the spine, but is not permanent, and is not due to bone pressure; the pressure is without. He never, when summoned to a case, asks himself whether there is fracture or simple concussion, but puts the case under absolute rest.

Dr. Ross said Dr. Hingston's explanation was not complete, as it is possible to have complete paralysis without effusion.

Dr. Bulkley, of New York, was then introduced, and read a paper on "Favus and a new mode of treatment by a new method of epilation." The stick used is composed of yellow wax, ʒiii; shellac, ʒiv; resin, ʒvi; B. pitch, ʒx; Damar gum, ʒiiss; melt and roll into sticks when cold.

Dr. Hingston mentioned that in May, 1867, the late Dr. Smallwood had asked him to see a French-Canadian lady, then aged 63, the subject of a large ovarian cyst. He proposed ovariectomy, which was declined, the patient, however, consenting to tapping. This was first done in May, 1867, four gallons of fluid being withdrawn. From that date to March, 1876, she was tapped forty-three times, an average of four gallons being withdrawn each time. On the 13th August, 1880, she was again tapped, three and a half gallons being withdrawn. On the 25th January, 1881, the last time, six gallons of fluid were withdrawn. She died on the 30th ultimo from a fit of indigestion, aged 81 years, remaining in perfect health to the date of her sudden death. The total number of times she was tapped being forty-six, and the amount of fluid removed 186 gallons.

Dr. F. W. Campbell stated a fact relative to a case in practice where, for puerperal mania he had ordered chloral, directing that the patient should have 30 grains in the evening and an additional 30 grains in six or eight hours. By mistake the whole drachm was given. The patient slept through the night, all next day, and till 12 o'clock the following night. This large dose had a decided effect in reducing the temperature.

Dr. Cameron drew the attention of the Society to the failure in his hands of compressed pills of quinine. In a case of typhoid fever he had given six of the 5-grain pills, and perceiving no

reduction of temperature, administered an additional 30 grains, with a like result. Then 20 grains of quinine in solution was given, bringing the temperature down from 105° to 100°. An explanation of the uselessness of the compressed pills was perceived when the nurse discovered several of the pills in the stool of the patient. Three of the pills thus passed were shown by Dr. Cameron.

Dr. Kennedy said he had been in the habit of using 5-grain compressed pills of quinine. One day he wanted a solution of quinine, and not having any of the powder at hand, he put in four of these pills in a half ounce of dil. nitro-muriatic acid and a little water, and it took three-quarters of an hour before these pills dissolved.

Dr. Ross expressed his confidence in McKesson & Robbins' pills.

Dr. Roddick used the cachi, and favored it in preference to any other form.

The meeting then adjourned.

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### Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

**The Cartwright Lectures.**—In the fifth lecture of the course, Dr. Bartholow took up the subject of the antagonism between the action of remedies and the symptoms of diseases. He first considered the treatment of paralysis by strychnia as originated by Majendie and modified by recent observation. Strychnia exalts the reflex function of the spinal cord, increases the arterial tension and stimulates the cardiac and respiratory functions. In cases of functional and reflex paralysis in which the changes in the cord are slight, and are often due to anæmia of the cord, strychnia is of great value. Diphtheritic paralysis is a type of the functional paralysis antagonized by the drug. When hyperæmia of the cord is suspected it is contra-indicated. As a cardiac and arterial stimulant, strychnia is also of value in cases of exhausting hæmorrhage, and has been used by Dr. Fordyce Barker to arrest post-partum hæmorrhage with



success. The resemblance between the symptoms of strychnia poisoning and tetanus indicates that the antagonists of strychnia may be used in tetanic spasms. Six remedies have been used with success in tetanus, viz., chloroform by inhalation, chloral, nicotine, bromide of potassium, physostigma, and gelsemium. They all agree in their power to diminish the reflex function of the spinal cord, and to oppose the exaggerated reflex sensibility, and are therefore well chosen as antagonistic remedies.

In epileptiform convulsions, some agents that have a similarity of action, and some that have an antagonistic action, are employed. Of the first class, picrotoxine is a representative. It stimulates the spasm centre; but as inhibition results when two impressions coming from different sources are made simultaneously on the spinal cord, the result of excitement of the spasm centre by the disease and by the remedy at once is a suspension of its action and consequent arrest of the convulsion. Of the second class, bromide of potassium is an example. It acts by allaying the irritation of the spasm centre, and the best index of the production of a sufficient effect in cases of epilepsy is the condition of the facial reflex, as that shows the condition of the spasm centre. A good illustration of antagonism between remedies and symptoms is afforded in the administration of amyl nitrite to avert an epileptic spasm. Its inhalation produces dilatation of the arterioles, a flush replaces the pallor which accompanies the beginning of the convulsion, and the seizure fails to occur. In many nervous diseases characterized by spasms, such as chorea, asthma, paroxysmal cough, laryngismus stridulous, etc., the remedies which allay irritability of the nerve centres—viz., chloral and the bromides—are indicated by the principle of antagonism. The same principle holds good in the treatment of pain. In this sensation there are three stages—peripheral irritation, transmission of sensation, and conscious perception. Pain may be antagonized in any one of these stages, especially in the last two. Aconite, gelsemium, and local anæsthetics prevent the transmission of the impression. When a few minims of chloroform are injected into the neighborhood of a nerve trunk, its peripheral transmission is made anæsthetic and analgesic. This discovery

