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THE

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Original Communications.

NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONNELL, B.A., M.D., M.R.C.S., ENG.
(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLATE OF SODA.

At the discussion of this interesting subject at the meeting of the Medical Society of London, held on the 16th January, 1882, papers were read by Dr. Douglas Powell, Dr. Gilbert Smith, and Dr. Broadbent.

Dr. Douglas Powell had treated 32 cases in his ward at the Middlesex Hospital since January, 1881, and of these 15 had primary rheumatism, and in 17 cases the patients had suffered one or more previous attacks. Of the 15 primary cases there were previous heart complications in 7 out of the 15 admitted with primary rheumatism, and in 12 out of 17 admitted with second or third attacks. Statistics of relapses depend upon what is meant by a true relapse, and figures brought forward show that although the salicyl compounds are more immediately efficacious in neutralizing the activity of the rheumatic poison, yet they do not eradicate it, or influence the process of its manufacture as do other drugs, and especially perhaps the alkalis. Of his 32 cases, in only 7 instances could he regard the disease as having subsided by the 5th day, these cases being retained in hospital 19, 45 (relapse 10th day), 21, 14, 16, 17, and 17 days (slight relapse of pain) respectively, and giving two cases of relapse. But even in these cases by "subsi-

dence" of active symptoms, he does not infer cessation of the disease. The mean period of convalescence was the 15th day for the men, and the 12th day for the women, the total relapses in 32 cases being six.

Joint inflammation and pyrexia do not include the essential features of acute rheumatism, any more than pyrexia and diarrhoea do those of enteric fever. Under whatever plan adopted the disease still exists so long as the tongue remains coated, and the secretions disordered; then will relapse follow upon any exposure, exercise, or improved diet. The successful treatment of rheumatism is one of many details, and the danger of accepting abatement of pain and fever as evidence of the termination of the disease lies in this, that precautions are relaxed both on the part of the patient and his attendants.

As regards heart complications Dr. Douglas Powell's impressions of the salicyl treatment are favourable. Hyperpyrexia he has met with but twice, and that in private practice. In the first case, that of a lady with aortic disease of an old date, it was a second attack and mild. The pains and temperature rapidly subsided under twenty grain doses of salicylate of soda, administered every four hours; but whilst the patient was still deafened from the drug the temperature rapidly rose, and she died suddenly when it reached 107°, before a bath could be prepared. In the second case hyperpyrexia set in with delirium proceeding to complete insensibility, whilst the patient was taking the salicylate of soda in twenty grain doses. He saw the case when the temperature was 107°, and before a bath could be prepared it had risen nearly to 108°. By the addition

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Iodoform internally in goitre, is spoken favourably of by Boechat in the *Corres für Schweizer Aerzte*, No. 1, 1882, (quoted by the *London Medical Record*). In soft goitres of recent date it is said to be especially serviceable.

In my father's practice iodoform internally had a remarkably good effect in a case of goitre occurring in a young lady about 17 years of age. The tumor gradually disappeared, and I have seen no return of it in the last seven or eight years.

THE TREATMENT OF EPILEPSY.

Although there is much satisfaction in using a remedy alone, yet we find in many instances an advantage to be derived by the mixture of several different agents capable of producing the same effect in different ways. For example, iron and quinine, are, when combined, a more excellent tonic than either one alone. It has long been claimed that a combination of bromides makes more headway against epilepsy than bromide of potassium alone. The experience of Brown Sequard was to this effect, and his formula* is in constant use in the present day. In the *Journal de Med. de Paris*, January 21st, 1882, Prof. Ball recommends the use of the alkaline bromides, particularly those of ammonium and sodium, with belladonna and oxide of zinc. He administers these bromides of each 10 parts in 300 of water, commencing with teaspoonful-doses four times a day, and increasing up to eight or ten doses daily, if the treatment is not followed by improvement within a few days. The belladonna and the oxide of zinc are given in pill form, 15 grains of each being made up into forty pills, and of these, two are taken daily, one in the morning and one in the evening; four pills can be given daily in rebellious cases without causing any inconvenience. For many reasons he prefers this double salt to the other bromides; it does not produce the headache or torpor generally following the prolonged use of the bromide of potassium, and even when a cure is not produced the double bromide diminishes the fre-

* Take Potass. Iodid., one drachm; Potass. Bromid., one ounce; Ammon. Bromid., two-and-a-half drachms; Pot. Bicarb., two scruples; Infus. Calumbæ, six ounces; Mix. — One drachm before each meal, and three drachms at bed-time.

quency and intensity of the attacks, even in cases where the bromide of potassium has failed. The eruption following the use of the potassium salt is rarely seen when the double bromides are used.

CASES IN PRACTICE.

BY J. FERGUSON, B.A., M.B., L.R.C.P.E., L.F.P.S.,
GLASGOW,

(Assistant Demonstrator of Anatomy, Toronto School of Medicine.)

CHRONIC GONORRHOEA.

Mr. A. J. took very sick one morning and sent for me. He gave me his age as 19 years, which I think was about correct. His temperature was 103° F.; pulse 101 per minute. There was a good deal of tenderness in the left iliac region. I found, on enquiry, that he had been afflicted with gonorrhœa for nearly two years. During this time he had received his share of treatment. A few days previous to the date of my visit, he had been drinking some, though his habits are steady. This had set up an acute attack out of the chronic one already existing. I gave him a saline laxative and the following mixture:—Pot bromidi ζ iv, Tr. gelsemii ζ ii, liq. ammon. acetat ζ ii, aquæ ad ζ viii, ζ ss. three times a day. In a few days he was out of bed and came to my office. He told me that the stream of water had been gradually getting smaller for a considerable time. I found there was commencing stricture, and that there had always been a thick mucous, and often a purulent discharge from the urethra, in spite of medication. I at once adopted the syphon treatment, which I described in the *CANADIAN JOURNAL OF MEDICAL SCIENCE*, for July, 1881. After the fourth day all discharge ceased; but washing of the urethra was continued for ten days, morning and evening. Catheters were then passed at each sitting daily for one week, ranging from No. 6 to No. 10. He has now been free from all trouble, both with regard to the discharge and threatened stricture, for a period of rather more than two months.

SICK HEADACHE.

Mrs. B. has been a victim to this trying infirmity for about eight years; but for the last

two years her condition has been very wretched, rarely escaping for a longer period than three weeks, often, however, having an attack at intervals of ten days. The suffering in this case was intense, and the vomiting excessively severe. This condition had induced a good deal of debility, and, what is worse, despondency. I suggested various remedies, but was not very well satisfied with my results. Shortly after one of her attacks, which was of more than usual severity, I began giving her nitro-glycerine. One minim. of the one per cent. solution was used for a time, thrice daily, and then gradually increased till she was taking two minims at each dose. At first there was considerable discomfort caused by the remedy in the form of giddiness and nausea. There was no vomiting however, and the patient continued faithfully taking her new agent. Since this treatment was commenced she has not had a single attack in a period of fourteen weeks, a state of things unknown to her for many years. This immunity from the attacks has greatly improved her general health, and this will be, no doubt, an important factor in finally securing a good result.

A STRANGE CASE.

Mr. H. W., one evening at tea accidentally bit the side of his tongue; but as there was no great amount of pain, paid very little more than a passing notice to the affair. Next day the tongue began to swell and became pretty painful; interfering a good deal with mastication. Still but little attention was given the matter until the second day after the biting took place. I saw the patient about two p.m., and found pretty severe glossitis with the organ very much swollen. The pulse was 99, the temperature 100°F., and the bowels constipated. I ordered pulv. jalapæ co. gr. xx., hydrarg. subchl. gr. v. for one dose, and tr. opii m. x. vini antimonalis m. x. Liq. ammon. acetat ʒii., aquæ ad. ʒi. every four hours. Next day I found the pulse 90, temperature 99, and that the bowels had been freely moved. The tongue, however, was still greatly swollen, and the gums were soft and tender. I scarified the tongue and encouraged bleeding by washing out the mouth with tepid water, and making

the patient suck his own tongue. Pot chloratis ʒi., aquæ ʒiv. was ordered as a wash for the mouth, and the mixture changed to tr. ferri. perchl. m. xv., acid. phosphor. dil. m. xv., quinæ. sulph. gr. ii., aquæ ʒiiss. every four hours, to be swallowed through a glass tube. Next morning the condition of the tongue was greatly improved, and the general appearance of the patient good. Pulse 88, temperature 98.8. The same medicine continued. About 1 a.m. of the following day I was sent for. On arriving I found the patient lying on his back, tossing his arms about, and complaining of a severe suffocating feeling, with occasional coughing. Careful examination revealed nothing the matter with the lungs. There had been some vomiting. The heart was beating about 150 per minute, the pulse could not be felt in left wrist, while in the right it was too feeble to be counted, and the rate of circulation had to be taken over the heart with a stethoscope. The strange feature was that the two sides of the heart were not keeping time, but completely out of rhythm, and trotting along like a span of horses. There was also great pain over the abdomen generally, but especially between the ensiform cartilage and the umbilicus. The temperature was 100.1 F. Tr. opii. m. xv., tr. digitalis m. xv., vini ipecacuanha m. x., acid hydrocyan. dil. m. v., aquæ ʒi. every four hours was ordered, and a turpentine fomentation placed on the abdomen. I saw him about eleven a.m. of the same day, and found the pain very much abated; the heart beating 130 per minute, temperature 99, and the radial pulses returning; rhythm still irregular. The same mixture continued. I saw him again at six p.m.; pain and tenderness almost gone, pulse 89, temperature 98.5, respirations 20 per minute, often sighing, complained of being sleepless. He was ordered: Pot. bromid. gr. xv., pot. iodidi gr. v., tr. aconiti. m. iss., aquæ ʒi. every four hours. He was seen the next day at noon; had a good sleep during the latter part of the night; pulse 80, temperature 99.1; and coughing a good deal. He had expectorated during forenoon some prune-juice-like fluid, but no symptoms of pneumonia could be found; bowels constipated. I gave him ammon. chlorid gr. x., spts. chloroform, m. x., syr. ʒss., aquæ, ʒji.

every two or three hours, and a pill of pulv., ipecac. gr. i., pil al. et myrrh. gr. iii., ext. nucis. vom. gr. $\frac{1}{4}$, to be repeated each day if needed. On my visit the next day I found the state of things very favourable. There were some moist râles in right lung, which could only be heard from the axilla. Same treatment continued. On my next visit: Acid. hydrocyan dil. ζ i., acid. nitric. dil. ζ ii., glycerine ζ vj., infusi quassiae ad ζ vj., ζ ss. thrice daily was ordered.

The peculiar points are the simple cause of so much constitutional disturbance; the good health previous to biting of tongue; the abdominal pains; the strange action of heart, which is quite normal now, the pulmonary complications, and the tendency to constipation.

PROCIDENTIA OF THE GRAVID UTERUS.

BY JAMES ROSS, M.D., TORONTO.

On account of the rarity of procidentia of the gravid uterus, and of the connection between this case and one recently reported in the *British Medical Journal*, I send you the notes of it from my case book.

Mrs. J. O. sent for me May 23rd, 1870, in great haste. Arriving at the house within half an hour I was told that she had been to the market and had started for home carrying a large basket of provisions. When she felt something suddenly give way and sank immediately to the sidewalk. "I felt," she said, as if my inside were coming out." She was assisted home and I found her in bed. She was seven months pregnant with her second child. There had been nothing unusual about the first labour.

Upon examination I discovered a complete luxation of the uterus; it lay as a large tumour between the thighs, partially external to the labia which were stretched over it. The outlines, position, and movements of the fetus could be easily felt and seen.

I placed pillows under the hips to raise them well and reduced the luxation without much trouble. She was given an opiate; a perineal band was adjusted over a large pad made from

napkins, and the recumbent position maintained and insisted upon. In three weeks she was allowed to be up and went about as usual. Gestation continued to term. I delivered her of a fine female child on the ninth of July. The labour was quite natural. The date of the occurrence of the procidentia was May 23rd and of delivery, July 9th, a period of forty-seven days intervening.

Both mother and child are still living. The mother has been troubled with slight prolapsus since, but is otherwise in excellent health. Her menses have been regular and her second is as yet her last child. I hardly think it likely that she will ever become pregnant again. In 5,686 cases of labour, this is the only one of the kind with which I have met.

THE PROPER MODE OF PRESERVING VACCINE.

BY J. FERGUSON, M.D.

I think all who have tried "ivory points" and "quill's" are thoroughly satisfied that they are not reliable by any means. If the vendors would only put up the vaccine in capillary glass tubes, sealing their ends by means of a spirit lamp, trouble would be at an end. The mode of filling is extremely easy. The end of the tube is touched against the lymph, escaping from the vesicle, and is at once charged by the fluid flowing along its lumen. Each end is then quickly plunged into a spirit-lamp, or gas flame, this melts the glass, and completely protects the lymph from the air. In this way it can be kept good for an indefinitely long time. The sealed ends are snipped off when used. I used hundreds of these tubes in Britain and never knew a failure. I prepared a considerable number for my own use, which were as sure as those provided by the regular vaccine houses. This mode of keeping the lymph was first brought before the profession by Dr. Husband, of Edinburgh, and is undoubtedly the best. It is almost universally adopted in Britain, where failures in vaccination are almost unheard of. It would be quite a boon if our American and Canadian producers could be induced to try this method; for this is all that would be required to ensure its continuance.

Selections: Medicine.

APHASIA.

BY HUGO ENGEL, M.D., PHILADELPHIA.

As early as the beginning of the present century attempts were made to locate the speech-centre in some particular part of the brain, and while Gall thought, from several cases in which he had made a *post-mortem*, that its seat was in the hemispheres of the cerebrum, Bouillaud, and, later, Marc Dax, declared that disturbances of speech were remarkably often connected with lesions of the *left* hemisphere, and that it was there that "the memory of words" seemed to reside. But Broca was the first to locate its seat more precisely, and he not only demonstrated that the speech-centre was situated in the left third frontal convolution, but he contended also that the faculty of speech was one gradually acquired, and that the gray matter presiding over it was brought step by step to a full development on the *left* side in *right*-handed persons. Of the latter fact one case especially convinced him, which he has published in the work quoted,—that of a left-handed epileptic female, in whom after death it was discovered that the left frontal and median lobes were totally absent, but the right hemisphere normally developed. Since then many careful investigators have made further researches, and while Ferrier, Hitzig, and others endeavored to localize anatomically more and more precisely this function of the brain, Kussmaul looked at it rather from a philosophical stand-point, and tried to establish a minute subdivision and classification of all possible kinds of disturbance of speech, without, always, however, the desirable pathological proof. When studying this subject, we must not forget the difficulties which the investigator has to encounter. Experiments on animals are here necessarily out of the question; only by quasi-exclusion could they be of any assistance; and such morbid lesions in man are so rarely sufficiently circumscribed that but a very gradual advance can be possible in our knowledge of the precise seat of the memory of words. It is only by a skilful analysis of cases of which an exact history of the symptoms has been re-

corded, and of the very localized lesions of which a minute examination has been made, that we can slowly progress in this direction; and such cases are rare. These difficulties form one of the causes why aphasia has been so much the subject of philosophical theories. But, after long and patient labor, Wernicke has brought some order again into the chaos; and, while giving, in the following, mainly the result of his researches, we may say that we describe about all that at present is actually known of the seat of the speech-centre, or, in one word, of aphasia, and the truth of which has been sufficiently proven by pathological cases.

