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THE CANADA MEDICAL RECORD.

VOL. X.

MONTREAL, APRIL, 1882.

No. 7

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Progress of Medical Science.

OPHTHALMOLOGY FOR GENERAL PRACTITIONERS.

By F. Tipton, M.D., Selma, Alabama.

One of the most frequent mistakes with physicians is to treat every form of conjunctival hyperæmia with astringents; and often, without investigation, the patient is sent away with a lotion of zinc, or, worse still, of lead, for a *phlyctenular conjunctivitis* or an iritis, where a very different kind of treatment is needed, and where astringents, particularly lead, are positively hurtful. A little care is needed, and only a very little, to distinguish simple from phlyctenular or strumous conjunctivitis. Thus in phlyctenular inflammation, the eyes weep more, light is painful, the eye improves toward evening as the light fades. The little phlyctens or ulcers can be seen scattered over the conjunctiva—perhaps on the corners—forming little red congested areas, differing from the uniform diffuse redness of catarrhal conjunctivitis. This irregular injection is quite characteristic, and should be looked for in all cases in children.

The disease is almost always confined to childhood, especially when occurring for the first time. Catarrhal conjunctivitis, on the contrary, is worse at night; the redness is uniform, the cornea is seldom affected, there is little pain, no photophobia, less lachrymation than in the strumous type, and occurs most commonly in adults.

Phlyctenular conjunctivitis should be treated by the instillation of a one to two grain solution of atropia, three times daily, the strength varying

with the age of the child. The youngest can bear the one-grain solution if used with care, and the physician can always use the four-grain solution for his own convenience, without danger, if he simply lets one drop fall into the eye, and turn the head so that the tears flow away from the nasal duct. Every other day the physician should dust into the eye some *precipitated* calomel (not the ordinary drugs of the shops) with a camel's hair brush, directing the mother to use the atropine three times daily; the dilation of the pupil will show how faithfully or negligently she follows his instructions.

A capital point in these cases is this: If there be much photophobia and ciliary congestion, first use the atropine to reduce this condition somewhat before resorting to calomel; then begin with the mercurial. If, on the contrary, the *conjunctiva* be most affected, and the *cornea* but little, as evidenced by lack of ciliary engorgement and photophobia, then use the calomel freely from the first. Of course this local treatment must be supplemented by proper general measures, such as cod-liver oil, syrup of the iodide of iron, etc.

A capital lotion in mild forms of simple conjunctivitis is that of Dr. Williams, of Boston, viz: Acidi boraci, gr. v: aquæ camphoræ, ʒ j; Mix. This, with the following lotion, will relieve any mild case of conjunctivitis: ʒ. Spt. lavend. simp.; spt. vini gallici, aa ʒ ss; spt. rosemary, ʒ ij; Mix. The first lotion is to be dropped into the eye night and morning; the second is to be used as a mild evaporating application to the outside of the lids. Care should be taken to secure the simple spirits of lavender, as the aromatic spirits will not answer. In severer cases the zinc lotions can be used, two grains to the ounce of distilled water, or alum,

five grains to the ounce of water. But I much prefer, after pus begins to form, to use nitrate of silver, five grains to the ounce, brushing the lids rapidly with a camel's hair brush wet with this solution, afterwards quickly brushing away the superfluous fluid with the same brush rapidly dipped in plain water and drawn in the same way across the partially everted lids. This should be repeated every other day, or every fourth or fifth day, according to the severity or necessities of the case.

This leads me to the treatment of *gonorrhœal ophthalmia* and the *parulent ophthalmia of infants*, diseases which any one may be compelled to treat, and diseases, too, which require the utmost boldness and decision for successful management. No time can be lost. In the case of infants, see that the eye is cleansed *every hour* in bad cases with warm water and a piece of soft cloth; evert the lids by pressing up the upper with the first finger of the left hand, and depressing the lower with the second finger. Then rapidly wipe away with the moistened rag all secretion, and rapidly brush over after this cleansing a two-grain solution of nitrate of silver in the manner above stated. This is to be used in urgent cases every three hours, until the case begins to yield; in mild cases, once daily. Then the milder lotions can be used, viz: Acidi boracici, gr. ij-ijj to ounce of camphor-water. If this treatment be carried out faithfully and properly, no case of this kind need ever be lost.