has been applied in the treatment of neuralgias with much success. The needle must be inserted deeply so that the drug comes in contact with the nerve trunk. The conscious centres are acted upon by anæsthetics, or by morphine and atropine combined, and thus pain is antagonized in the last stage of its reception. Mental states dependent on changes in central circulation are affected by agents which control the flow of blood in the brain. Thus insomnia, excitement with illusions and motor activity are controlled by chloral, gelsemium, hyoscyamia, conium, etc. Acute central congestion is antagonized by arterial sedatives, such as aconite, veratrum viride, and bromide of potassium, while anæmia is removed by strychnia, atropia, quinia and other excitants. The most exact antagonism exists between cardiac remedies and diseases. Excessive action of the heart may be due to a diminished inhibitory action, in which case galvanism to the pneumogastric, digitalis and ergot, which increase the inhibition and vascular tension, are indicated. On the other hand, an excess of inhibition is antagonized by aconite, and a paralysis of the accelerator ganglia by stimulants such as atropia. The most important antagonist to states of cardiac depression is digitalis. It slows the heart by lengthening diastole, stimulates the heart muscle, and by increasing vascular tension increases the amount of blood sent by the recoil into the coronary arteries. In mitral lesions it is especially indicated. But whenever it is given, small doses are to be used, as large doses, or long continued doses, exhaust the nervous apparatus which it is desired to stimulate. In fatty hearts it is contraindicated by the increase of arterial tension produced, which throws additional labor on the heart. The use of ergot in aneurism is strictly in accord with the principles of antagonism, since it contracts the artery, increases tension, and slows the heart, all of which actions favor the deposit of a clot in the sac. In the arrest of hemorrhage the most efficient remedies are those which antagonize the existing condition, e.g., ergotine injections in pulmonary hemorrhage, and bromide of potassium in menorrhagia. The application of cold and heat is based on the same principle. Cold causes prompt contraction of arterioles followed by relaxation; while heat produces relax-

ation followed by contraction which is more energetic than that produced by cold.

In conditions of exhaustion of the respiratory function from any cause, strychnia and atropia are the stimulants to be employed, and in pneumonia, attended by labored respiration and exhaustion, they may be employed with decided benefit. The antagonism between opium and various intestinal diseases in which rest of the bowel is needed was then noticed, and the lecturer closed by contrasting the action of certain remedies on the skin and on the kidneys being to a certain extent complementary it was shown that drugs which excite one to action may suspend the function of the other. Pilocarpine and atropia were cited as exerting opposing action upon the glandular secretions generally, and consequently are used in diseased conditions of the gland. In vesical irritation the cause must be determined before the antagonist is sought. If there is relaxation of the sphincter, belladonna and ergot are appropriate. If it is due to intolerance of the mucous membrane, bromide of potassium and alkalies are needed. If the muscular coat is irritable gelsemium, conium or chloral would be physiologically antagonistic.

In the last lecture of the course Dr. Bartholow considered the principle of antagonism in reference to the treatment of constitutional states. He affirmed that the most successful therapeutic measures are those which are applied in accordance with the theory of antagonism. Taking up first the condition of inflammation, he described the pathological changes in general in an inflamed part, and the three natural stages of such changes, viz., first, a condition of congestion in which there is diminished arterial tension, increased movement of the white corpuscles, with a tendency to emigrate, and increase of the oxidation process; second, a process of exudation; third, the absorption of the exudation. The variety of the processes indicates that inflammation is not antagonized by a single remedy, but it also suggests that successive stages may be successively met as they arise. In the first stage there are several antagonists; the indication being to increase arterial tension, lessen corpuscular movement, and decrease the oxidizing function of the blood. To

accomplish this, quinine, and morphine combined are the most potent agents. If used at the right moment they will suppress beginning inflammation. Many authorities testify to this fact, but successful cases are necessarily somewhat doubtful. If negative cases are considered it is found that failure is due to the use of the remedies at an inopportune moment. Their physiological action when combined, in increasing the tone of the vessels, and in checking amoeboid movements, indicates their use. Quinine alone is a poison to all protoplasm—a fact which offers the probable explanation of its action in malarial fevers—when given in sufficient dose. It also lessens the oxidizing power of the blood corpuscles, thus checking those changes which produce heat, and lessening the production of waste products, and hence diminishing the amount of urea excreted. Morphine diminishes the frequency of the heart and the arterial tension. Hence both act together to antagonize the first stage of inflammation. Other agents which produce similar results are digitalis, aconite and veratrum viride. But they are inferior to quinine and morphine; digitalis acting slowly at a time when prompt effects are required. aconite being indicated only when the heart power and the arterial tension are excessive, veratrum viride being always inferior to aconite while acting in the same way. To antagonize the stage of exudation, a stage in which the earlier remedies are useless, chloral and the alkalies are indicated. Chloral has considerable power to dissolve exudations, but is most effective before a complete stasis of blood occurs in the part. It is to be given in small doses, repeated every two hours, and is best combined with atropia in order that the action of the heart may not be weakened. Of the alkalies which also check exudation the best preparation is ammon. carbon. dissolved in liq. ammon. acetatis, and this may be alternated with the chloral in the second stage of inflammation. During the absorption of the products of inflammation the general indication is to antagonize the weakened heart and the relaxed vessels, and for this purpose quinine and digitalis are the best agents.

The antagonists of fever were next considered. The rise of

temperature may be due to an increased production of heat by the process of oxidation, or to a diminution in the process of radiation of heat ; most probably to both combined. Before considering medicinal agents, attention was directed to the discovery of the lecturer that perfect repose had the effect of diminishing temperature. Rabbits and dogs have exhibited a decline of temperature of from one to three degrees when confined in an immoveable position. The natural fall of temperature in the human body occurring about four A.M., was ascribed to the perfect rest of the night. This indicates the necessity of absolute rest during fever. To affect the reduction of heat several drugs may be used. Of these, quinine is the most potent, as all writers on antipyretics are obliged to admit. It has the greatest power to reduce temperature with the minimum of evil effects. In order to produce this result it must be given in doses of not less than twenty grains. Its good effects in fevers of all kinds not malarial, are dependant upon its effects in reducing the temperature. It has no specific action. In malarial fevers it may also act as a germ poison. Salicylic acid ranks next to quinine as an antipyretic when given in large doses, Sixty grains are necessary to cause a fall of temperature. This fall occurs about half an hour after the drug is given, and is coincident with the profuse diaphoresis which it causes. Its effects remain for six hours. It is especially serviceable in the hyperpyrexia of acute rheumatism. Resorcin, a new antipyretic and antizymotic is probably destined to come into general use. It is non-irritant and may be given hypodermically. The antipyretic dose is grains lx. It produces an increased action of the heart, decrease of arterial tension, diaphoresis and then lowering of the temperature, which is decided and of considerable duration. Digitalis has been used as an antipyretic, but is slow in its action and irritating to the stomach. In scarlet fever, however, it is indicated, since it strengthens the weakened heart, increases the tone of the relaxed capillaries, and promotes the action of the kidneys, thus antagonizing the most dangerous of the symptoms of the disease. Aconite and veratrum viride are antagonistic to certain symptoms of dynamic fever, viz. : in-