There are two centres in the brain for the function of speech, situated both, in right-handed persons, in the left hemisphere of the cerebrum. Of course we do not understand here by "speech" the articulation, the mere sound of the voice as produced by the different muscles of the larynx and buccal cavity, etc., the nervous centre for which resides in the olivary bodies of the medulla oblongata, and which, by training, may to a certain extent even be developed in animals (parrots, etc.); we mean the centre of language, the memory of words, that centre which employs the one for articulation simply as a means for executing its orders. For this speech-centre there exist, as mentioned, two centres in the brain. First, the *sensory*, situated in the first temporal convolution, the cortical end of the acoustic paths,—the depository of words, as they are communicated to us by the spoken language, by talking. Deep into the white mass connected with this gyrus the origin of fibres of the auditory nerve has been traced. From this centre an associating path, the island of Reil, leads to Broca's centre, formerly alone taken into consideration, the lower third frontal convolution, which governs in the widest sense of the word the whole *motor* part of expression by words of speech.

Based upon the foregoing, Wernicke assumes four different forms of aphasia, in one of which every possible kind of morbid disturbance of speech must find its place

a. Motor aphasia, or Aphemia.—Here the motor centre is diseased. While the mobility of the muscles of speech is perfectly intact,

patients are either not at all able to talk, or can only say a few syllables or words, but they understand everything spoken to them.

b. Conduction Aphasia.—Here the associating path is interrupted, the island of Reil diseased. The memory of words is preserved, understanding is perfect, but, while talking, wrong words are often used; certain words are mistaken for others.

c. Sensory Aphasia.—*Kussmaul's Word-Deafness.*—The seat of the lesion here is the left first temporal convolution. The memory of words is intact, but words are frequently mistaken for others, and, while the faculty of hearing is perfectly preserved, the speech is not understood: *i.e.*, while the patient is fully able to hear the slightest noise, the sound of the voice, the words spoken to him have lost their significance, for his brain cannot perceive their meaning.

d. Total Aphasia.—Loss of all functions, with destruction of both centres.

To one of these forms every case of aphasia will necessarily have to belong. Concerning agraphia and alexia we are forced to assume other centres in intimate connection with the two main centres named above, each perhaps forming a special part of one of the latter. In the first case (agraphia) there must exist, with full preservation of the common mobility of the right arm and hand, an affection of the motor centre for the combination of the special movements of writing, while the latter (alexia) we will have, without disturbance of common vision in disease of the sensory centre which acts as the receptacle for the image of the figures of the alphabet, etc. The latter centre will undoubtedly be found in connection with the cortical end of the optic nerve. That the main centres must also be closely connected with the centre of the tactile sense and the cortical motor centre is proved by the fact that blind persons are able to write and read, and that born deaf-mutes not only learn to read and write but even to talk without being able to hear. There are deaf-mutes who themselves prove the connection of the optical and tactile paths with the speech-centre, because there are some deaf-mutes, as in the institution in Berlin, for instance, who understand the words spoken by

simply looking at the lips of the speaker, and others who are able to do so by applying their hand either to the cheek or back of the chest of the persons talking. But as it is necessary to keep a very careful record of every symptom of such cases, and as the most minute dissections of them have to be made after death,—and how rare is it for such cases to fall into the hands of physicians who are able and have the time at their command to fulfil both conditions!—many years must elapse ere we may progress further in this direction and answer all the questions referred to.

The different forms of aphasia—the inability of the centres to perform their functions—can be brought about by all kinds of morbid processes. These affections may be only temporary in their character: in such case we will find their cause mostly in congestion; or in insufficient nutrition; or in an insufficient quantity of blood; as, for instance, in that form of aphasia which we observe in convalescents from grave diseases: here the prognosis is generally a favorable one. The same may be said of hysteria, epilepsy, and syphilis (here, however, only if the degeneration of the arteries is recognized and treated early enough) when acting as causes of aphasia. Cases due to softening of the brain or to abscess are, if not rapidly fatal, always of long duration, chronic, very little amenable to improvement, and usually connected with other symptoms on account of the further extension of the morbid process. Embolism in the branches of the left *arteria fossæ Sylvæ* is a frequent cause, and in such cases aphasia and coma, without disturbance of motion, are the characteristic consequences of this disturbance of circulation. As an excellent illustration of temporary aphasia induced by passing disturbance of circulation, we will narrate the following case, which some years ago happened in the family of and was attended by the writer. A mentally very bright and physically well-developed girl, twelve years of age, with no hereditary and no constitutional taint whatever, and whose nervous system also seemed in every respect well-balanced, went, on a warm day in June, to a strawberry-festival in Fairmount Park. There, being left for a short time without supervision, she indulged

with other young girls in the dangerous play of rope jumping. Not to let her mother observe her excitement, she dipped her handkerchief into the cold water of a spring, and while heated applied it to her burning face. Shortly after she was brought in an unconscious state to her mother. While unconscious, the muscles of the right side of her face and of her right arm were in a continuous convulsive movement. Unconsciousness lasted about ten minutes; but on awakening out of the coma she presented the following remarkable symptoms. Temperature increased one degree (surface temperature of the left front part of the head not being taken); physical health seemingly otherwise not disturbed. But her face had the expression of an idiot; she evidently did not understand what was said to her, and could neither speak, read, nor write. She put her tongue out without difficulty, and there did not seem to be the slightest disturbance of motion or sensation. But she showed a ravenous appetite, and would eat raw potatoes and almost anything she could put her hands on, and show astonishment if prevented. Leeches were applied to her left temple, followed by the application of a bladder containing ice. About four hours after the attack—the face began gradually to lose its idiotic expression, and the patient evidently commenced to understand what was said to her. The following day she had so far improved that she again appeared perfectly natural in her actions, etc., but she could not talk, read, nor write. I then proposed to take a first reader and commence spelling over again. It was remarkable to observe the rapid progress she made. Suffice it to say that within five or six days she had almost perfectly relearned the use of words, and could talk, read, and write nearly as well as formerly. But it was clear that she had to learn every word again before she was able to make use of it, and, though the re-awakening of the faculty was a remarkably quick one, the fact of the memory of words having been temporarily lost was indisputable. No symptom whatever since has reminded the patient of this attack of passing congestion.

In conclusion, we may add that from the special form of an aphasia other diagnoses may be made also, as a case of Senator proves

where he was able to locate an abscess at its exact seat in the left frontal lobe from the aphasic symptoms alone. But sometimes the lesion is in the white conducting and not in the cortical gray matter. Such are the cases of which it has been reported that, notwithstanding aphasic symptoms no lesion had been found, because the convolutions alone had been examined. Considering the great difficulty of these examinations, however, such mistakes are excusable and cannot always be avoided.—*Phil. Med. Times.*

THE TREATMENT OF DIPHTHERIA.

BY H. CRIPPS LAWRENCE, L.R.C.P.,
LOND., ETC.

The following combination of the glycerols of tannin and carbolic acid has proved itself, during a considerable experience of diphtheria and scarlet fever, a highly efficient application in my hands, viz: R Glycerini acidi tannici ʒij ; Glycerini acidi carbol. ʒj . *Misce.* In the application of glycerine as an absorbent, it is of practical importance (as pointed out some time since in the *Pharmaceutical Journal*) that a small proportion of water should be added to it. In order to secure this, a sufficiency of the glycerine should be placed in a saucer, and a throat-brush dipped in water should first be stirred into the glycerine before applying it to the tonsils and fauces.

The combination above-mentioned has been found practically the most efficient proportion for securing the necessary astringent and anti-septic results, without irritation. An application twice, or at most thrice, in the twenty-four hours secures the utmost benefit the remedy affords—a matter of importance both to the patient and practitioner, as the former is not fatigued by frequent applications, and the latter can make these personally at the usual visits.

It is seldom that any additional local remedies are required, but it is wise to precede the application of the glycerols with gargling the fauces and washing out the mouth with a solution of permanganate of potass and water, and to use the sulphurous acid spray; the double advantage which follows being, that the fauces are the better prepared to benefit from the glycerine, and that the safety of the practitioner

is increased in the event of the patient expectorating any false membrane during the act of swabbing. To further increase the safety of the medical attendant a glass screen, placed between him and the patient, will afford protection without limiting the efficiency of the procedure.—*British Medical Journal*.

LANGER ON THE CHEMICAL COMPOSITION OF HUMAN FAT AT DIFFERENT AGES.—A comparison of the adipose tissue in a newly-born child and in an adult man discloses remarkable physical differences. The adipose tissue in the adult varies in colour from clear yellow to brownish, and is very soft; and, on making a section of the panniculus adiposus, little drops of oil exude. Microscopic examination shows in each fat-cell one or more clear drops of oily matter, and it is only in quite exceptional cases that acicular crystals of fat are found. On the other hand, the panniculus in the body of an infant is remarkably firmer and harder. It is greyish white in color, and readily crumbles, like wax that has been boiled in water. On microscopic examination, numerous crystals are seen in almost every cell. Dr. Langer's present researches show that the fat of the child and of the adult present essential differences in regard to the relative proportions of the chemical constituents.

According to Dr. Langer, one form of sclerema neonatorum is connected with the condition of the fat. Sclerema neonatorum is either a result of serous infiltration of the skin and subcutaneous areolar tissue, or of the solidification of the fat in the panniculus adiposus. The latter form is to be regarded as a phenomenon consecutive on various diseases, such as inflammation of the lungs, in the course of which collapse and lowering of the temperature of the body occur. As has been already said, the melting point of the infant's fat is 45° Cent. (113° Fahr.)—that is, far above the temperature of the body. "It cannot," Dr. Langer says, "be assumed that the fat has a lower melting point within the body than outside it. It hence follows that even in the living child a large portion of its fat is not fluid, but only in a sufficiently soft condition. If the temperature of the body fall, whether through collapse

or in consequence of withdrawal of heat from without, it can be readily understood that the fat in the panniculus adiposus will solidify, and a fatty sclerema will be produced. A fall of the temperature to 32° Cent. (89.6° Fahr.), sometimes lasting for days before death, is not unfrequently observed in some illnesses of newly-born children. With such a temperature, as I have convinced myself by experiment, the fat in the panniculus adiposus is quite solidified. The occurrence of fatty sclerema is not possible in the adult, because of the different condition of the fat, and because the temperature of the body can never fall so low during life as to cause solidification of the fat in the adult.

NITRO-GLYCERINE IN THERAPEUTICS —Prof. Kroczyński, of Craow, in the *Wien. Med. Woch.*, gives the following observations on nitro-glycerine.

In six persons afflicted with attacks of bronchial asthma in consequence of extensive emphysema of the lungs the nitro-glycerine controlled or lessened very materially the attacks of difficult breathing in the course of a few minutes, seldom later than a quarter of an hour, if taken at the beginning of the attack. After using the nitro-glycerine regularly for some time the attacks wholly disappeared in four out of the six.

In thirteen cases idiopathic nervous asthma the success was really little. Of the thirteen cases there was almost no improvement in seven, two of which occurred in hysterical persons, in four the benefit was doubtful; but in two, accompanied with bronchial catarrh, it was positive.

In two cases of steno-cardia caused by aortic aneurism, the remedy acted very promptly, for the attacks disappeared each time soon and fully. By a lengthy and methodical use of the drug the attacks ceased altogether in one of the cases.

In three examples of palpitation of the heart the result was extremely satisfactory. In two, which were clearly of nervous origin, the palpitation disappeared completely on the repeated exhibition of the drug; in the third case, where an insufficiency of the semi-lunar valves of the aorta existed, the attacks ceased for the time.

after the occasional use of the remedy at their commencement.

In six cases of angina pectoris, the results were very doubtful in one, while in the remaining five they were excellent. A few minutes after giving the nitro-glycerine the angina fully ceased or became greatly modified. Prophylactically the remedy was of no use if there was any anatomical derangement in the heart or vessels; but if of nervous character it was of considerable value.

In a case of chorea minor, which existed for two years in a congenitally chlorotic maiden the treatment with bromide of zine and other agents was quite unsuccessful. On giving nitro-glycerine the abnormal gait became less and disappeared completely in twenty-five days. There was great increase of body weight. Against hysteria major, mercurial tremor, and diabetes mellitus, this agent appeared quite useless.

CHLOROFORM AS AN EMETIC AND ANTHELMINTIC.—Dr. G. W. Semple, in a paper read before the Virginia Medical Society, calls attention to a peculiar emetic action of chloroform when given in a large dose by the mouth to patients, with the stomach full of ingesta. In such cases it produces in from ten to twenty minutes easy and copious emesis, perfectly emptying the stomach, after which the emesis and nausea cease entirely. To a coloured girl, seventeen years of age, who had gorged herself with a large melon, he gave two drachms of chloroform in mucilage of quillaya. In twelve minutes she vomited, emptying the stomach. To a child two years of age, with a stomach full of damsons, a teaspoonful of chloroform was given by the mother, in a few moments the child vomited, and was greatly relieved.

He also regards chloroform as an efficient anthelmintic, using the following formula: chloroform ʒj, castor oil ʒj, croton oil gtt. j. Mix. Dose ʒss. to ʒss.—*Virginia Medical Monthly*.

From a number of careful experiments, Professor Gunning concludes that inspired air is freed from bacteria which may have been contained therein; and that the expired air does not carry bacteria along with it out of the body.

SALICYLIC TREATMENT OF CHOREA.—Dr. L. S. Abbott (*Boston Medical and Surgical Journal*, December 1st, 1881), relates a case of rheumatic chorea, treated successfully in fifteen days, by salicylate of soda. The patient was a housemaid, aged 25, who had been recently in the Hospital with acute rheumatism. The improvement noticed while taking the medicine disappeared during its temporary withdrawal, while rapid convalescence followed its resumption. The dose given was at first ten grains every two hours, afterwards it was given every three hours, and finally salicin in the same dose was substituted. Dr. Abbott refers to a similar case reported by B. F. Gary, of South Carolina, and quoted in the *New York Medical Record*, October 8th, 1881.—*Birmingham Medical Review*.

PITRES ON THE LOSS OF THE NAILS IN ATAXY.—M. Pitres (*Le Prog. Méd.*, 1882, No. 8) refers to the notice in M. Arloing's recent thesis that M. Joffroy had observed the spontaneous loss, without traumatic cause, of the nails of the great toes in an ataxic patient, and adds to this two similar observations from his own practice. The nails were lost and grew again in each case several times. The occurrence was preceded for some weeks by a dull pain and a sensation of throbbing in the great toe. There was no suppuration or apparent ulceration of the matrix, and the nails were rapidly replaced by new ones of normal conformation.

CHRONIC RHEUMATIC ARTHRITIS IN A DOG.—At the Pathological Society of London recently, Dr. Norman Moore exhibited a specimen showing bony outgrowths on the carpal and metacarpal bones with ankylosis. The disease was of long duration. The disease probably caused great pain, and was, he believed, one of the commonest causes of the howling of dogs at night. The President (Dr. Wilks) said that the dogs of the Hospice of St. Bernard, were very subject to chronic rheumatism, on account, the monks believed, of their exposure to cold.

ARTIFICIAL CURARE.—At the Société de Biologie, M. Raburteau presented a new compound, a white salt of bitter taste, soluble in water and alcohol, whose physical, chemical, and physiological properties are absolutely similar to those of curare. Its chemical name is methyl-triethyl-stibium iodide, whose formula is calculated on that of ammonium iodide. The two formulæ in fact correspond. Chemically it behaves like potassium iodide, turns starch blue, and furnishes an oxide.—*Le Progres Medical.*

TO HASTEN THE ACTION OF QUININE.—Dr. Starke (*Berliner Klin Wochenschrift*) advises that before swallowing powder or pills of quinine, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinine, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug.—*Maryland Medical Journal.*

PERRIN ON RHEUMATIC PURULENT CONJUNCTIVITIS.—M. Maurice Perrin, in a paper read at the Académie de Médecine (*Le Journal de Médecine*, 1882, No. 3), has drawn attention to purulent conjunctivitis occurring in connection with acute articular rheumatism, and independent of gonorrhœa. In two of the cases acute rheumatism occurred during the attack of conjunctivitis.—*Birmingham Medical Review.*

The German Mixture Oleoze, so great a favourite in disguising unpleasant remedies and making most compounds pleasant to smell and taste is as follows: one part each of the oils of lavender, cloves, cinnamon, of thyme, citron, mace, and orange flowers, three parts balsam of Peru and 240 parts of spirits. It is not found in any English, French, or American work.—*Am. Med. Weekly.*

THE TREATMENT OF DIPHTHERIA BY PAPAYA.—M. Bouchut (*Le Progrès Medical*, 1882, No. 3) has found by experiment that the false membranes of croup dissolve in a few minutes in papaya juice. He has used it with success to remove the false membranes from the throat.—*Birmingham Medical Review.*

Surgery.

FRACTURE OF THE PATELLA—THE CAUSE OF DISPLACEMENT, AND THE MEANS OF REMEDYING IT.

In a recent clinical lecture at the London Hospital (*British Medical Journal*) Mr. Jonathan Hutchinson says: "Repeated observations have convinced me that displacement is always caused by, and in proportion with, the effusion into the joint. If there be no effusion, there is no separation. The muscle is not a piece of India rubber to contract, and remain contracted as soon as one end is loosened. It is as easily capable of relaxation as it is of contraction, and, when the limb is at rest, it is always relaxed. When relaxed there is no reason why the upper fragment of the bone should not come easily down to the other; and, in point of fact, in cases where there is no effusion it does do so. I have demonstrated this repeatedly." * * * "The effusion may be of blood, or it may be of synovia, or, perhaps, most commonly, of a mixture of the two. If it occur immediately after the injury, then it is probably blood; and these cases are the most difficult to treat, for blood is more slow of absorption than synovia. The treatment is, however, the same for both, and consists in the vigorous use of cold. The ice-bag sedulously applied, or a spirit lotion so freely used that evaporation is constantly going on, are the best measures. You must not be content unless the skin over the whole part of the knee be kept quite cold. It is of great importance that absorption should be rapid and complete. If you can get rid of the swelling in eight or ten days you will have a good chance of bony union. I believe we get bony union in nearly half our cases. Our measures are, then, ice for a week or ten days; then oblique strips of plaster which fix the fragments and catch in notches in the splint." * * * "The limb is, of course, always extended on a long and broad back splint, with a thick cushion and side notches." * * * "When, at the end of ten days, you have brought the fragments together, cover the whole joint with bandages, and never touch the bone again until six weeks are

accomplished." * * * "At the end of six weeks or two months we usually allow the patient to get up, but he is always provided with a patellar apparatus before so doing, to prevent flexion of the knee." * * * "If an apparatus be not at hand a gum and chalk, or plaster of Paris case will serve the purpose quite as well. I usually advise our patients to wear the apparatus for six months; and then, if the knee feel strong, to throw it aside." Mr. Hutchinson is not an enthusiast as to the advantages of bony union, and says that those who have fibrous, and even ligamentous union, often walk better. He also points out that decided atrophy, and sometimes contraction, of the quadriceps follows not infrequently. Apropos of this Mr. Christopher Heath, of University College, says: "Agreeing fully with Mr. Hutchinson in his view, I have carried the treatment of these cases further than he seems to have done, and do not hesitate to aspirate the knee-joint in cases both of fractured patella and injury of the joint." * * * "If the knee-joint be aspirated within a few hours of the accident, the blood is still fluid, and can be readily withdrawn." * * * "Having emptied the joint, or, still better, having the patient in charge before effusion has taken place, I do not hesitate to apply at once plaster of Paris over an envelope of cotton wadding, and to make the patient get about as soon as the plaster is dry." He says in this way the muscles retain their tone and atrophy does not ensue. He suggests that the reason why ligamentous union is often more satisfactory than a close or bony union, is the probability that the patella contracts adhesions to the external condyle, thus limiting the motions of the joint.

OAKLEY ON COMPLETE POSTERIOR DISLOCATION OF THE KNEE-JOINT, WITH LIFE-LONG USE.—Mr. J. Bagnall Oakley reports and figures a case of the above injury in the *Lancet*, Jan., 1882, p. 53. The patient, aged 70, when seen, stated that, when nine months old he, fell and damaged his knee-joint, causing complete posterior dislocation. He has worked at brick-making all his life, and has never been laid up on account of his knee.—*London Medical Record*.

CASE OF EXCISION OF A STRICTURE OF THE DESCENDING COLON THROUGH AN INCISION MADE FOR A LEFT LUMBAR COLOTOMY: WITH REMARKS.

BY THOMAS BRYANT, F.R.C.S.

Mr. Bryant read the record of a case of stricture of the descending colon, in which he excised the diseased segment of bowel through the wound made for a left lumbar colotomy, the patient recovering. The operation was performed on a lady aged 50, who had suffered from complete obstruction for eight weeks, and was very feeble. The stricture could not be felt from below. The bowel was removed through the oblique incision made for left lumbar colotomy, by simply pulling the segment strictured through the wound, and stitching each portion of the bowel, with its two orifices as divided, to the lips of the wound. The stricture was of the annular kind, and involved about one inch of the bowel; it was so narrow as scarcely to admit the passage of a No. 8 catheter. The preparation was exhibited with microscopical appearances of the growth in section, as made by Dr. Goodhart. Mr. Bryant said he believed the operation he had performed was a new one, and that it was applicable to not a few of the cases of stricture of the descending colon. It had suggested itself to his mind from seeing cases of localised or annular stricture of the bowel which were free and movable, both in operations of colotomy as well as in the *post-mortem* room; but the case read was the first in which he had put the suggestion into practice. He pointed out how these annular strictures were generally local diseases, and consequently how desirable it was that they should be removed where possible. He suggested that the question of excision of the diseased growth should be entertained as soon as the diagnosis of the case was made, and that, in every case of colotomy for chronic obstruction of the descending colon, the possibility of being able to remove the diseased bowel by operation should be considered before the bowel was opened for a colotomy operation. He then showed how desirable it was that the question of excision or of colotomy should not

be postponed till the patient's powers were too feeble to bear either, as was too often the case. He stated that he did not regard the operation he had performed in a more serious light than he did a colotomy in which the peritoneum was wounded.—Mr. G. D. Pollock thought the operation creditable to Mr Bryant; he was not aware of a similar case in British surgery. The history of some cases of colotomy for stricture was in favour of Mr. Bryant's proposal. He hoped that the case recorded would encourage other surgeons in dealing with similar cases, and in operating early.—Mr. Harrison Cripps referred to the pathology of stricture of the large intestine, and recommended that, instead of lumbar colotomy, which afforded insufficient room, an incision should be made in the front of the abdomen, along the outer side of the rectus muscle. Mr. Howard Marsh agreed with Mr. Cripps in recommending the anterior incision, and said that cases in which Mr. Bryant's operation would be admissible were very rare. He agreed with Mr. Pollock that the operation ought to be performed early.—Mr. Henry Morris said in such cases as that of Mr. Bryant the lumbar incision was preferable; one incision into the peritoneum was better than two. *British Medical Journal.*

HOWE ON A LINGUAL TOURINQUET.—This instrument is described by Dr. Howe in the *Annals of Anatomy and Surgery*, Dec. 1881. It is of the shape of an ordinary safety-pin, having attached to the inside of the external bar a second movable bar, $1\frac{1}{2}$ inches long, worked by a screw on the external surface. To use the same, the steel pin is inserted into the floor of the mouth opposite the second molar tooth, directed, at first, towards the median raphe of the tongue, then backwards towards the foramen cæcum, and is finally brought out in front of the anterior pillar of the fauces. The pin is then closed, and, by using the screw, the movable bar is made to press firmly on the trunk of the lingual artery, and will control all hæmorrhage, and permit the artery to be readily ligatured when divided in removal of the tongue.

TREATMENT OF ABSCESS OF THE LIVER.

Dr. Randolph Winslow: in *Annals of Anatomy and Surgery*, contributes an excellent article on this subject, and closes his paper with the following conclusions :

The following summary represents the results of my investigations in regard to the surgical treatment of abscess of the liver ;

1. The liver should always be aspirated in a case of suspected abscess, in order to verify the diagnosis.

2. Many small, and a few large abscesses, have been cured by one or more aspirations; hence this method should always be employed at the first exploration, and we should then wait until it refills. If the pus collects slowly and in small amounts, it may be again aspirated; if quickly, and in large quantities, aspiration is not to be relied upon.

3. Incisions should be made into the abscess cavity at the most prominent portion of the tumor, whether in an intercostal space or not; and irrespective of the presence or absence of adhesions.

4. Rigid antiseptic precautions add much to the safety and certainty of a successful result.

5. When Listerism is impracticable, good results will be generally obtained by simple incision, or puncture by a trocar and canula, followed by the introduction of a drainage tube, and the daily use of carbolized injections.

6. Any of these methods are preferable to leaving the case to nature.—*American Medical Weekly.*

THE EARLY TREATMENT OF PROSTATIC OBSTRUCTION.

Mr. Reginald Harrison, of Liverpool, strongly advocates (*British Medical Journal*) the early treatment of symptoms of prostatic obstruction. He says about one-third of all men over 55 years of age, sooner or later, have enlargement of the prostate, and one-half of these suffer therefrom. There are two conditions of enlarged prostate not giving rise to much obstruction: first, where the hypertrophy is towards the rectum and the relations of the prostatic urethra are not altered; and

second, where the hypertrophied gland is lobulated and channels are left between the masses, along which urine flows without interruption. He proposes to bring this condition about artificially early in cases presenting signs of commencing obstruction. With this view he has "adopted a mode of treatment with specially adapted bougies. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument. As a rule, if dilatation be not too rapidly proceeded with, no irritation is aroused. On the contrary greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied."

ANTI-CANCEROUS DIET.

Professor Beneke of Marburg, setting out with the notion that a well nourished organism, rich in quaternary principles and phosphates, constitutes a favourable soil for the growth of cancer, suggests the following diet for cancerous patients, or those who inherit a hereditary predisposition thereto:—

Breakfast: Black tea, with cream and sugar; a little bread, plenty of butter; baked potatoes with butter (cocoa may be substituted for the tea); fruit, fresh or cooked; biscuits.

Dinner: Soup of fruit, wine, tapioca or peas, or potatoes; not more than two ounces of meat (weighed before cooking), potatoes, vegetable roots, cooked fruits; apples and prunes with rice, rice with rum, salads, fruit ices; Moselle, Rhine wine, Champagne; very little beer (because it contains much alkaline phosphates).

Tea: Black tea, with sugar and cream, a little bread and butter, or fresh fruit and biscuits.

Supper: Soup as at dinner, rice and fruit, baked potatoes and butter, potato salad, sardines, anchovies, herrings; corn flour gruel with wine and sugar; light wine.—*Birmingham Medical Review.*

The first German Medical Congress was held at Wiesbaden, April 20th to 22nd.

Midwifery.

TREATMENT OF THE IRRITABLE BLADDER IN WOMEN.

BY J. H. ETHERIDGE, M.D.

The *cause* of irritable bladder determines its treatment. When it is unknown, treatment becomes guesswork. Consequently the physician's first problem of treatment is the determining of the *cause* in each individual case of vesical hyperæsthesia.

Causes of irritable bladder may be divided into *intrinsic* and *extrinsic* causes.

The *intrinsic causes* include abnormalities of the urine, consisting of, first, too *limpid urine*. Second, too *concentrated urine*. Third, an excess of *uric acid*, as shown by gravel, calculi, and amorphous urates. Fourth, *triple* and *amorphous phosphates*, shown in decomposition of the urine. Fifth, *oxaluria*, and sixth, *sugar* and *albumen*.

Among intrinsic causes may be included abnormal substances not of urinary origin, which may be enumerated as follows:

Seventh, *pus* and *blood* from renal or cystic diseases. Eighth, *feculent matter*, gall stones, joints of tape-worms and round-worms. Ninth, *hair, fat, teeth, and bones* from a fistulous communication with a dermoid cyst.

Other intrinsic causes include—

Tenth, *cystitis, acute or chronic*. Eleventh, *malignant disease* of the bladder, primary or secondary. Twelfth, *polypi*. Thirteenth, *cysts* and *tubercles*. Fourteenth, *hypertrophy*, centric or eccentric.

Intrinsic causes may include disorders of the urethra as well as of the bladder, and are thus indicated:

Fifteenth, *urethritis, acute and chronic*. Sixteenth, *neoplasm*. Seventeenth, *dilatation of the urethra*, including that of the upper third and of the whole canal. Eighteenth, *dislocation of the urethra*. Nineteenth, *prolapse of the urethral mucous membrane*. Twentieth, *stricture*; and, twenty-first, *incomplete fistula*.