creased arterial tension, and increased heart action, but are not directly opposed to the production of heat. The use of cold in the form of baths, wet packs, injections of ice water, or application of ice bags was then described, and its success in the treatment of fever commented on. In the treatment of all fevers where the temperature is the important symptom, the use of cold is indicated. The remainder of the lecture was devoted to a mention of some constitutional poisons which had been treated in a few cases by supposed antagonists: viz., hydrophobia by woorari, and diphtheria by pilocarpine; and to a review of the conclusions reached in the previous lectures.—*Chicago Medical Review.*

**A New Antipruritic Remedy.**—The physician is often very sorely put to it to give relief to the symptom of itching, which so frequently forms a prominent feature in certain skin diseases, and the most varied local measures will be used in many instances, with the result of aggravating the local irritation. Not unfrequently opium and morphine will be prescribed internally, in the hope of giving relief by inducing sleep, but in vain, for small doses are ineffectual in allaying pruritus, and, if the quantity be sufficient to induce a forced sleep, the patient often scratches in his sleep and awakes unrefreshed, having had tormenting dreams, during which there has been an incessant working at the diseased parts in the guise of some delusion of sleep. Chloral undoubtedly has very considerable value as an antipruritic, employed either internally or externally, and when taken in moderate doses in conjunction with bromide of potassium, and also with a little aconite, is often of the very greatest service. Belladonna, given internally, is spoken of as arresting itching in a measure, but the system must be under its full physiological effects to accomplish this. Carbolic acid has likewise been given internally in prurigo, and is thought to control pruritus when taken in considerable quantity and for some time; but there are some doubts in regard to its real effect on the itching, and its action is certainly very slow.

Here the list of remedies used internally to quiet this distressing condition ends, and it is readily seen how few they are;

indeed, chloral and bromide of potassium stand out almost alone, and the objections to their continued or too oft-repeated use need not be mentioned here. This field is one which needs cultivation, and one in which it would seem that there should be some progress made, and every contribution, however slight, has a practical value, not only in adding to the stock of remedies to be appealed to, but as indicating the direction in which thought should turn.

In searching for a vegetable neurotic which would probably have the desired effect, I concluded that gelsemium, from the relief which it occasionally gives in spasmodic asthma, and in certain cases of neuralgia of the fifth pair, would possibly act as a nervous sedative on the skin. The physiological action of gelsemium is described as causing, among other symptoms, a sensation of numbness of the skin and a certain general languor or relaxation of the muscles. I have, accordingly, prescribed it for a considerable number of persons during the past two or three years, mainly those suffering from eczema, and am prepared to advise its use as an adjuvant for the relief of itching in certain cases. It must not be expected that it will always act efficiently, for it has failed in certain cases; though I can not tell under exactly what conditions it will succeed or not. The cases have been only in adults, and I should hardly yet be willing to give it to children or to those who were not able to watch its effects by their personal feelings in other respects than the itching. I have generally told the patients to take it in increasing doses, repeated every half hour or every hour, until the pruritus was relieved, or until some of the unpleasant symptoms were experienced. The physiological effects of the drug may be judged from the following:—"A physician subject to supra-orbital neuralgia found that the tincture, gradually increased in dose, produced in him a very agreeable sense of languor and tranquillity, then slight dizziness, impairment of vision, and drooping of the eyelids; a feeling of numbness beginning in the scalp, and gradually extending to the upper and then to the lower extremities, followed by impaired motility, embarrassment of the respiration, and enfeeblement of the heart's

action. A still larger dose intensified all these effects, produced marked vertigo, almost total blindness, and decided ptosis." The smallest fatal dose, in the adult, is reported as two drachms of the fluid extract, and twenty-one drops of the same is recorded as the smallest fatal dose in children. It is also stated that small doses have sometimes produced alarming symptoms, although this appears to be very rare, and I have never known such in any of the cases in which I have prescribed it, nor among those of my household, to whom I have frequently given it for toothache. I have employed it in my office to give relief to a paroxysm of itching in eczema, and have questioned for unpleasant symptoms, but have failed to find them. Thus far I have always employed the tincture, although the fluid extract appears to be more commonly used. From three to ten minims is stated as a medium dose of the fluid extract, repeated every two or three hours until some of the characteristic physiological symptoms are produced. In most of my cases I have begun with ten drops of the tincture, and, if in half an hour there was no apparent effect in relief of the itching, and none of the languor, I have had the remedy repeated in somewhat larger doses, as twelve or fifteen drops, and so on, until the results were obtained, or until a drachm or so had been taken in two hours. I have never pushed it to any of the more severe symptoms, and have often found at least some measure of relief after the first or second dose.