The extrinsic causes of irritable bladder are numerous, often difficult to define, and are much more common than intrinsic causes. Fully two-thirds of the cases of this disorder arise

from extrinsic causes. Presenting uniformly but the one symptom of frequent urination, these causes are infinitely less correctly differentiated by physicians, and consequently are worthy of the closest scrutiny and most careful management, therapeutically and otherwise. Every experienced gynecologist can recall only too many defeats in the treatment of irritable bladder from extrinsic causes because of not accurately ascertaining the causes in each case. The causes include:—

a. *Oöphoria*, or ovarian, vascular excitement. b. *Pressurè on the bladder or urethra* from the uterus, or from rectal abnormalities, or from intra-pelvic tumours. c. *Sympathetic irritation* from uterine inflammation. d. *Malignant disease of the cervix uteri*. e. *Pregnancy*. f. *Vaginismus*. g. *Acute pelvic peritonitis and cellulitis*. h. *Ascarides*. i. *Hysteria*. k. *Mental trouble, fright*. l. *Exposure during menstruation*. m. *Falls and blows over the bladder*. n. *Masturbation and copulation*; and o. *Malaria*.

The causes herein mentioned are enumerated *in extenso*, for the purpose of showing that the treatment cannot be the same in all cases of irritable bladder.

The management of cases produced by causes, usually involve remedies addressed to nutrition. *Too limpid urine* suggests hysteria, anemia, exposure to cold, mental emotion, in short, diuresis from any cause. Treatment of these conditions involves remedies addressed to the cause whatever it may be.

Too concentrated urine, shown by the small amount voided and by high specific gravity, calls for water simply. Ordinary drinking water, Poland water, Apollinaris water, or any of the simple mineral waters, capable of increasing the amount of water excreted by the kidneys will answer.

An excess of uric acid is one of the most common of all of the many causes of irritable bladder. Neglected, it speedily causes a congestion of the mucous membrane of the bladder, and this, in turn, propagates the polyuria and dysuria. The organic changes arising from this congestion are of a sufficiently progressive character to afford a constantly acting cause of irritable bladder. In this way, a bladder thus afflicted,

at first, say, three months ago, presents *to-day* an irritable condition arising from the products of chronic congestion, whereas the excess of uric acid starting in motion this pathological train of symptoms ninety days ago, now occupies a very inferior position in the cause to-day. Consequently the majority of cases treated by physicians present not only an excess of uric acid, but they present also a vesical mucous membrane congestion. To treat this condition requires skill and patience. An excess of uric acid indicates a systemic, and, especially, an alimentary defect. This excretion, possessed of another particle of oxygen, becomes urea and ceases to be a pathological product. To supply that oxygen is no easy matter. If the blood be made to carry more oxygen and thus supply the deficiency, we must give remedies to improve the oxygenating power of the blood. For this purpose one quarter to one grain doses of permanganate of potash, thrice daily, will be found useful. This powerful oxydizing agent yields up its oxygen in the form of ozone and converts uric acid into urea. Irritable bladder relieved by the permanganate is *relieved* simply, *not cured*. The alkaline carbonates neutralize uric acid excess directly, and indirectly diminish it by their action on the liver. The citrate or carbonate of lithium dissolves uric acid, and is a remedy of undoubted efficacy. Colchicum, in small doses improves the character of the digestive ferments and promotes more perfect digestion, and in this way supplies the liver with better pabulum, thus causing a lessening of the amount of uric acid. Its action is surprisingly happy in very many cases; but in many other cases it seems to extend the point of tolerance, causing unexpectedly, a vomiting and violent purging, an effect greatly to be deprecated. Fruit acids are converted into the alkaline carbonates in the blood and become dissolvers of uric acid or diuretics, and in this way are efficient aids in treating the uric acid excess. Many patients will be benefitted by a hot lemonade at bedtime, or by eating a lemon before breakfast daily, or by partaking liberally of acid fruit at breakfast and lunch times. The uric acid excess thus relieved can be said to be relieved only, not cured. It is well to use them, because

they act quickly and satisfactorily. Thus relieved temporarily, the physician can take the necessary time to determine where the ultimate cause of uric acid excess lies, and select remedies to cure it. The systemic defect is usually the ultimate cause and will be found in the primary or secondary assimilation. Constipation is almost always a conspicuous symptom in these cases. Its resultant evils include stomachic and intestinal indigestion. From it results a condition of blood poisoned with excretory material, which causes all functions of the abdominal organs to be imperfectly performed. The secreting cells of the liver fail to elaborate their products perfectly, and from this failure arises the uric acid excess. A thorough catharsis temporarily relieves all these symptoms, and it is an exceedingly unwise thing to do to use powerful purges, because they are of only temporary benefit. The course to pursue is to give a daily laxative, and thus by degrees purify the blood and secure a sustained functional improvement in the organs of primary assimilation. To this end the daily use of Rakocsy, Hunyadi Janos, Friedrich shall, or Victoria mineral water in warm weather; or of aloes, podophyllin, cascara sagrada, compound extract of colocynth, compound liquorice powder, or euonymus, in cold weather, will be useful. To improve the secondary assimilation we can resort to the use of bark and iron, arsenic, strychnia, minute doses of mercury, when not contra-indicated, and cocoa.

Of prime importance in these cases is the management of the diet. Farinaceous articles and acid fruits should be largely used, and only as much of the albuminous articles used as can be thoroughly digested.

Irritable bladder arising from *triple and amorphous phosphates* should be treated by treating the systemic condition producing them. They are usually found in diseases of the nerve centres and after great mental application. They generally suggest the use of rest, ergot, galvanism, massage, tonics, and improvement of alimentation.

Oxaluria should be treated by paying especial attention to the "moral, mental, and physical condition, and time must not be wasted in

treating a mere symptom." Strychnia and the mineral acids will yield the best results.

Cases involving *diabetes* or *albuminuria* call for treatment addressed exclusively to these conditions.

Irritable bladder arising from causes enumerated, seventh to ninth, inclusive, must be treated according to indication wholly, which consists in the removal from this viscus of these foreign substances.

Cases involving *cystitis, acute or chronic*, the tenth cause enumerated, are troublesome enough. Some patients will make rapid recoveries. But by far the largest majority of them will prove rebellious. The urine in these cases must be rendered alkaline as speedily as possible. Citrate of potassium, in as large doses as can be borne without causing stomachic distress, is an excellent remedy. The removal of existing constipation by daily laxative doses of mineral water upon arising in the morning, is of importance, as it secures a systemic condition favourable to producing urine of minimum acidity, after which smaller doses of the citrate of potassium will suffice to produce alkalinity of the urine. At the same time, restricting the diet to articles calculated to aid in avoiding acid excess in this excretion, should be prescribed. An exclusive milk diet has cured cases of long standing and of great severity. Alkalies, minute doses of *tr. cantharidis*, hourly, twenty grain doses of bromide of ammonium, the solution of bromohydric acid, benzoate of ammonia in buchu, laxatives, proper diet, quietude, will relieve most cases of irritable bladder from *acute cystitis*.

The irritable condition arising from *chronic cystitis*, requires a wider range of remedial measures to meet all cases. Many women, however, are never cured, failure arising from many causes, as lack of pertinacity on the patient's part in submitting to treatment, dyscrasia, failure to apprehend and to remove coexisting disorders which sympathetically propagate the cystitis, etc., etc. Frequent urinalyses are necessary to guide us in the administration of medicines, internally. Acidity is to be modified or abolished by alkalies. Urinary decomposition calls for the sulpho-carbates, for eucalyptus globulus or for salicylate

of sodium. Medicated injections into the bladder are all important in chronic cystitis. A long range of remedies is before us to select from. Antiseptic injections include solutions of common salt, potassium chlorate, carbolic acid, salicylic acid, eucalyptol, and the sulpho-carbolates. Astringent and alterative injections embrace silver nitrate, hydrastis canadensis, tannic acid, plumbic acetate, iodoform, sulphate of zinc, and potassic iodide. Forcible dilatation of the urethra, self-retaining catheter, and cystotomy are resorted to only after other means have failed.

Cases involving cause enumerated eleven, will never be relieved permanently. Opiates or chloral may be used.

Polypi must be removed. No remedies can be resorted to in cases of too frequent urinations caused by polypi.

Cysts and tubercles are rare vesical troubles and usually cause irritable bladder. General tonics to abrogate the systemic condition producing them, and opiates to alleviate the irritable condition seem to be the remedies demanded.

Hypertrophy of the bladder, a not uncommon cause of dysuria and polyuria, must have its cause removed. Tumours and cystocele must be treated *secundem artem*; neuralgia or any functional disorder operating to cause this condition, must be considered and treated before the irritable condition can be removed.

Urethritis, acute or chronic, is a most troublesome condition to remove. The acute form generally calls for the same sort of management accorded to gonorrhœa in the male. The subacute or chronic form calls for injections, alterative and astringent. The utmost patience is necessary to *cure* cases of chronic urethritis.

Neoplasms demand surgical treatment. The general condition of the patient's health can be greatly improved by medication. Tumours or pressure in any way retarding venous circulation from the pelvis demands attention and removal if possible. Removal of the neoplasm will relieve the patient of the irritable bladder.

Cases involving causes numbering from seventeen to twenty-one inclusive, suggest their remedies, which are surgical or mechanical.

The treatment of cases of irritable bladder produced by extrinsic causes is included in the management of those causes. The fact cannot be emphasized too much, and the most troublesome aspect of the treatment of irritable bladder in women is the ascertaining of the *cause*. The cause being determined, the principles of treatment are usually very simple.—*Walsh's Retrospect*.

PRACTICAL OBSERVATIONS ON OVARIOTOMY.

BY DONALD M'LEAN, M.D.,

Professor of Surgery and Clinical Surgery in the
University of Michigan.

In this paper it is my intention to consider briefly certain practical matters in relation to the operation of ovariectomy.

First of all I desire to say that in my opinion the operation in question requires for its successful performance so much surgical experience and dexterity, such carefully-arranged surroundings, so many appliances, and such perfect preparations in all respects that its practice should be confined to a comparatively limited number of surgeons who should be, in the truest and best sense of the term, *specialists*.

The remarkable success of certain celebrated ovariectomists, has been attributed to the cautious manner in which they have selected their cases, declining to operate whenever the difficulties and complications of the case have seemed to endanger the chances of success.

My own conviction is, that the care and thoroughness with which they prepare themselves and their patients, in each and every instance, furnishes the true explanation of their success, and I am sure that their example has not been followed as universally as it ought to have been.

The practical points which I wish to refer to more particularly at present are the following:

- (1) The anæsthetic and its mode of administration.
- (2) Antiseptics.
- (3) Treatment of the pedicle.
- (4) Management of adhesions.
- (5) Drainage of the peritoneal cavity.
- (1) *The Anæsthetic*.—In common with Dr.

Keith and others I have generally used ether in this operation, but in my later cases, chloroform. By the use of a very simple apparatus, I believe that chloroform may be used in ovariectomy, and in all other operations, with as much safety and satisfaction as any other anæsthetic.

This apparatus consists of two parts; (1) an inhaler made by stitching a piece of cotton flannel over a wire frame which fits like a small tent over the patient's nose and mouth; (2) a dropper which consists of a two-ounce bottle with a perforated cork and two metal tubes, one of which merely admits air to the bottle, while the other permits the chloroform to escape drop by drop. By this means I believe that the greatest degree of safety is secured as well as the utmost economy of chloroform.

(2) *Antiseptics.*—In the cases of ovariectomy which I saw Dr. Keith perform he used all the Listerian antiseptic appliances. I could see, however, that he was beginning to doubt as to its expediency. He assured me that he had seen patients die with "brutal haste" from carbolic acid poisoning, and I believe that I can say the same myself. Since then (as is now well known), he has laid carbolic acid aside to a great extent, if not entirely, and prefers to trust to the careful arrest of hæmorrhage and the thorough drainage of the peritoneal cavity.

My own limited experience hardly justifies me in expressing a decided opinion on this important point, but unless there are special reasons for doing so, I shall not hereafter resort to the use of carbolic acid spray, against which several serious objections have been justly urged. My belief is that by exercising due care in arresting hæmorrhage, sponging out the peritoneal cavity till it is absolutely dry, and in making provision for the escape of effused fluids, the danger of septicæmia is sufficiently provided against.

Blood poisoning has occurred in spite of all antiseptic precautions, and it has been escaped in cases not treated antiseptically and in which the circumstances seemed highly favorable to its development.

(3) *Management of Pedicle.*—In my sixteen cases I have transfixed the pedicle with a double ligature and tied it in two halves,

cutting the ligature off short and dropping the pedicle into the pelvis.

So far as I know, this method of treating the pedicle proved satisfactory. I have never seen any bad results from this source. Nevertheless, Dr. Keith's method has seemed to me to be, although somewhat slower, still, on the whole, much more safe and satisfactory.

He first of all seizes the pedicle in one or two pairs of strong forceps with a catch in the handle. If the pedicle is narrow, one pair; if broad, two, so that the vessels are safely controlled for the time. He then cuts away the tumor, and then he applies his clamp to the pedicle on the cardiac side of the forceps, which latter he then removes, leaving at least one and a half inches of the pedicle projecting beyond the clamp. To this projecting part of the pedicle the actual cautery is applied in the form of a solid mass of iron at a black heat, which slowly sears and shrivels up the tissues of the pedicle.

This part of the procedure is conducted with the utmost care and deliberation, and is sometimes the longest part of the whole operation.

The clamp is formed of two solid metallic bars, furnished with a screw, by which they are made to compress the pedicle with great tightness. There are also two wooden handles to the clamp, by which the surgeon holds it in his left hand while he applies the cautery with his right.

During this part of the operation the peritoneal cavity is filled with soft sponges, and the edges of the wound are held in apposition by the hands of an assistant. Between the abdominal wall and the lower surface of the clamp, a pad of wet cloth is placed to ensure its thorough protection from the action of the cautery. The pedicle is gradually shrivelled up and the debris wiped away until all the pedicle external to the clamp is disposed of. The latter is then unscrewed and removed while the surgeon takes care to retain control of the remainder of the pedicle until he has carefully examined it and satisfied himself that there is no tendency to bleeding. If there is any doubt on this point the pedicle should be transfixed and securely tied, either with strong

catgut, or a silk ligature. All danger of hæmorrhage being in one way or the other guarded against, the pedicle is permitted to subside into the pelvic cavity.

(4) *Treatment of Adhesions.*—The only point I wish to note on this part of the subject is the vital importance of securing every point that shows the slightest inclination to bleed. Much patience and perseverance are sometimes required for this part of the operation, but it is impossible to over-estimate its urgent necessity. The best ligatures to use in this situation are those made of carbolized catgut. They are, of course, cut off close to the knot.

(5) *Drainage of the Peritoneal Cavity.*—The only method of drainage now resorted to is that by means of a glass tube, the lower end of which rests in Douglas's cul de sac, while the other projects through the lower end of the wound in the abdominal wall.