The sensations described by patients correspond considerably to those quoted above from the physician who took the remedy to the degree of producing its physiological effects. I believe that most of the patients have taken it mainly at night, and I usually direct that the dose shall be prepared and taken immediately before going to bed. One lady, who had suffered intolerably from eczema of the genitals for a long time, combined at times with some eruption elsewhere, on whom chloral and the bromides had lost all soothing effect, and who obtained perfect rest from gelsemium, described the sensations fully. She expressed the feeling to be as of a wave passing over her first, with a thrill, as if something were circulating through the blood



to every portion of the body, and then a sense of quiet or ease followed immediately, with an indisposition to move. There was no unpleasant sensation, absolutely no effect upon the mind, but she wanted to sleep from the relief which was obtained, and the sleep was spoken of as "delicious." In this instance the itching was largely confined to the genital region, deep in, and depended in part upon ulcerative disease, which was afterward found on the cervix uteri. The gelsemium was used by her with most excellent effects for a considerable period of time. Other cases might be mentioned in detail, but, as the subject would not be rendered clearer thereby, they are omitted.—*L. D. Bulkley, M.D., in New York Medical Journal.*

### **The Peritoneal Transfusion of Blood**

BY PONFICK'S METHOD.—The well-known experiments of Ponfick have conclusively shown that blood may be allowed to flow into the abdominal cavity without causing unpleasant symptoms, and that it will be absorbed from the peritoneal surface and thus enter the system. In the few recorded instances, where this method has been tested in the light of a life-saving or life-prolonging measure in the human being, the actual results have justified or even exceeded the anticipations of the operators. Of course the immediate benefits of vascular transfusion are sufficiently evident from the fact of its more rapid action, so that in acute cases the older method will probably not be supplanted by the more recent one. Yet, even here the danger may possibly be tided over by invoking the aid of auto-transfusion, and then, in the lull after the momentary crisis, proceeding to perform peritoneal transfusion. Dr. Kaczorowski (*Deut. med. Wochenschrift*, November 13, 1880) has reported five new cases, which are well calculated to illustrate the good results obtainable by abdominal transfusion. In one of the five which he gives, some tenderness at the sight of injection was noticeable for several days after the operation. But in the other four it was exceedingly well borne, and in all instances a marked improvement of the patient's condition was observed.

Such encouraging results will not fail to stimulate the profession to future trials. One very apparent advantage of the

new method is its great simplicity. For the performance of this simple manipulation there is required neither surgical skill nor a special apparatus. Any ordinary appliance for piercing abdominal walls, and injecting a sufficient amount of fluid, will answer for the purpose in hand. Of course we would not be understood as indiscriminately advocating the adoption of this method, nor would we wish to see intravascular transfusion banished from grace by this new-comer. Nevertheless, the latter may be tried in what appear to be suitable cases, when its proper sphere of utility will doubtless soon be discovered. From a consideration of the cases hitherto reported it would appear to be specially indicated in those prolonged febrile affections, where cardiac failure from insufficient blood supply is a dreaded consummation. Intractable chronic anæmia seems to furnish another indication for its employment. And certainly if future experience should continue to bear testimony to the innocuousness of the measure, the conditions justifying the performance of the operation will speedily increase in number. Finally, as regards the technique of the manipulation, it may be stated that a curved trocar was plunged into the abdominal cavity by the *linea alba*, and the defibrinated blood (on the average about one pound and a third) allowed to flow in by means of a rubber tube connected with a glass funnel.—*New York Medical Record*.

**“Fort mit dem Spray!”**—Fort mit dem Spray!—Away with the Spray!—is the title of an interesting clinical lecture by Professor von Bruns of Tübingen (*Med. Times & Gazette*). There are now many earnest believers in so-called antiseptic surgery—that is, Listerism—who are beginning to ask whether the spray is really a necessary part of a thoroughly antiseptic system of dressing wounds. There can be little doubt that most surgeons would gladly dispense with it if it could be shown to be superfluous, for it materially interferes with their personal comfort, as well as that of any lookers on; then, again, the steam spray-producers are articles of considerable cost, not only to purchase at the outset, but to keep in efficient working order afterward. Nor are they entirely free from the danger attending all

other steam-engines ; and, lastly, they involve loss of time. Thus for many and varied reasons, though all of very secondary consideration, the suppression of the spray would be a gain, provided a thorough system of antiseptics could be secured without its help. Dr. von Brun recognizes that the use of the spray as a necessary part of any complete system of antiseptic treatment of wounds is allowed by most operating surgeons, whether the spray be carbolic acid, thymol, or other substance ; while some go so far as to consider that even a momentary intermittence during an operation is sufficient to nullify an otherwise accurate carrying out of the plan. But he confesses that from the very commencement of the Listerian method he had always felt skeptical as to the value of and necessity for the carbolic spray, and it was only with reluctance he could decide on its systematic use at his operations. He was led, however, to adopt it by the desire to avoid unmerited reproaches for withholding from his clinic what is considered so important, rather than by any belief in the utility of the carbolic spray. On the contrary, his doubts as to the all-sufficiency of the spray had, in the course of time, gradually grown stronger, until, he says, as the result of careful study of the natural science of the subject—and more especially of the work of C. von Nägeli, one of the best authorities in this matter—he had come to the conclusion that the employment and need of the spray during operations have not been sufficiently justified ; and indeed that its use, from a theoretical view must be considered as an unnecessary addition to the antiseptic treatment of wounds. “ In proportion,” he tells us, “ as this idea gained upon me I endeavored by experience, and apart from all theory, to test the value or the worthlessness of the spray ; and to this end, in the course of the year 1878, I performed a gradually increasing number of operations without the spray, which I published in 1879. Since this time, and especially since the spring of 1879, I have entirely banished the spray-producer from my wards, doing both my operations and dressings without it, and experience has confirmed my views entirely. The result of all published major operations, undertaken elsewhere *with* the spray, and here *without* it, not only as regards mortality, but also course and

duration of the healing process, has proved more durable in this than in any other hospital. The results are so substantial that they warrant the following assertion: The carbolic spray in surgical operations is not only useless and unnecessary, but also disagreeable and productive of interruption—it should therefore be abolished.”

Von Bruns expresses a consciousness that the above assertion will at the present time be considered very heretical, and he reserves its complete substantiation for a new work on the antiseptic method as practiced in his wards, which will shortly appear. But he now presents the following brief statements, which he considers contain sufficient material proof of the correctness of the first part of the above dictum for his present purpose. For the second part of this dictum no especial proof will be necessary; for most surgeons who admit that the first part is proved will probably accept the second without further proof.

“Figures,” von Brun says, “will be necessary to prove the correctness of my assertion that the spray can be safely left off. Therefore, let the results of my clinical wards speak. They are large enough and extend over a sufficient length of time to allow even those who differ from me to accept them. I will only speak of osteotomies of the long bones, exarticulations, resections and amputations. These operations not only form a well-defined group in themselves, and are everywhere carried out under the carbolic spray, but they constitute the class of cases which formerly contributed so large a proportion of the hospital mortality through the so-called wound-diseases—pyæmia, septicæmia and erysipelas. I will just remark further, that *instead* of the spray I employ temporary irrigation—lasting a few seconds only—with a two per cent and a five per cent carbolic solution several times during any long operation, and at the termination of short operations. In addition to this I wash the whole wound-surface with the five per cent solution at the completion of the operation; and in the case of amputations, after the drainage-tubes are put in, I wash out the wound through the tubes with the same solution if there should appear to be any bleeding. The same applies to the dressing of wounds after an operation—I simply use a two per

cent solution for irrigation. In all other respects the antiseptic method is most carefully carried out."

He lays especial weight on changing the dressings as seldom as possible. Thus after amputation, for instance, the first change of dressing, as a rule, is made on the eighth to the twelfth day. In two cases of complete resection of the knee the first dressing was not changed for twenty-eight days, and in two others thirty days elapsed before changing dressing. The following statistics are given in support of the opinion expressed:—Forty-seven large amputations (limbs), including twelve of the thigh and fifteen small ones (fingers and toes)—in all sixty-two cases; ten osteotomies; twenty-six excisions of joints, including two hip-joints and twelve knees; thirteen resections in the continuity of bone; and thirty-three necrosis operations. Thus there were one hundred and forty-four operations involving bone. Not one of the cases had a fatal result. Many other minor operations were performed in the wards during the same period, but they are not included. Total number of patients in the wards during this period was one thousand one hundred and seventy-five, and the total mortality from all causes was only thirty-six, which gives about three per cent. There was not a single death from pyæmia or septicæmia or erysipelas. These figures certainly ought to be considered sufficient to prove that the spray is not always necessary either during an operation or after-dressings which it may necessitate. "For myself at least," says the learned professor, "and I hope for every one who is not prejudiced, in view of the above facts, there can be doubt of the inutility of the spray, and I consider myself fully justified in using the dictum at the heading of this lecture—'Fort mit dem Spray!'"—(*Berlin Klin Wochensche*)—*Louisville Med. News.*

**Enteric Fever without Lesion of Peyer's Patches.**—Dr. J. W. Moore, at a late session of the Dublin Pathological Society, showed the lungs and intestines of a young woman, aged 22 years, who unfortunately caught typhus in the hospital when convalescing from a mild but undoubted attack of enteric fever, and whose death was caused on the twelfth day of typhus, and the forty-sixth day from the

commencement of the enteric fever, by an intercurrent attack of croupous pneumonia affecting the right apex. The enteric fever was characterized by a typical range of temperature, moderate ochrey diarrhoea, marked splenic enlargement, an abundant crop of *taches bleuâtres* across the back, and a few rose spots. The fever subsided gradually; a temporary intermission, on the twenty-fourth day, being followed by a moderate recrudescence, lasting until the thirty-second day. On the thirty-fifth day the temperature rose abruptly, and within sixty hours an eruption of maculæ appeared. On the forty-third day (the tenth day of typhus), a pneumonia of the right apex showed itself, which proved fatal in about seventy-two hours. The *post-mortem* appearances were, briefly, typical croupous pneumonia of the right apex, very considerable enlargement of the spleen, which was in a state of putrilage. Peyer's patches were indistinct, and apparently perfectly healthy. There was no "shaven-beard" appearance, nor any trace of recent cicatrization. The case illustrated the doctrine of the essential nature of enteric fever, and of the inconstancy of its secondary intestinal lesions.—*Med. & Surg. Repeater.*

### **Prof. Esmarch's Antiseptic Methods.**—

Mr. Little, a London surgeon, who lately visited Esmarch's hospital, at Kiel, contributes to the *Medical Press and Circular*, December 1st, a description of what he saw there. We make the following extract, as of general interest:—

The most noticeable feature is the success achieved by Prof. Esmarch under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month, and thus one of the objections to the antiseptic method, viz., its expense, is removed. In all cases the temperature is carefully watched, and the exterior of the dressings examined daily. On the slightest sign of discharge soaking through, or serious rise of temperature, the dressing is removed and reapplied. The temperature of the patients is, as a rule, taken in the rectum, and hence some deduction must be made in comparing the cases with those in which it is taken in

the axilla. The antiseptic method of Lister, or a modification of it, is, wherever practicable, employed. In place of antiseptic gauze, large pads of carbolized jute (enclosed in antiseptic gauze), or of carbolized hydrophil cotton, which readily absorbs discharges, are used; with carbolized varnished paper over all, and starched gauze bandages; protective is not used. The bone drainage tubes invented by Prof. Esmarch's senior assistant, Dr. Neuber, are extensively used; and, indeed, without some such self-removing drain, the dressings could not, in resections and other cases, be left untouched for so long a time as they are left with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety pin; and when, after two or three weeks, the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The tubes, as used here, are quite soft and flexible, not brittle.