The drainage tube may often be dispensed with, and the operator will always be glad to omit its use when he feels that he can do so with safety. In cases where there is any prospect of extensive effusion, especially if there is reason to fear oozing of blood, the drainage tube is *indispensable*. It was first used by the late Professor Peaslee, but at least one fundamental alteration has recently been made in his method of using it. Peaslee kept a plug of carbolized cotton in the mouth of the tube, and he removed this from time to time and allowed the accumulated effusions to escape. Now the effusions are not permitted to accumulate, the mouth of the tube is always kept free, and the effusions are provided for by the application of a large soft carbolized sponge over the end of the tube. The sponge is enveloped in a sheet of rubber cloth which has a hole in its centre through which the end of the drainage tube projects. The fluids are thus caught in the sponge, and at stated intervals the nurse unfolds the rubber sheeting and replaces the saturated sponge with a clean one. In this way the fluids are got rid of as soon as secreted, and at the same time their quality and constitution afford valuable information to the surgeon. Just as soon as all appearance of effusion has ceased the tube may be removed

and the opening closed with a hare-lip suture. This will sometimes occur as early as the fourth or fifth day.

If the discharge from the tube presents any signs of becoming purulent the peritoneal cavity may be washed out with a weak solution of carbolic acid and common salt, a drop or two of the former and five grains of the latter to a pint of water at a temperature of 100° Fahrenheit. This is an expedient which, in my experience, never fails to afford material relief and comfort to the patient.—*Walsh's Retrospect.*

EMMET'S OPERATION FOR LACERATION OF THE CERVIX.

At a meeting of the Obstetrical Society, of London, March 1st, the President, J. Matthews Duncan, in the chair, Dr. W. S. Playfair read a paper on the above subject, in which he spoke very favourably of the operation, and paid a high tribute to Dr. Emmet for introducing such a great improvement in gynecology. In a somewhat lengthy discussion which followed, some spoke rather disparagingly about the so-called improvement, others gave it *faint* praise, and a few (notably the President and Dr. Sharp) exhibited a lamentable and inexcusable ignorance of the subject which appears very remarkable to us on this Continent. We have a right to expect that men so distinguished, and holding such high positions in the medical world, as the gynecologists referred to, should, before discussing an operation of such importance, attain an exact knowledge of what they are talking about.

Dr. Savage (*British Medical Journal*), said Dr. Playfair proceeded on principles directly opposed to those of Dr. Emmet, who insisted that the operation should not be performed when there was any sign of disease in the cervix. The American School professed to believe that every disease (none excluded) incidental to the uterus might be, and generally was, the direct consequence of a cervical laceration. The English School disbelieved this on good grounds. The diseases alluded to in Dr. Playfair's paper could be seen in their entirety through an ordinary Ferguson's speculum. To

apply to them Emmet's operation, which was admittedly not seldom followed by pelvic mischief, would be an act of extreme folly. Ectropion, not ectropion, according to Emmet, was the common result of the lacerations.

After several members had expressed their opinions on the subject, the President said he could not concur in thinking tracheloraphy one of the greatest advances in modern gynaecology. It might be an advance, but, admitting all that was said about it, it was a very small affair, compared with the triumphs of laparotomy, shown by Dr. Bantock, and Mr. Thornton. A split condition of the cervix was said to be attended with Protean symptoms and disorders. Not long ago, ulcerations, and then displacements, held the same position. He regarded all three as minor disorders, whose attempted cure was often the worst part of them. The Protean disorders were accompaniments, not consequences. Nevertheless, the cure of such lesions might be a valuable service to the patient. An ectropion which could only be shown by a special speculum, and special manipulations was an artificial ectropion. He did not regard the profession as having hitherto mistaken ectropion for so-called ulceration. Such cases, with, or without ectropion, were generally easily cured. In cases with hypertrophy a good old plan was the caustic potass. He believed that, if a new laceration were made by cutting out a bit of the cervix, cure would follow just as well as after tracheloraphy. The reference to the frequency with which the cervix was formerly divided as a means of cure was not a *jeu d'esprit*, but a weighty argument. He regarded tracheloraphy as at present *sub judice*, but was not impressed in its favour. He had not done it, but had seen the most exaggerated lacerations of the cervix interfere in no degree with health, comfort, or fertility.

Dr. Playfair, in closing the discussion, said he had carefully studied the writings of Thomas and Emmet, and thought that Dr. Sharp must have misunderstood their meaning. It was impossible not to see that Dr. Matthews Duncan was prejudiced against the operation; his remarks showed that he was not familiar with the use of the duck-bill speculum and tenaculum in these cases. The tenaculum was not used to pro-

duce ectropion, but to draw the lips together. He thought that when Dr. Duncan had fairly and impartially studied the subject, he would alter his opinion. This operation was, of course, not to be compared with those to which Dr. Duncan had referred; but, if it were the fact that there were hundreds of women leading lives of constant suffering, who might be cured by this operation, then it deserved to be called a great improvement in gynaecology.

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BARNES ON ANTISEPTIC MIDWIFERY.—Dr. Barnes states that antiseptic treatment should be begun early. Indeed, with the conclusion of labour, the first great point is to secure firm contraction of the uterus. The pad and binder are useful. The compression exerted upon the abdomen and pelvis not only tends to promote uterine contraction, but it counteracts the aspiration or suction-force which tends to draw air, one of the factors of decomposition into the uterus. It opposes centripetal osmosis. The day after labour, it is useful to give an aperient. It commonly happens that in the effort of defecation, the uterus, compressed and sharing in the diastaltic action, expels a clot. It then contracts more effectually. The maintenance of contraction is efficiently aided by the action of oxytocics. Dr. Barnes always gives after every labour a mixture of quinine, ergot, and digitalis, three times daily, continued for two or three weeks. The effect in contracting the uterus is remarkable. It is shutting the gate in the face of the enemy. The next thing is to wash out the uterus. Plain tepid water may serve the purpose, but a solution of carbolic acid, 1 in 50, is better. This should be done once or twice a day from the second day. On the first day, there is little risk of absorption. Should there be the slightest rise of temperature and pulse, this intra-uterine injection is imperative. We ought not to refer to intra-uterine injections without reference to Harvey the Immortal, who thus cured a lady in imminent danger of septicæmia. Carbolic solution should be kept in the room. The catheter should be kept in it. If sponges are used they should be kept in the solution. It is probable that sulphurous acid may be found even better than carbolic acid as an antiseptic. Durochet,

in his investigations on osmosis, found that the slightest trace of sulphurous acid stopped osmosis. It may be used in the proportion of 1 in 40. Whilst taking care to exclude foul stuff from the genital canal, we must be careful to exclude foul air from the lungs and skin. When the sun shines, open the windows. At night, especially, a fire is often the condition of good ventilation. It is of the utmost importance to guard against chill or any check upon the due action of the skin, lungs, kidneys, and intestinal canal; that is, maintain in due working order the excretory organs. Dr. Goodell has insisted upon the draining of the uterus as a means of getting rid of noxious stuff. The principle is admirable. There is no doubt that, in the ordinary recumbent posture, blood and discharges are apt to collect in the lax uterus and vagina. Dr. Goodell recommends that the patient should at times be raised into the sitting posture to allow the fluid to drain off. Where a woman is strong, and after a few days, this plan may, perhaps, be adopted without disadvantage; but in the weakly subjects most prone to septicæmia, especially after hæmorrhage, sitting up has been followed by syncope and sudden death. If firm pressure be maintained upon the hypogastrium, and antiseptic irrigations be duly observed, drainage is secured. At the same time if the bed be properly made, so that the head and shoulders are kept at a slightly higher level than the pelvis, drainage will be fairly accomplished. The dorsal decubitus is more favourable to drainage than the lateral. An effective barrier against the ingestion of noxious stuff from the parturient canal, is to supply the system with healthy nutriment by the stomach. The more the system is supplied in this way, the less will it absorb from vicious sources. Dr. Oldham was one of the first to lead the revolt against the old fashion of starving on gruel during the first week; but it is easy to err in reaction. During the first two days, the system craves rest as well as food. Food that is not easily assimilable is apt to load the stomach, lying undigested or badly digested. As regards antiseptic midwifery in lying-in hospitals, the dangers gather round the patient in an accelerating ratio. If the history of many lying-

in hospitals could be fairly written, we should have a terrible record of lives sacrificed to ignorance, to reckless disregard of medical authority, to architectural folly, to maladministration, to scandalous experimentation of fanciful crotchets. Unreformed benevolence, overriding the practical benevolence of science, has always been prolific of disaster. Nowhere can it count more victims than in lying-in hospitals. The first imperative condition for the safety of women in lying-in hospitals is the absolute single authority of the physician. The description given by Dr. Fancourt Barnes of the system in force at the British Lying-in Hospital is a practical illustration of the rules necessary to secure safety. Every patient is delivered under the carbolic spray. This disinfects nurses and pupils who are assisting, and prevents the entrance of germs or foul matter into the genital track, at the moment when it is distended and opened by the passage of the child. All washings, syringings, and examinations, are done with carbolic solution. Carbolic spray of 1 in 80 is almost continually playing in each ward. To secure contraction of the uterus, each patient has a mixture of quinine, ergot, and opium, three times a day, for the first week. Since instituting the above practice, he rarely finds any rise of temperature during the lying-in. We may thus hope to see the day when women can be delivered in lying-in hospitals as safely as in home practice.—*London Medical Record.*

NITRITE OF AMYL AS AN ANTIDOTE FOR STRYCHNIA, AND FOR SUBDUING PUERPERAL CONVULSIONS.—In noticing the experiments of Messrs. Greville Williams, and Waters, on the antidotal action of " β lutidine," Dr. Robert Barnes, of St. George's Hospital, relates a case of strychnine poisoning. The administration of amyl nitrite by inhalation, whenever the twitching or facial expression indicated the onset of spasm, during sixteen hours carried the case to a successful termination. He also says he has saved several lives by utilising its spasm-subduing virtues in cases of Puerperal Convulsions, and regards it in such cases superior to chloroform.

HOURLY CONTRACTION OF THE UTERUS TREATED WITH NITRITE OF AMYL.

In the *British Medical Journal* for the 18th March, Dr. Farncourt Barnes, Physician to the British Lying-in-Hospital, relates a case of spasm of the *os internum* and Bandl's ring induced by the administration of ergot immediately after the birth of a child, and preventing the delivery of the placenta. Three drops of nitrite of amyl were administered by inhalation from a handkerchief, the spasm at once relaxed and delivery of the after-birth was readily effected. He quotes from the 3rd edition of Dr. Robert Barnes' work on *Obstetric Operations*. "We possess in ergot a great and dangerous power of augmenting the force of the uterus. We want an agent endowed with the opposite effect, that will control and suppress uterine action. I consulted Dr. Richardson on this point. He tells me the desired power exists in the nitrite of amyl. Three minims of this added to one drachm of ether taken by inhalation is the form he recommends. It does not produce unconsciousness; but it is an anæsthetic as well as a sedative of muscular action. It is the antidote or opposite force to ergot. In it we have the desiderated 'epechontocic agent.'" It is claimed that this is the first case of the practical application of this power.

BLISTERS IN YOUNG CHILDREN.—M. Archambault (*Journal de Méd. et de Chir. prat.*, Jan. 1882, p. 14.) points out that blisters should not be used as routine treatment in children, as they are always painful and often harmful. In a child of a year old, the blister should not be left on longer than one hour; at four or five years, four hours is enough. The blister should be covered with a piece of oiled silk paper. Blisters should never be applied to cachectic children or to those with a tendency to skin eruptions; but above all, blisters should be avoided in diphtheria and croup, and at the terminations of scarlatina, measles, &c., as he has often seen extensive ulcers so caused. Blisters should not be applied posteriorly or to parts exposed to pressure.—*Birmingham Medical Review*.

PROCIDENTIA OF GRAVID UTERUS.—In connection with the very interesting case of this kind, published by Dr. Ross in our present issue, we would draw the attention of our readers to the case published by Dr. Percy Boulton in the *British Medical Journal* for 11th March last, in which the womb became procident between the 3rd and 4th month of gestation, and could not be returned. "The foetus was carried to full term in the prolapsed uterus, "which reached down to the hamstrings," and was not unlike a cow's udder. Dr. Lowe, of Lynn, attended the patient, and saw the foetus and placenta pass straight from the uterus, without, of course, traversing the pelvis. The labour was short, easy, and quick." Dr. Boulton suggests the possibility of producing artificial prolapse in certain cases as an alternative for craniotomy.

PREVENTION OF LACERATION OF PERINEUM.—Dr. G. Hurd of St. Louis, Mo., holds that a sharply flexed and abducted condition of the thighs jeopardizes the safety of the perineum, during the passage of the child's head, and relates cases (*St. Louis Med. and Surg. J.*) in which rupture was apparently averted by extension of the mother's leg at the moment of perineal distension by the child's head.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR SIR,—I observe, in the last issue of the *Canada Lancet*, an article upon the recently constituted Ontario Board of Health, to which, with your permission, I desire briefly to refer.

I heartily join in the congratulations of the *Lancet* upon the fact that a step has been taken in the direction of progress, and that a Board of Health for Ontario has been established. We are all agreed as to the desirability of the measure, and are willing to acknowledge our indebtedness to the Government of the Province for the inauguration of legislation which, amplified, as it must be, under more enlightened views, will prove to be a great public benefit. For myself, as an entirely disinterested onlooker, I have only one regret to express. A

work such as that contemplated by the Act requires, for anything like complete success, at least one medical officer who would be prepared to devote all his time to the duties of his office. I venture the assertion that all the provisions of the Bill, even in its present shape, cannot be adequately met unless a secretary can be sufficiently remunerated to be satisfied to relinquish all other professional work. If this Board of Health is to accomplish a work whose beneficial effects will be as wide-spread as the limits of this Province itself, it will not do for the active officer of the Board to confine himself to the working out of only such details as he can manage without leaving the City of Toronto. He should be a man possessed of the ability to acquire a thorough acquaintance with all the various expedients that will tend to give effectiveness to the measure. Then he should have the authority to spend a large share of his time each year in visiting the various parts of the country, and presenting such information as will enlighten the general public upon all the important points that will naturally engage the attention of the Board.

With the present composition of the Board I am not inclined to find fault. It will be readily seen that, with the diverse and somewhat antagonistic elements that have been permitted to obtain in this Province, through previous medical legislation, a work of making a judicious, and at the same time a satisfactory selection has been no easy task. To my own mind, then, a difficult work has been accomplished with a fair regard to the qualifications necessary for such a position, and the various interests involved.