The solution of carbolic acid used for the spray is of the strength of one in forty, and it is not thought necessary to have the sprays playing immediately on the wound, but this latter is thoroughly and often washed out with carbolic acid lotion; and in the operating theatre, which is exceptionally well fitted up, two powerful sprays, worked by compressed air, conducted in pipes from the engine-house, are kept going, throwing the pulverized carbolic acid solution over the table and above the heads of the operators.—*Medical and Surgical Reporter*.

**Learning Obstetrics at Vienna.**—In a letter to the *Philadelphia Medical Times* concerning the Medical School at Vienna, Dr. Robert W. Johnson says: "Few courses humiliate a beginner more than obstetric operations on the cadaver, and few are so satisfactory. The books, so glib about the application of forceps, the simplicity of turning, dwell rightly on the horror of craniotomy; but mere black and white does not impress one with the difficulties in the same way as an endeavor before a watchful instructor to deliver the dead woman, *per vias naturales*, of one of the numerous still-born children that are utilized. The man who takes two courses, at least, on this im-

portant topic, from different assistants, will glean a variety of opinions as well as experience that he will never forget. One thing, however, it is to be hoped, he will never obtain, and that is the alacrity with which students and instructors leave the dead-house for the lying-in room to make examinations with hands imbrued with the blood of the dead, and, it may be, consciences dyed with the blood of the living. I cannot but think that the awful inroads of puerperal fever, and the numerous deaths thereby, arise largely from this criminality in attempting to satisfy the meagre sentiment that foreigners generally have for women by a paltry wash of carbolized water after *post-mortems* on even puerperal subjects. It requires more than a basinful of the 'multitudinous seas, incarnadine,' with permanganate of potash, to rub out the 'damned spot' so acquired, and, God knows, Americans had better stay at home than learn abroad to carry, under the badge of their healing office, desolation to the hearth of a confiding family. Much as I respect these Viennese teachers for their attainments, and the good they have done in advancing obstetrical science, I cannot help look on them as guilty of something near homicide while they permit or advance such criminality." Dr. Johnson speaks in much the same way of the vulgarity and brutality of the instructors in venereal diseases.

### **The Epidemic of Ergotism in Russia.**—

This epidemic occurred in the autumn of 1879 in the neighborhood of Novgorod. In the district attacked, an inhospitable climate and a marshy soil were combined with poverty, dirt and general unhealthy conditions among the villagers. Of 19 cases in which the symptoms were strongly marked, four died. In other 16 cases the symptoms were less developed, and probably as many more escaped observation. In these slighter cases the symptoms were diarrhœa (in 70 per cent), weakness, more especially in the hands and feet, occasional attacks of giddiness, headache, sleeplessness, and deadness of the fingers, with formation under the skin. All had, up to their seizure, eaten fresh-ground, unkilned rye, and the symptoms quickly disappeared under the use of laxatives and opiates, and the withdrawal of



bread containing ergot. In the first-mentioned 19 cases, the symptoms were severe; racking pains in the extremities, severe headache, great thirst and utter prostration, weakness of intellect and melancholia. Tonic and clonic spasms, preceded by dyspnoea, deadness in the extremities, and cold sweats attacked the flexor muscles of the limbs, the extensors being unaffected. The respirations were 14:16; maximum temperature, 99.8°; pulse slow and weak. The fatal cases, an old man and two children in one family, and a woman in another, died, three of them in a comatose condition and one during a convulsive fit. The treatment was as above, with subcutaneous injections of morphia and inhalations of chloroform, followed by tonics and improvement of hygienic conditions. The quantity of ergot present in the rye was about 7 per cent. and two dogs fed with it each showed on the seventh week a gangrenous ulcer on one paw. On the withdrawal of the ergot bread from one dog, recovery followed in two months; while in the other, fed as before, the gangrene advanced, convulsions appeared, and death followed by way of coma in the tenth week. The *post-mortem* appearances were: brain and meninges anæmic, arteries quite empty, veins full of dark fluid blood, heart empty, lungs, liver and spleen hyperæmic, intestinal mucous membrane congested, but neither it nor the liver showing any gangrenous spots such as have been described.—*London Medical Record*.

### **On restoring the Heart's Action when**

IT HAS CEASED TO BEAT.—Dr. Reid, in the *British Medical Journal*, writes:—"On reading Dr. Jago's article, it reminded me of an experiment in my college days. I do not remember what induced me to kill a mouse by a blow on the head, and rip it open to see the heart beat. It did not. I pricked it with a needle and set it a-going. It stopped after a time; then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats, my father was sent for, to a girl in a fit. He was out; and when he came home, was informed of the fact. 'How long since? and any second message?' Being told, he thought he need not go. My mother suggested he 'ought to go,' which he did. He found the girl dressed in

her grave-clothes, and 'laid out' on a linen-covered table. He examined her, and found some warmth over the heart. He ordered hot water to be brought, not scalding hot, and poured it into a jug, tore her shroud open, stood on a chair, and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland in 1848. My mother used to laugh, and take her share of the credit of her restoration to life. An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired on the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that 'he was beyond any doctor's power now.' I felt some warmth over the heart, and tried my father's remedy; and, to the wonder of spectators, the septuagenarian revived, and lived several years afterwards. Hot water can easily be obtained; and no one can object to such an experiment."