But your big brother of the *Lancet* could not wind up his otherwise fairly good article without his customary ill-natured allusion to the Chairman of the Board and his want of qualification for that position. I know of no more contemptibly mean man than he who, having the almost unlimited power which he wields through his own Journal, utilizes it by making a nasty personal attack upon his professional brother who happens, for the time being, to have been only a rival. Now, this is precisely the position of matters as between the Editor of the *Lancet* and Dr. Oldright. They both

happened to be applicants for this position. Judicious counsels prevailed in the present instance, the almost infinitely superior man of the two received the appointment; and the sorehead, with a degree of presumption which, I venture to say, could only find expression in the Editor of the *Lancet*, vents his malicious spleen upon his competitor in the contest by an unfounded reference to his incompetence which will not find an endorsement from a solitary individual acquainted with the character and attainments of both men. Will the Editor of the *Lancet* kindly inform your correspondent as to the grounds upon which he has been pleased to characterize the recently-appointed Chairman of the Board of Health as a "mere theorist," and so incompetent for the position as to materially jeopardize the chances of its usefulness? I have no doubt he is expressing his true inwardness when he volunteers the able suggestion, "*the selection of the Chairman does not meet with our approval.*" No one ever supposed for a moment that any other appointment than that of Dr. Fulton, would meet the approval of the distinguished, eminently practical Editor of the *Lancet*. Dr. Oldright needs no defence among his professional brethren in Toronto; and I should not have felt it necessary to utter a sentence in his behalf, but for the possible effect of this scurrilous article where he is not so well known to the profession, and the feeling of distrust it may arouse in the minds of some as to the ultimate success of the measure. He has now been pursuing his profession for some sixteen years and with a degree of success in all directions that will not only bear favourable comparison with that of the Editor of the *Lancet*, but can be demonstrated to be far superior. In addition to this, it is only just to him to say that the special direction which his labours have taken for the last nine years has been such as to eminently qualify him for a career of great usefulness in the sphere to which he has been recently appointed. If the Government could have seen their way clearly to offering sufficient inducements to one professional officer to encourage him to abandon regular professional work, Dr. Oldright is, in my humble judgement, one of the best men eligible to-day for the appoint-

ment. If he is anything, he is a most decidedly practical man. That he is practical needs no better evidence than the fact that he has proved himself to be a successful practitioner.

“Oh, wad some power the giftie gie us,
To see oursels as ithers see us,
It wad frae mony a blunder free us,
And foolish notion !”

I commend the above suggestive lines of Scotland's noblest bard to the earnest consideration of the *Lancet*, with the strongest assurance that the steady adoption of the principle so quaintly, but beautifully, expressed, would prove to him and to all of us a valuable guide to future action.

What a pity that men of culture should be so absorbed in self, that they cannot see anything in their neighbours but inaptitude and imperfection, while they are continually behaving in a way which indicates that their own impression is that, without their individuality the world would be a vast howling wilderness! The Editor of the *Lancet*, as often as opportunity offers, and somewhat oftener, while he is unscrupulous upon some points of medical ethics himself, does not hesitate to hold up to public derision, and scandalize every professional brother who crosses his path, even though it be only in honourable rivalry. This may be pardonable in the political arena, or among those who are recognised as pot-house politicians, but it is decidedly beneath the dignity of a member of the noble profession to which we belong, and I would fain hope there are few of us who would descend to the methods systematically adopted by the *Lancet*, in order to bring discredit upon our professional brethren.

Yours very truly,

JUNIUS.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Since the editorial concerning consultation with Homœopaths appeared in your columns, and since the *Lancet* took up the gauntlet in behalf of the Homœopaths, no less than three different occasions have been brought to my notice, upon which the prominent medical man of this city, mentioned by you, has met homœopathic physicians in consultation. Upon each of these three occasions he was called upon to sew up ruptured perinæa

(a fact which speaks highly of the homœopathic obstetric procedure.) Formerly I had been unwilling to believe it possible that such rumours could actually be true, but the opinion lately expressed in the recent editorial of the *Lancet* upon this subject, renders it too probable that the stories are at least founded on fact. And the sorrowful spectacle is presented to us of a teacher, an aspirant to surgical fame and one who seeks to be a leader of medical thought in this province, openly casting aside the wise restraints imposed upon us by our code of medical ethics and endeavouring to fortify his action by such specious and flimsy arguments as the following: That he meets these dogmatists for diagnostic purposes only—no question of treatment having arisen—for surgical purposes only—in which case he did not meet the homœopath, but treated the case surgically, the homœopathic treatment proceeding concurrently with the surgical attendance; and lastly (the sop to the general profession) that his desire and aim is to crush out homœopathy from our midst. Are the homœopaths whom he so suavely and considerately meets in consultation aware of the sinister intentions concealed beneath the courteous exterior of their surgical consultant? Or has he other smooth arguments to pacify the feelings of resentment that may be stirred in their homœopathic breasts? Or perhaps, the homœopaths take a more *practical* view of the question, (for their surgeon is a *practical* man or he is nothing) and look upon the meeting in the light of a business transaction. Having found a man of convenient morality, who is willing to perform services, which they are themselves unable or unwilling to perform, they agree to accept such service for a consideration.

I am truly sorry for the editor of the *Lancet*, for he is doomed to disappointment; ambitious of the high reputation of a surgeon, he will not find the experience gathered in the practice of his homœopathic friends sufficient to compensate for that which he will lose by such association, and he will realise too late, that the fame upon which he had set his heart has passed beyond his grasp.

NOTANDI SUNT TIBI MORES.

THE CANADIAN
Journal of Medical Science,

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

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MAY, 1882.

FREEDOM OF CONSULTATIONS.

The *New York Medical Record*, in its issues of 8th and 22nd April, contains two very specious and *ad captandum* editorials on the above subject, and in defence of the new code of ethics recently promulgated by the New York State Society. The articles afford from beginning to end a rather startling illustration (in view of its source) of the form of argument known as *petitio principii*, and we should not feel called upon to direct attention to them at all had it not been that in a recent issue of the *Canada Lancet*, indications of a somewhat similar tendency were manifest. As an offset to these pernicious publications we have thrown together at random certain expressions of more orthodox views by various American Journals and herewith present them for the edification and encouragement of our readers. Amongst the American Journals the *Record* stands almost alone in its advocacy of the new departure, and we regret to say, judging by its last issue, seems to glory in its shame. In our last two numbers besides expressing our own views upon the subject we have cited the comments of various portions of the Press, but have not presumed to suggest a reason for the anomalous and unaccountable action of the State Society. The opinion that the motives were purely mercenary has, however, been pretty freely expressed as witnesseth the *Medical News* of April 22nd: "It becomes more and more evident that the great body of the medical profession in the City and State of New York, not consulted, and not recording their opinions, continue, as they have been, opposed

to the surrender of professional honour, and that the real leaders are a number of specialists whose interests are promoted by the withdrawal of all restrictions on consultations."

"We do not believe in violent denunciation of any honestly believing man; but we do maintain that there must of necessity be a right and a wrong to every question. If one man says, 'You give too much medicine in every case; your doses are too large, and you reason from fallacious grounds,' while his opponent answers, 'your doses are ridiculously small and cannot have any appreciable effect,' one or the other must be wrong. It would be equally '*compounding a social felony*' for the conscientious homœopath to consult with the strictly scientific physician, as it would be to reverse the case. Such legislation as the New York State Medical Society has seen fit to pass can remove the penalty from this wrong-doing; it can give the sanction of professional law to this social wrong; but it cannot remove nor disguise the self-evident fact, that when the conscientious believer in our principles and doctrines consents to meet at the bedside one whose belief and whose prospective methods of treatment he honestly considers to be useless or worse than useless, he is doing a social and moral wrong, he is sacrificing his conscience, and in doing so, is fully under the impression that he is doing his patient an irreparable injury. This action on the part of an influential society has opened the ethical door, through which many easy-going consciences can pass; but let us hope that the better portion of the profession will, as they always hitherto have, regard it honestly impossible to professionally meet those whose methods of curing disease they consider fallacious and invaluable. Liberality of belief, and tolerance of those who may differ from us in anything, is commendable, but conscience must never be sacrificed."—*Phila. Med. and Surg. Journal*.

"In regard to the question of consultation with the representatives of homœopathy, the distinguished and learned author uses the following emphatic language: 'Every impulse of a legitimate professional pride; every sentiment of fraternal allegiance; every feeling of self-respect; and every principle of honor, im-

pel us to refuse professional association with such a system, and to hold professional relations with such men."—*Dr. Palmer, University of Michigan.*

"Much space has been given to this review, yet when prominent leaders and officers in the American Medical Army have not only dishonoured their own flag by trailing it in the dust, but, like the Hessians (despised by all honorable soldiers) are willing to do service with an alien flag, for pay, it is time to draw attention to such facts.

"Of course any one has the right to be a Hessian, but he must concede the right of others to point him out and to denounce him as he deserves. And the Hessians are all alike; their banner inscription is 'Not Principles, but Pay.' And when a regular physician undertakes a so-called 'consultation' with a homœopath, wherein there can not be either honourable agreement, or honourable compromise, such an act is a fraud upon the Profession, and absolutely a fraud upon the patient. For any one to accept remuneration for co-ordinate service when such service has not been co-ordinate, and can not be, is, in plain English, a deception; and such a deception is a fraud. Every one so acting should have pinned upon him, by the Press and by the Profession, the inscription on the Hessian's flag: 'Not Principles, but Pay.'"—*American Medical Weekly.*

The *Chicago Medical Journal and Examiner* says, "The action of the New York Society was exceedingly ill-timed, because it was taken when it was apparent to every well-informed observer, that the followers of Hahnemann were rapidly abandoning their adherence to the distinctive features of homœopathy, and in numerous instances dropping their distinctive name; and it only required the maintainance of an unbroken adherence to the time-honoured and just ethical rule that no one can be considered a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, to have substantially banished the name of homœopath before the end of another generation." And again, "Here is the fundamental error of all the advocates of the so-called liberal policy of the

New York revisors. Instead of recognising the all-important fact that the medical science of the present day is neither a creed nor a bundle of dogmas, but all that part of the domain of general science that relates to a knowledge of the structure and functions of the human body in health and disease, and of those agents and influences capable of modifying such structures and functions, they are constantly using expressions countenancing the public error that legitimate medicine is only one of numerous systems, schools or creeds. They seem to forget that legitimate medicine is inherently and necessarily liberal, neither knowing nor recognising creeds, sects, or isms. * * * * Their position is untenable in every aspect in which it can be viewed, and is not sustained by the action of any other respectable body of medical men in Europe or America."

The *Record* asserts that those who have expressed opinions opposite to its own in this matter are not the leaders of professional opinion in the parts where they reside. Without caring to deprive it of the application of this flattering unctious to its soul, we mildly commend to its attention the statements of another contemporary, that "the profession will be true to its leaders, but only so long as they are true to their colours."

For ourselves, *noscitur a sociis* is a time-honoured and time-vindicated maxim, and we are satisfied to regard those who associate with Homœopaths, Eclectics, and other Irregulars as men of the same stripe, cast in the same mental and moral mould. Birds of a feather flock together and aliens are driven out; just upon the same law of kindred association "a man is known by the company he keeps," and those who are not of his kidney shun his contact, and purge themselves of his offending presence.

Mr. Jas. Shuter, M.A., LL.B., and M.B., Cantab., F.R.C.S., has been elected Assistant Surgeon to St. Bartholomew's Hospital. The surgical staff now stands, Surgeons: Messrs. Savory, T. Smith, Willet, Langton, and Baker; Assistant Surgeons: Messrs. Marsh, Butlin, Walsham, Cripps, and Shuter—a double surgical quinquenvirate probably without an equal in any hospital staff.

MEDICAL COUNCIL EXAMINATIONS.

As the appointment of a Central Examining Board by the Ontario Medical Council is the most important and useful feature connected with that body, it becomes a matter of interest to consider the character of the examination held by this Board. It gives us much pleasure to bear testimony to the fact that the recent Council Examination was conducted in the most thorough and impartial manner. The primary (entirely oral) was thoroughly practical, and at the same time perfectly fair. The arrangements, under the management of the indefatigable Registrar, were very complete. The four examiners occupied the four corners of the Council Hall, and four candidates were examined at the same time, fifteen minutes being allowed for each subject. As the candidate finished at one table he passed on to the next. An improved feature of this year's final examination was an oral given to all, in addition to the written. The object was to make this as practical as possible, especially in medicine and surgery. Of course, an oral may be quite as unpractical as the written; but, in this instance, the examination was as practical in medicine and midwifery as it is possible to make it without taking the students to a hospital. It was, perhaps, not so practical in surgery. Although the oral is not popular with the students, still, there is no doubt, it is the best means of finding out exactly what the candidate knows in a practical way. The mere bookworm who has obtained some knowledge of his subject, but is unable to apply it with ordinary judgment, is at once discovered.

The urgent requirements in our medical schools at the present day are work in the laboratories, dissecting rooms, *post-mortem* rooms, systematic and continuous bedside teaching, as well as the ordinary clinical lectures, a complete system of appointing surgical dressers and clinical clerks, and compelling them to perform their duties properly, and keep a correct record of all their cases. The facilities for all these are at our command, but the difficulty is to make the students pay sufficient attention to these all-important matters. In the past some, even though deluged by oceans of advice, have sadly neglected them.

Some have worked in a half-hearted way, and others have improved all their opportunities of gaining practical knowledge. The last-named are undoubtedly the only ones fit to engage at once in actual practice, but at a purely written and unpractical examination they are frequently, if not generally, beaten by the book-worms. It will probably be generally admitted that our examinations were formerly very defective, as far as giving any encouragement to practical work is concerned, and it is at the same time well known that a vast improvement in this respect has taken place during the last few years.

It is only just to the Council to affirm that it has fully appreciated these facts, and for some years has honestly endeavoured to improve the character of its examinations; and the result is that the examination just completed has, taken altogether, been the most thorough and practical ever held in this country. The students, who are very quick to discern the signs of the times, have been forced to a more wise course in pursuing their studies, and, as a consequence, have done more and better work in their laboratories, dissecting rooms, and hospitals during the past winter than ever before, and we venture to hope that the result will be a smaller number of *vacancies* in the list of the "passed." We, of course, fully appreciate the value of reading, but simply insist that a man cannot acquire a proper knowledge of our profession, with all its details, from books alone.

Canadian doctors take great interest in politics, and are largely represented in the various Parliaments. There are six physicians in the Dominion Senate, and sixteen in the House of Commons, ten in the Local Parliament of Ontario, ten in Quebec, three in Nova Scotia, two in New Brunswick, and two in Manitoba. They are also largely represented in Municipal Councils.

Dr. Oldright, chairman, and Dr. Cassidy, a member of the Provincial Board of Health, attended the State Sanitary Convention held in Greenville, Michigan, in April.

Dr. P. H. Bryce, of Guelph, has been appointed Secretary to the Ontario Board of Health.

RESULTS OF EXAMINATIONS.

TORONTO SCHOOL OF MEDICINE:—The fourth year prize was awarded to J. T. Duncan, Goderich; third year scholarship, W. J. Robinson, Fergus; second year, R. Hearn, Ottawa; first year, Leaming Carr.

TRINITY MEDICAL SCHOOL:—Final: W. H. Macdonald, gold medallist; A. C. Gaviller, 1st silver medallist; A. D. Smith, 2nd silver medallist. Certificates of honour were awarded to Messrs. Bonnar, Cameron, Graham, Hanbridge, J. M. Johnston, J. Johnston, McCausland, and Sutherland. Primary Scholarship: J. E. Jenner and E. H. Williams (equal). Bapctic Prize: E. H. Williams. Materia Medica prize: B. H. Scott.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON:—Final: passed, R. S. Anglin, Kingston; J. Denike, Belleville; A. Monde, Almonte; H. N. McDonald, Lake Ainslie, C. B. Primary: C. Clancy, L. T. Davis, G. H. McGhie, D. C. Hickey, R. Smith, A. J. Grange. Messrs. F. Kidd and W. J. Young have been appointed House Surgeons for next year.

MCGILL UNIVERSITY, MEDICAL DEPARTMENT, MONTREAL:—Final, passed: Charles O'Bunn, Ben. W. Burland, Lorne Campbell, Angus M. Cattnach, Edmund Christie, W. C. Cousins, Wm. J. Derby, W. T. Duncan, O. H. A. Dunlop, Rankin Dawson, B.A., Hugh Gale, James A. Grant, B.A., B. F. W. Hardman, R. F. Klock, R. K. C. McCorkill, A. R. McDonald, F. N. McLean, W. J. Musgrove, H. V. Ogden, B.A., T. J. P. O'Brien, Henry O'Keefe, Clarendon Rutherford, Alex. Shaw, E. W. Smith, B.A., W. E. Thompson, H. W. Thornton, B.A. Primary, passed: J. L. Addison, G. Carruthers, L. G. Cook, T. B. Davies, J. A. Duncan, E. A. Elderkin, Hugh Gale, C. E. Gooding, G. A. Graham, W. G. Henry, J. R. Johnson, W. G. Johnston, Ovide Martel, J. C. Meahan, J. J. Maher, John Menzies, N. J. McDonald, J. P. McIvernay, Isaac W. McLean, B.A., J. W. McLean, Arch. McLeod, B.A., A. McNeill, W. M. Nelson, S. S. C. Phippen, Wm. Porteous, W. S. Renner, W. K. Ross, George B. Rowell, E. H. Smith, Herbert E. Smyth, Felix. D. Walker, S. F. Wilson, B.A., E. S. Wood. The Holmes

medal was awarded to R. J. B. Howard, B.A., Montreal. Prize for final: H. V. Ogden, B.A., St. Catharines. Primary prize: Geo. A. Graham, Hamilton; Sutherland Gold medal: W. G. Johnston. Morrice scholarship in Physiology: W. G. Johnston. Botany prize: Edwin G. Wood. Practical Anatomy prize: George Carruthers.

BISHOP'S COLLEGE, MEDICAL DEPARTMENT.—

Final, passed: Heber Bishop, B.A., N. C. Smilie, J. W. Cameron, W. D. M. Bell, G. A. Balcom, Walter Prendergast. Primary, passed: J. B. Saunders, J. A. Caswell, G. A. Balcom, E. Sirois, W. D. M. Bell, W. Prendergast.

UNIVERSITY OF VICTORIA COLLEGE:—Final, passed: W. H. Aikins, B.A., Toronto; R. J. F. Burton, Warkworth; J. Campbell, Wingham; J. T. Carroll, Marsville; G. W. Clendenan, Jordan; M. K. Colver, Wellandport; R. M. Coulter, Richmond Hill; M. R. Elliott, Goderich; H. P. Jackson, Simcoe; W. J. Kellow, Tara; Elgin Laws, St. Catharines; W. G. S. McDonald; W. H. Montague, Dunnville; S. R. Rogers, Cedarville; David Rose, Port Ryerse; W. A. Ross, Barrie; J. B. Whitely, Goderich; J. W. Willmot, Richmond Hill. Primary, passed: D. Campbell, Port Perry; F. E. Case; C. E. Cochrane, Colborne; C. M. Foster, Jamaica; E. M. Hewish, Heathcote; W. Jaques, Jarvis; Wm. Kennedy, Toronto; L. G. Langstaff, Langstaff; S. E. C. McDowell, Bowmanville; Alex. Sangster, Port Perry; Miss A. Stowe, Toronto.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The following gentlemen passed the Primary Examination of the College of Physicians and Surgeons of Ontario: J. L. Addison, W. G. Anglin, James Bray, J. W. Clerke, John Cryan, Wm. Cuthbertson, W. H. Carleton, Duncan Campbell, A. P. Cornell, H. R. Casgrain, W. F. Dickson, J. G. Davidson, F. P. Drake, W. F. Freeman, R. W. Fraser, G. A. Graham, J. B. Gullen, J. E. Hansler, R. Hearn, A. J. Henwood, Wm. Jacques, J. M. Johnston, J. F. Kidd, F. D. Kent, L. G. Langstaff, T. D. Meikle, John Menzies, A. F. McKenzie, S. W. McConachie, Archibald McMurchy, E. B. O'Reilly, L. C. Prevost, T. H. Robinson, J. W. Ray, W. A. Ross, James Spence, Alex. Sangster, W. F. Shaw, Miss Augusta Stowe, F. H. Sawers, A.

D. Thompson, A. D. Watson, J. B. Whitely; E. R. Woods, J. D. Wilson, P. C. Walmsley. *Final*: Frank Bentley, Lafayette Bentley, T. G. Brereton, James Baugh, J. C. Burt, Wm. Bonnar, G. S. Beck, J. F. Bell, E. E. Book, Wm. Brett, E. Bedard, G. W. Clendenan, A. Cameron, G. S. Cleland, A. P. Cornell, R. M. Coulter, W. J. Charlton, L. E. Day, G. C. Dowsey, J. T. Duncan, C. R. Dickson, J. G. Davidson, W. F. Eastwood, Ira A. Freel, R. M. Fisher, A. C. Gaviller, R. W. Garrett, Wm. Gilpin, Wm. Hanbridge, A. J. Henwood, D. A. Johnston, J. M. Johnston, W. H. Johnson, C. E. Jarvis, James Lafferty, J. G. Menie, T. M. Milroy, M. McPhoden, H. P. McCausland, H. R. McGill, T. F. McMahan, J. F. O'Keefe, L. C. Prevost, S. R. Rogers, D. B. Rutherford, David Rose, B. L. Riordan, H. H. Reeve, T. J. Symington, J. E. Shore, A. D. Smith, Alex. Stark, J. M. Stewart, W. F. Shaw, T. H. Stark, E. D. Vanderwort, R. R. Wallace, A. B. Welford, C. A. Weagant.

SUIT FOR MALPRACTICE.

This was an action brought against Dr. Wm. Brock, of Bismarck, by a Mr. Malcolm, and was tried at St. Thomas, April 7th. The particulars are as follows: The plaintiff received an injury to the shoulder, and went at once to Dr. Brock for treatment. The Dr. pronounced it a severe bruise; said there was no displacement, and had the patient under observation about five weeks. At the expiration of this period, the man being very anxious about his shoulder, on account of the severe pain he experienced, consulted two other physicians separately, both of whom told him there was a dislocation. A short time after this (about eight weeks after the receipt of the injury) he went to the hospital in London, when the surgeons recognised a dislocation, and made an attempt to reduce it, but without success.

At the trial three surgeons subpoenaed by the plaintiff, Dr. Tye, of Chatham (formerly Thamesville), and the two local doctors who first saw patient after defendant had treated him, agreed in saying there was a subcoracoid dislocation of the humerus, so well marked as to leave no shadow of doubt in their minds. The

defendant stated there was no dislocation, and had been none since the injury. It came out in evidence, however, that he had on two different occasions tried extension with the heel in the axilla, with the intention, he said, of *stretching the nerves and thereby lessening the pain*. The other doctors called on behalf of the defence were not put in the witness box. The jury returned a verdict for the plaintiff with damages, \$900.

There was no attempt to show any negligence on the part of the defendant, but simply want of skill. There can be no doubt that he committed a grave error in judgment, and, while he was doing his best for his patient, the price demanded for his error appears to us very high. While we sympathize with Dr. Brock, who, during his practice of eight years, has always been careful and painstaking, we hope that he and others will learn from the result of this unfortunate case the great importance of insisting on consultations in all cases of injury at or near the joints where the symptoms are at all severe or obscure. Unfortunately, some medical men, with a perversity which is entirely inexplicable, as well as inexcusable, persistently object to consultations. Such conduct is both unjust and impolitic: unjust, because it deprives the patient of the advantages which may accrue: impolitic, because it throws on the surgeon's shoulders the full responsibility of any mishaps which may arise

DOES IT PAY?

Our readers are probably tired of seeing our reiterated protests on the subject of "newspaper offences against the profession," and would, perhaps, be glad to give up the crusade in disgust, for many think, "*Le jeu ne vaut pas la chandelle*." However, we do not despair, for doubtless, like other hydraheaded monsters, this too, can be exterminated by courage and perseverance. Where the perception of ethical niceties is blunt, and the regard for other people's feelings callous, it is generally found that the nerve supplying the pocket is peculiarly sensitive, and accordingly we appeal to recalcitrant newspaper men through this channel of communication, and enquire, "Does

it really pay?" The Chatham papers recently afford some instances of bad taste, and short-sighted policy in this respect; and the Editor of the *Planet* says, in commenting upon a letter to his paper on "Too much puff." "If the item comes from sources outside the passive and active partners of the amputation, then the reporter is free to use his own judgment as to the propriety of publication, and the local news-hunter of 1882, is the last man in the world to sacrifice his item, gained after a long chase, on the altar of medical etiquette, even under the august image of Esculapius." We subjoin two disgusting samples of Chatham news-hunters' judgment:—

"DO READ THIS.—Two cases of small-pox, between Comber and Stoney Point, and early in the week, the man who brought the news, very wisely received vaccination at the hands of Dr. Holmes. Go thou and do likewise."

"A MODERN MIRACLE.—Dr. Sievewright performed a very remarkable operation on Mr. Antoine, of Munceytown, who had been stone blind for nine months. Under the doctor's skilful operating hands, the unfortunate has regained heaven's greatest physical blessing—sight."

And we ask the editor to tell us candidly if he can afford to sacrifice the good opinion and the good-will of the profession for any profit to be derived from such "perilous stuff." The general reader cannot positively care for, or take an active interest in such intellectual pabulum as this; and it can only prove distasteful and irritating to the professional portion of the community. The answer to the question must, therefore, be, "It does not pay;" and accordingly, on pure business principles, if for no higher reasons, the practice should be abandoned. If some newspaper men are so obtuse as to fail altogether to see the matter in this light, then we hold it to be the duty of medical practitioners, not only to themselves but to the profession also, to put the proposition in concrete terms and discountenance those journals, both personally and through their friends, which persist in defying and doing violence to a well recognized and honourable *esprit de corps*.

MANUFACTURING DOCTORS.

They are manufacturing more doctors in the United States, in proportion to the population, than any country in the world. Perhaps, one of the chief reasons is the fact that it is there such an easy matter to acquire the license to practice. In many quarters, they require little or no preliminary training, a very short time of attendance on lectures, and then put the candidate through the farce of what is called an examination, after which they send him forth to the world as a fully-fledged Doctor of Medicine—a member of the *regular profession*, which we are pleased to hold in high esteem.

We have a good example of these rapidly grinding mills in the city of Detroit, where a young man can matriculate, attend one course of lectures, *pass*, and go out a fully-licensed practitioner, although possessing only that diminutive amount of knowledge which is really more dangerous than simple ignorance. It is true that this institution, which has the assurance to class itself among the respectable teaching bodies of the country, pretends to require attendance on two courses of lectures, and yet we know that it has given its diploma to men who have not shown tickets for attendance on more than one course of lectures in any branch of medicine. It must be some what discouraging to the respectable Medical Institutions of New York, Boston, Philadelphia, and other cities, to be placed on a level, as far as the power of granting degrees is concerned, with any such school as the one referred to. Under the circumstances we can hardly wonder at the comparative success of outsiders practising in the State of Michigan, as it must be easy to win in the race with men who must of necessity be sadly deficient in ordinary mental culture and scientific medical training.

In Ontario, nothing so disgraceful can occur, thanks to those who established the Medical Council as it is at present constituted. It gives us what many in the United States would like, a Central Examining Board; and we should never lose sight of this important fact, while called upon too frequently to criticize many imperfections and stupid mistakes in the past history of the Council's proceedings.

DEATH FROM A DRUGGIST'S MISTAKE.

Richard Wanless, aged 16, a druggist's clerk, was tried at Walkerton, April 12th, for manslaughter. It was supposed that, in making up a prescription for Mrs. Moore (written by Dr. Smith), he made the mistake of substituting prussic acid for hydrobromic acid, and the prussic acid had caused the death of the woman. Although the case appeared very clear, the prisoner was released on a technical point arising out of the fact, that no *post-mortem* examination had been made, and consequently there was no evidence to prove positively the cause of death. His Lordship the Judge, while withdrawing the case from the jury, remarked that he felt there was rather a lamentable failure of justice.

The case is a very sad one in every respect, and teaches us the alarming fact, that the lives of our citizens in some places are continuously imperilled by the loose and careless way in which drug stores are managed. The evidence at this trial showed almost (if not quite) criminal neglect on the part of the proprietor of the drug store. In the first place, there was not proper care taken in separating and distinguishing the poisonous from the comparatively harmless drugs, either by conspicuous labels, or peculiar colour or shape of bottles; in the second place, an opportunity was afforded a lad, ignorant of the properties of the medicines he was handling, to deal out deadly poisons to any one who might call for them, notwithstanding the fact that he was *several times* forbidden to make up prescriptions during his employer's absence.

THE SPLENIC PULSE.—From Dr. Roy's late observations "it appears (*Brit. Med. J.*) that normally (in cats and dogs at least) the spleen alternately contracts and expands with great regularity, presenting systolic and diastolic phases about once a minute, and that it thus carries on its own circulation, independently of the general blood pressure." Dr. Roy's paper is to be found in the *Journal of Physiology*, vol. iii. No. 3.

SENATE ELECTION, UNIVERSITY OF TORONTO.—The voting papers will be opened, May 3rd. The candidates are William Oldright, M.A., M.D., John Boyd, M.A., B.C.L., John Galbraith, M.A., C.E., and William Houston, M.A., three of whom are to be elected.

ECHINOCOCCUS DISEASE.—We desire to ask our readers who have met with or who know of instances of hydatid disease occurring in Ontario, if they will kindly forward to us without delay references to, or particulars of such cases.

THE MEDICAL ASSOCIATION OF ONTARIO.—The second meeting of the Ontario Medical Association will be held in Toronto, on Wednesday, June 6th.

PERSONAL

Dr. Tye, of Thamesville, has moved to Chatham.

Dr. J. H. Duncan, of Seaforth, takes Dr. Tye's place in Thamesville.

Dr. John Campbell, of Seaforth, Ont., has been admitted L.R.C.P., Edinburgh.

Dr. Sheard, of Toronto, sailed for England in April, and expects to be away some months.

A new museum is to be built for the University of Michigan at a cost of \$60,000.