**Epidemic Orchitis.**—Dr. Heller reports the epidemic occurrence of orchitis in a garrison where mumps was at the time a frequent disease. Twenty-nine cases were observed, and of this number twenty-six showed the characteristic symptoms of epidemic orchitis. In only eight cases mumps was ascertained to have preceded the affection of the testicles, and in two cases both diseases were simultaneously developed. The course of the disease was different from gonorrhoeal and traumatic orchitis. Marked constitutional disturbances were seen in ten cases. Ten cases were re-examined some months afterward, and five of these showed atrophy of the testicles. In one patient the organ remained tender for a long time, and four years after, the primary affection was found to be reduced to half its normal size, and was even then more sensitive to the touch than the healthy testicle.—*New York Medical Record.*

**AMERICAN PORK.**—A large consignment of pork from New York has been seized at Lyons, and its sale for human consumption interdicted, on account of the presence in the meat of trichina spiralis. Microscopical examination of fifty samples, taken from different casks, resulted in the discovery of encysted trichinæ in three—a proportion that, supposing the samples to be representative of the whole consignment, would represent no less than six per cent of the pieces as infected by the parasite.—*Brit. Med. Journal.*

CANADA

# Medical and Surgical Journal.

MONTREAL, MARCH, 1881.

## A NEW LUNATIC ASYLUM.

For some time past there have been indications of the development of a wide-spread feeling that some change should be made in the present mode of providing for certain of the insane of this Province. For some years past this duty has been relegated by the Provincial Government to a body of nuns, who are the proprietors of the Longue Pointe Asylum. Everything connected therewith is necessarily conducted more or less from an ecclesiastical point of view. This fact and others to our mind of more importance, to which we shall presently refer, have led to discussions amongst the Protestant portion of the community as to how that state of things could best be remedied. They are not satisfied at all with the existing regulations and provisions, and strongly desire, if possible, to initiate such improvements as would allay these feelings of dissatisfaction and give grounds for believing that the supervision and management of these unfortunates were the best that could be desired. This matter of the care of the insane is to every civilized government one of the most important of its self-assumed functions, and the Provincial Legislature can rest assured that it would not be without very good reasons that a large section of our citizens feel themselves called upon to urge revision of the existing plan of carrying out this object and the making of certain alterations therein. On Thursday, the 3rd instant, a public meeting was held in the rooms of the Young Men's Christian Association, presided over by His Lordship the Anglican Bishop of Montreal. The leading clergymen of the various denominations were also present, and a con-

siderable number of prominent citizens. Several addressed the meeting, and explanations were given showing a strong feeling to exist in favour of establishing a separate institution for insane persons belonging to the Protestant religion. From the remarks of some of the speakers, it was learnt that the present movement is only a resuscitated agitation which had been started many years ago, but which, owing to a variety of obstacles, had never been carried to a successful issue. It was thought that the present was a very opportune time, and that the proposition would be likely to meet with much encouragement in the highest quarters. All agreed that, as far as they knew, the inmates were treated with kindness, humanity and consideration, but the clergy were unanimous in saying that the regulations now in force concerning their visits and ministrations could not meet with their approval, and, in their opinion, some very radical change was called for in the interests of those for whom they were expected to care.

Theoretically, we have no hesitation in stating our opinion that, in a lunatic asylum, religious differences should be entirely ignored. We think that the State should itself provide for the care *and treatment* of all those mentally disordered who cannot be suitably managed by their friends. The institution should be State property, and all its appointments should be in the hands of the Government. In such case, therefore, the question of religion would be entirely excluded. But this is not done here, as it is throughout the United States and in our more civilized Province of Ontario. *Our* lunatics are farmed out to the nuns at so much per head per annum. We should, therefore, greatly prefer to see a *general* Lunatic Asylum just as our hospital is a *general* Hospital, governed by the State and managed by lay officials, directly appointed by the former. This is what should be; but, unfortunately, it is almost Utopian to expect that in this province, with the overshadowing influence of the large clerical congregations, it ever will be. The Protestant minority, therefore, feel that they do well to ask for a separate establishment—an establishment in which their co-religionists who are mentally afflicted may receive such attendance and such treat-

ment as will best conduce to their restoration to health. The readers of this journal know our views on this subject. We do not believe that at present scientific management or treatment (as perfectly understood at the present day) is carried out at all; and it was a satisfaction to find that at the meeting similar statements were made by Dr. F. W. Campbell, Mr. Perry and others, who are quite able to speak from their own knowledge of the facts. We regret the necessity which compels a resort to the idea of instituting a separate management on religious grounds, but it is quite evident that a strong feeling exists in favour of so doing. An influential committee was named to consider the entire matter and establish the most feasible plan of procedure. We strongly support the movement, and hope there will be found enough public spirit to enable it to be successfully carried to completion. Our support is accorded from the apparent impossibility of making any impression upon the present managers of the Asylum, and therefore the hopelessness of ever expecting that things there will be better in the future than they have been in the past; whilst on the contrary it might be confidently hoped that if a separate institution such as proposed were granted by the Government, we might yet see a properly conducted asylum in this province, where the medical treatment and management of the inmates would command the confidence and challenge the scrutiny of the public.

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DEATH UNDER ETHER.—We are indebted to Dr. A. Woolverton for the particulars of the following case:—

“A case of death *under*, but not *from*, ether occurred here (in Hamilton) a short time since. A young man had necrosis of shaft of femur for four or five years, and the constant suppuration had caused amyloid degeneration of kidneys. The femur was enormously enlarged and great swelling of the surrounding tissues. It was decided to amputate. I was asked to give chloroform, but objected on account of the kidney trouble, and because I found the first sound of the heart very weak. Squibbs' ether was procured and administered, and the thigh amputated, when signs of death from failure of the heart's action set in;

pallor, a weak and irregular pulse, and he gradually sank and died on the operating table just after the operation was completed. Very little blood was lost."

The above is of value in the present stage of the discussion on the comparative safety of anæsthetics. Had chloroform been used, it might have been accused of the result, and the superior safety of ether been appealed to. In this case it is probable that the result would have been the same with *any* anæsthetic.

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EXPLANATION.—It is but right to say that Dr. Austin of Sherbrooke has satisfactorily explained the circumstances connected with a case of fever to which we alluded in some remarks at the time of the second outbreak. Our information had been that the boy was delirious before the parents reached the school. This, the doctor tells us, is incorrect—that delirium did not occur till some time after, and, moreover, that intimation was conveyed to the friends as soon as reasonable certainty was felt as to the nature of the disease. We know how difficult it is always to receive thoroughly reliable information in matters of this kind, and it is therefore only justice to the physician of the school to make this explanation.