Dr. D. J. Cunningham has left Edinburgh to become Professor of Anatomy to the Royal College of Surgeons in Ireland.

Sir Edward Burrowes Sinclair, King's Professor of Midwifery in Trinity College, Dublin, died on 24th March, aged 57.

The death of Sir Wyville Thompson, LL.D., Professor of Natural History in the University of Edinburgh, is announced.

Dr. J. E. Graham, of Toronto, sails for Europe, May 4th. He expects to spend a few months in London and Leipzig or Vienna.

The late Dr. Pancoast, of Philadelphia, was worth a million dollars. His favourite amusement was playing checkers.

There were two female students at the Philadelphia College of Pharmacy during the past session.

Mr. E. Ray Lankester, M.A., F.R.S., of University College, London, has been elected

to fill the vacancy created by Sir Wyville Thompson's resignation and death.

Dr. G. W. Balfour, in March last, severed his connection with the Royal Infirmary of Edinburgh. Dr. Wyllie, the Senior Assistant Physician, succeeds him.

The late Mr. John Jones of Piccadilly, London, has left by his will, a quarter million dollars to the Royal National Hospital for Consumption, Ventnor, Isle of Wight.

Of the fifty-six professors of Harvard College, forty-three are graduates of Harvard—a notable instance of an Alma Mater appreciating her own children.

Hermann Von Schlagintweit, the celebrated naturalist and traveller, who died on the 19th January, bequeathed his skull and brain to the Anatomical Institute, at Munich.

We inadvertently omitted to state in our February number that Drs. W. C. Edmondson and W. H. Aikins, from the Toronto School of Medicine, had each received the L.R.C.P., Lond.

At the recent examinations (trial), a candidate was asked the meaning of "Entropion," and caused an *audible* smile in the examiner by his answer:—"Excessive and insane desire for sexual intercourse."

Mr. Henry Montgomery, M. A., B.Sc., Lecturer on Botany and Zoology, Toronto School of Medicine, is at present engaged at practical work in Johns Hopkins' University, Baltimore.

Dr. John S. Billings, in speaking of the late International Medical Congress held at London, says; "Although the great Congress is gone, it is not like a flame blown out, but like a handful of seeds scattered."

Dr. Covernton, of Toronto, and Dr. Yeomans, of Mount Forest, members of the Provincial Board of Health, have been engaged during the latter part of April in investigating the causes of the typhoid epidemic in Sarnia. We have not yet heard their report.

Commendatore Corrado Tommasi Crudeli, has been appointed Professor of Experimental Hygiene and Director of the Corresponding Department in the University of Rome. Dr. Marchiafava has been appointed to the Chair of Pathological Anatomy thus vacated.

Dr. Samuel D. Gross, for twenty-six years Professor of Surgery at the Jefferson Medical College, has resigned: cause, infirmities of advancing age, which is seventy-seven. He has been elected Emeritus Professor of Surgery in the same college, and the work he has done will be divided between his son, Dr. Samuel W. Gross, and Dr. John H. Brinton.

Dr. E. C. Spitzka, of New York, was elected President of the New York Neurological Society on 4th April. This selection is generally regarded as a professional denunciation of the unjust and ungenerous treatment suffered by this distinguished scientist in the Guiteau trial.

Obituaries.

FREDERICK H. WRIGHT, M.B.,
L.R.C.P., LOND.

Dr. Fred. Wright was one of the best known among our young physicians in Ontario, and his sad death, at so early an age, will be a matter of the deepest regret to a large portion of our readers who were personally acquainted with him. He was the eldest son of Dr. H. H. Wright, born at Markham, in 1849, being 33 years of age at the time of his death. He received his preliminary education in the old Toronto Grammar School, and Upper Canada College; commenced the study of medicine in the fall of 1868, in the Toronto School of Medicine, and graduated in Toronto University in 1872, passing the Ontario Medical Council the same year. During his undergraduate course he spent much of his time in his father's office, and was also engaged for a time in Prof. Croft's Chemical Laboratory. After spending the summer of 1871 in New York, visiting the various Hospitals and Dispensaries of that city he went to England in the summer of 1872, and remained in London for more than two years attending the different Hospitals, but principally St. Thomas's where he was a great favourite with many of the teachers, especially Dr. Peacock. While attending St. Thomas's he passed his examination before the College of Physicians, London. A vacancy in the resident staff having occurred in the Hospital for Diseases of the Chest, Victoria Park, East London, he was appointed to the position, chiefly through

the influence of Dr. Peacock, who had formed a high opinion of his attainments; and, during his residence of six months, his conduct gave the highest satisfaction to the attending physicians. While in London he was always engaged in practical work, and, among other things, took a very thorough course in microscopy. On his return to Canada in the fall of 1874, he at once engaged in practice in Toronto, in which he was unusually successful, until failing health gradually compelled him to give it up. He was connected with various city charities and was for some time Physician to the Toronto Dispensary, and also acted as assistant to his father in the Toronto General Hospital. As Demonstrator of Microscopical Anatomy in the Toronto School of Medicine, and acting Secretary of the Faculty he was a great favourite with the students. Both as student and practitioner he was always pre-eminently practical. He possessed good abilities, and unusually good judgment in all things; was skillful in diagnosis, careful and judicious in treatment. In diseases of the chest and abdomen he was undoubtedly one of the most skilled diagnosticians we had in Canada. His manner was such as to inspire confidence in his patients. In fact, he combined within himself the various elements which go to form a successful physician, and at one time there was every prospect of a bright future before him. But it was not to be, and two or three years ago his health began to fail. The change was so gradual that his friends did not notice or appreciate it, for some time. Before long, however, undoubted signs of phthisis appeared. Last summer and fall he failed rather rapidly. Shortly after the advent of the new year he was confined entirely to the house and passed peacefully away on the 19th of April.

To those who knew him in his student's days it is hard to realize that he who, a few short short years ago, was so bright, so cheerful, so full of health, strength, and happiness, so successful in all his undertakings, has gone to his long home. We wish the heartfelt sympathy of innumerable friends in this city and province, could in the slightest degree assuage the inexpressible grief of the mother, father, sisters, and brother, in their sad affliction. The funeral

took place on the 21st of April, and was largely attended, especially by the profession in and outside of Toronto, including leading representatives from both Schools of Medicine. The Managers of this Journal are especially indebted to him for active co-operation in its foundation.

Prof. Erskine Mason, A.M., M.D., New York, died suddenly on the 13th of April last, at the age of forty-five. He had held the following professional appointments: Demonstrator of Anatomy in the College of Physicians and Surgeons, Adjunct Professor of Surgery in the Medical Department of the University of the City of New York, and Assistant Surgeon to the New York Eye and Ear Infirmary. He was also Surgeon to Bellevue Hospital, Roosevelt Hospital, and to the Coloured Home. The *Medical Record* says, "Dr. Mason had acquired a very high reputation as a bold and skilful operator, and he was justly ranked among the first surgeons of the city."

Dr. Geo. Budd, F.R.S., for many years Professor of Medicine and Physician in King's College Hospital, died on the 14th March. He is best known by his work on Diseases of the Liver, and that on Organic Diseases and Functional Disorders of the Stomach. He was third wrangler in mathematics in 1831, graduated M.D. Cantab in 1840, and became a Fellow of the Royal College of Physicians in 1842. He had attained the age of 75 years.

Book Notices.

Annual Report of the Asylum for the Insane, Kingston, Ont., for the year ending 30th September, 1881.

Report of the Medical Superintendent of the Asylum for the Insane, Toronto, for the year ending 30th September, 1881.

Civilization in its Relation to the Decay of the Teeth. By NORMAN W. KINGSLEY, M.D.S., D.D.S. New York: D. Appleton & Co.

Proceedings of Meetings held, February 1st, 1882, at New York and London to express sympathy with the oppressed Jews in Russia.

On Some Points in Connection with the Treatment of Sterility. By A. REEVES JACKSON, A.M., M.D., Chicago, illustrated. (Reprint from *Gynaecological Transactions*. 1879.)

Inebriety: A Study upon Alcohol in its Relations to Mind and Conduct. By T. L. WRIGHT, M.D., Bellefontaine, Ohio. (Reprint from *Alienist and Neurologist*.)

Annual Report of the Board of Health of the State of Louisiana to the General Assembly for the year 1882. New Orleans: Joseph Jones, M.D., President; S. S. Herrick, M.D., Secretary; J. S. Rivers, 74 Camp street, Printer.

A Treatise on Human Physiology. By JOHN C. DALTON, M.D., Professor of Physiology, College of Physicians and Surgeons, New York, etc. Seventh edition. Philadelphia: Henry C. Lea's, Son & Co.

Dalton's Physiology is too well known to require a critical review. The principal changes found in this edition appear in sections on proximate principles, nervous system, and reproduction. The term proximate principles, however, is dropped, the subject being treated under the title of Physiological Chemistry, and more extensively than formerly. The greatest improvements in the book will probably be found in section on the Nervous System, where special attention has been paid to the subject of localization, the relationship existing between the different portions of the cerebro-spinal system, vaso-motor nerves, &c. The section on reproduction is considerably changed, somewhat abbreviated, but still retains its place as the best exposition we have on the subject. Altogether the book is about the same size as last edition. The work is printed and bound in "Lea's" best style, which is certainly not surpassed, if equalled, by any medical publishing house in the world.

The Illustrated Quarterly of Medicine and Surgery. Edited by GEO. HENRY FOX, M.D., Clin. Prof. Dis. of Skin, Coll. of Physicians and Surgeons, New York, and FREDERICK R. STURGIS, M.D., Prof. Venereal Dis., Med. Dept. University, City of New York. New York: E. B. Treat, 157 Broadway.

This is a new venture in Medical Journalism which pre-eminently deserves general support, presenting as it does, not only excellent clinical accounts of interesting cases in practice but also highly artistic pictorial representations (both photographs and drawings) of the subjects of the cases themselves. We cannot more highly recommend the work to our professional brethren than by quoting the names of the editorial collaborateurs, and of the contributors to the first two numbers which are before us: Prof. Willard Parker, A. C. Post, W. H. Van Buren, Jas. R. Wood, J. L. Little, T. G. Thomas, A. L. Loomis, F. Delafield, D. B. St. J. Roosa, C. R. Agnew, and Austin Flint, are associate editors. The contents of the first number are Restoration of Upper Lip (five illustrations) by A. C. Post; Fibrous Tumour of Face (three illustrations) by Willard Parker; Laparotomy for Removal of Menstrual Blood, etc., (five illustrations) by T. G. Thomas. *Separation of Lower Epiphysis of Femur* (two illustrations) by J. L. Little; Dislocation of Columbar Cartilage of Nose (one illustration) by F. H. Bosworth; Facial Paralysis in connection with Aural Disease, (four illustrations) by S. Sexton; and a Rare Form of Corneal Opacity (one illustration) by T. R. Pooley. Number 2 contains: Ovarian Pregnancy, (one illustration) by Isaac E. Taylor; Facial Atrophy (one illustration) by E. C. Seguin; Plastic Operations for Loss of Nose, Lower Eyelids, etc., (nine illustrations) by Thos. T. Sabine; Dupuytren's Contraction of Fingers, (two illustrations) by Robt. Abbe; The Pathological Anatomy of a Case of Spinal Caries with Paraplegia, (two illustrations) by V. P. Gibney; the History of Three Cases of Hip Disease in Third Stage (nine illustrations) by A. B. Judson; Skin-Grafting (two illustrations) by G. A. Van Wagenen. Contributions are solicited from all quarters. "Every accepted article will be paid for, and the *water colours* (6 + 9 inches), *photographs*, and *drawings* will be reproduced without expense to contributors."

Diseases of Women: including their Pathology, Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners. By ARTHUR W. EDIS, M.D., Lond., F.R.C.P., M.R.C.S., Assistant Obstetric Physician to the Middlesex Hospital. With 148 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

To the reader of current English Gynæcological periodical literature, the high excellence of this latest manual on the Diseases of Women will not be a matter of surprise, for to him the author of the present treatise will be well and favourably known. Among British works upon the subject, so far as we are acquainted with them, and we think we are familiar with the chief, that of Barnes alone will bear favourable comparison with this the latest, and perhaps, for students' purposes, the best. But it would, in truth, be doing violence to the fact to affirm that the present work is at all capable of superseding the crowning triumphs of American industry and genius in this field, the justly valued works of Thomas and of Emmet. The present volume is divided into 37 chapters, occupying something over 500 pages. It will be seen, therefore, that a large amount of information has had to be compressed within a comparatively small space, for the work has been brought fairly well up to date, and yet, withal, lucidity has been by no means lost in conciseness and condensation. The illustrations are, for the most part, very good, being as the author says "chiefly outline diagrams," and the instrumental armamentarium has not been overlooked or neglected. Barnes and Thomas, with due acknowledgements, have been largely drawn upon, and the author has succeeded in producing a very complete, interesting, and instructive compend of the wide and difficult subject of which he treats. If called upon to select any portion of the work as being of higher excellence than the rest, we should point to the section on Abdominal Tumours as deserving of the highest commendation. We do not know that we have any special, particular fault to find with any part, but had intended to do a little criticism of the chapters *seriatim*. Lack of space in this issue, however, forbids. The merits of the book are nevertheless, so high that we do not hesitate to give it generally the strongest recommendations to our readers.

Miscellaneous.

HYGIENIC MEASURES.—It will be a sort of gratification to know in future that the medical profession has always stood in front rank in the fight for the prevention of sickness. The fight will be a long one but the theory of humanism will be fully practised. It is true that it is no longer lawful to throw away new-born babies that were not wanted or throw to the bloodhounds the old, infirm and moribund; but the study of what ought to be done every day, socially, publicly, officially, in the course of life, within the limits of law, and the rules governing industry and commerce amongst the luxuriously rich and the abject poor, is still apt to make the humanist weep and the moralist blush.

"To live fast and in enjoyment, though it may be one's injury, is better than to live in poverty long and sedulously. What is most to be feared is over-population and increasing competition. There is no harm in epidemic wars cutting off the population annually. Such is the charter of our times. The struggle is in the cause of public hygiene. It is a battle, the aim of which is too high for the masses to see. In that respect I am myopic. I admire the battle but I cannot sympathize with it."

Who says that? A man who has been called upon to prove that supplying the medical profession of the world with books, and some good ones, of performing old operations skillfully and devising new ones, does not redeem him from coarse thinking, brutal feeling, and idle talking—does not make a noble physician of a mere operator and literary man. My name, I am sorry to say, is Billroth. To him New York fanaticism will feel justified in trying to prove that the medical profession is imbued with the spirit of egotism and barbarism. In the face of such shallow vulgarity, in the presence of the noble commission of the State of New York, in the defence of the tendencies and aims of the humanitarian profession in existence, I am permitted to ask your co-operation in me looking toward the cure of disease and the amelioration of the suffering of human life.

An Extract from Jacobi's Presidential Address to the Medical Society, State of New York.