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—Dr. Imrie, House Surgeon, Montreal General Hospital, who has been suffering from a very dangerous attack of periostitis, affecting the bones of the left fore-arm, caused by a poisoned wound, is, we are happy to state, convalescing. It is confidently hoped that the usefulness of the hand will be only slightly, if at all impaired.

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### Obituary.

It is with feelings of sincere regret that we have to announce the death, from consumption, of Dr. R. F. Godfrey, which took place on the 24th February. He had been in weak health for some time, and had spent a considerable time in the highlands of Colorado, but without any great benefit. Dr. Godfrey was a graduate of Bishop's College, and also a member of the Royal College of Surgeons, England.

## Medical Items.

—Mr. Lister has received from the Royal Society the Royal medal in recognition of his services to surgery and physiology.

—The University Hospital at Philadelphia has been given the sum of \$50,000, with which to erect a new wing for incurables in connection with the hospital.

—The following gentlemen have been elected office-bearers for the ensuing year of the Hamilton Medical & Surgical Society: President, Dr. Woolverton; Vice-President, Dr. H. Ridley; Secretary-Treasurer, Dr. E. G. Kittson.

—Dr. J. Fulton, editor of the *Canada Lancet*, has been appointed Professor of Surgery in Trinity Medical College, in the place of Dr. Bethune, resigned.

—Dr. Wm. Osler, M.R.C.P., Lond., Prof. of the Institutes of Medicine in McGill University, has been elected an honorary member of the Toronto Medical Society.

—It is stated that Bonchut of Paris has recently found that in a number of cases of diphtheria, a careful counting of the blood corpuscles showed an acute leucocythemia. The observations were daily in over a hundred cases, and with convalescence, the natural composition of the blood was regained.

CURIOUS.—Dr. Whittaker stated at a recent meeting of the Academy of Medicine, as reported by the *Cincinnati Lancet & Clinic*, that he had “on several occasions diagnosed syphilis by the peculiar semi-contracted state of the right biceps. It was this half-way condition that characterizes syphilitic nerve-lesions anyhow.”

ONTARIO MEDICAL ASSOCIATION.—A meeting of delegates from Hamilton and Toronto recently met in the latter city, and arranged the preliminaries for the first meeting of the Ontario Medical Association. It will take place at Toronto on Wednesday, June 1st, of this year. The proposed organization seems to have been received with much enthusiasm throughout the Province.

A SENATOR.—It is rumored that Dr. Grant of Ottawa is about to be called to the Senate. We should be glad if this were done. Dr. Grant is a public-spirited member of the profession, and has always taken great interest in all matters connected with public health. As it is certain that sanitary laws will occupy the attention of the Legislature in the immediate future, the presence of such men in both its branches is extremely desirable.

QUACKS IN THE RELIGIOUS PRESS.—A good deal is being said in the American papers of the license allowed quacks of advertising in the professedly religious papers. One would think that the impropriety of such a proceeding would be self-evident, but the editors brazenly defend it. The *New York Medical Record* justly says:—"While these Christian men are supposed to be sowing the good seed, they are being paid by the enemy to allow the sowing of tares also. But, unlike the enemy in the parable who came by night, the quack walks in broad daylight in company with the sower himself, and with his free permission plies his damnable trade."

TENNYSON.—Much indignation has been expressed at the description by the poet Laureate of a physician to the children's hospital in his latest volume of poems. He describes this very objectionable being as possessed of "coarse red hair, big face, big chest, big merciless hand, happier in using the knife than in trying to save the limb." The *British Medical Journal* says:—"Not only does he hold up this type as that of the surgeon in the children's hospital, but he endorses it by adding:

That I can well believe; for he looked so coarse and so red,  
I could think he was one of those who would break their jests on  
the dead,  
And mangle the living dog that had loved him, and fawned at  
his knee,  
Drench'd with the hellish oorali—that ever such things should be.

A verse more ungenerously contrived to insult a profession, and to hold up to execration a class who, more than any other, have devoted their lives to the service of humanity, and their labours to its solace, was never written. Medical men will feel bitterly the insult which is offered, and the injustice which has been done;



but, fortunately, their work and their character speaks for itself, as it has spoken through centuries; and not even the angry words of one of the most accomplished of modern poets will do more than raise a passing feeling of pain and bitter regret that the character and motive of medical work should be so shockingly misrepresented."

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WM. WARNER & Co.'s PILLS.—It is of importance that medicines should be administered in as small a compass and in a form as palatable as possible. We have been using Warner & Co.'s Sugar-coated Pills for some years now, and have never been disappointed in securing the effects, which might justly be expected from the drugs used in their compounding. Besides the ordinary pills manufactured by this firm, they have also introduced the *Parvules*, consisting generally of alkaloids and active principles, made into small granules. *Ingluvin*, a specialty of this firm, is very much lauded, and justly so, in the treatment of the vomiting of pregnancy. It is also largely used in dyspepsia, acting well where preparations of pepsin have failed.

DR. McARTHUR'S SYRUP OF THE HYPOPHOSPHITES.—This preparation is coming more and more into use every day in the treatment of wasting and debilitating diseases. In overwork of body and mind it generally acts very satisfactorily, restoring tone to the system generally. Dr. McArthur has, at the request of many physicians, manufactured a Syrup of Hypophosphate of Lime alone, and also of Soda alone, to be used in cases where the combination of the two did not seem to be called for. This syrup is now placed within the reach of every practitioner, and we have no hesitation in stating our opinion that it is an efficient remedy.

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I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system, with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M.B., F.R.C.S.

MARCH 8, 1879.