In the gonorrhœal cases, the silver solution, five grains to the ounce, should be used *once* daily, and the eye kept the remainder of the time covered with ice-water compresses. This is imperative in these cases and must not be neglected. In both diseases the bowels should be kept freely open, and the ordinary sedatives (in case of constitutional disturbance) appropriate to the condition should be given. These are the sheet anchors, nitrate of silver and ice compresses, and I might here say of the former that the proper time to apply is always *after the discharge of pus begins, never before, in any conjunctival inflammation*. The use of more than five grains to the ounce is never required, just as powerful an impression being available with this strength as with the more concentrated solutions, the whole question hinging on the duration and thoroughness with which the agent is applied. The frequency of these applications may be regulated by the copiousness of the discharge, which always lessens under their use, and only requires subsequent applications when it begins to flow freely again. More than once in twenty-four hours is seldom ever required.

Where only one eye is affected, the sound eye should be closed with linen compresses covered with and cemented to the orbit with collodion—space being left in the outer and lower angle for ventilation.

Iritis, with excessive conjunctival injections, is

often mistaken for conjunctivitis, and the condition of the iris overlooked in the effort to subdue the conjunctival hyperæmia, until extensive adhesions form and the integrity of the eye is permanently destroyed. *Iritis must be recognized at once, and throttled in its beginning*, if we hope to stave off the inevitable adhesions and the train of evils that constantly menace the neglected organ. If the following rules be considered in all doubtful cases, mistakes of this kind are impossible. Always examine the action of the pupils. Let the patient confront a bright light, and interpose the hand between the eye and the light; if the pupil responds naturally, as compared with the other or any healthy eye, if there be no pain, no dimness of vision, no great ciliary injection, then exclude iritis. If this test proves unsatisfactory, then drop into the eye a drop or two of a four-grain solution of atropia, which will settle beyond question any further doubt. If the pupil dilate within twenty minutes and show a perfectly circular contour, then you may safely assure your patient that the iris is unaffected.

Remember, then, that the signs of iritis are four: First, discoloration of the iris, often slight at first; second, ciliary injection; third, dimness of vision and sluggish pupil; fourth, pain; all, or most of which, are absent in conjunctivitis. Another capital point is to notice the maximum of congestion; if in the fold of the conjunctiva, think of conjunctivitis: if surrounding the cornea (ciliary injection), rather look for iritis or inflammation or ulceration of the cornea or ciliary body (cyclitis)—all of which call loudly for atropia, the remedy *par excellence* for diseases in this locality. In a broad, general sense, atropine is indicated in all conditions involving congestion of the blood-vessels forming the ciliary zone, and any injection here should always suggest a thorough scrutiny of the iris and cornea.

Another safe rule in ocular therapeutics is, when a question of doubt between the use of astringents and atropine arises, to give the latter. Eliminating the rare cases where atropine causes a prolapse of the iris through a perforating ulcer of the margin of the cornea, and an occasional irritation of the conjunctiva, and, perhaps, in some cases of glaucoma, I know of no condition of the eye in which atropine can do harm, and there is certainly no other agent so universally useful.

The treatment of iritis is pre-eminently by atropia. *Secure full dilatation of the pupil at once*, if possible by instillation of the four-grain solution every few hours; once secured, maintain dilatation by the two-grain or one-grain solution used thrice daily, and supplement by hot fomentations to the closed lids, calomel purges and aconite where the fever runs high.

Before leaving this subject, I would suggest that, in all cases of sharp fever, accompanied by violent pains in the head and eyes, the iris be examined with reference to iritis, and the signs of

acute glaucoma (to be mentioned further on) be looked for.

Many cases of *inflammation of the lids* are brought about and maintained by errors of refraction, which can be readily corrected by properly fitted glasses, and physicians should be on the watch for this condition. All cases of obstinate conjunctivitis, inflammation of the lids, and even irritation and gritty sensations in the eyes, after reading especially, or at near work, should direct attention to this condition, and the patient should be sent to the oculist to have his vision tested.

The possibility of stricture in the nasal duct should always be borne in mind, and in obscure cases of excessive lachrymation and chronic inflammation of the inner angles of the conjunctiva, the finger should be pressed over the course of the lachrymal sac to ascertain the patency of this canal. If there be any obstruction, this manipulation will cause an abundant discharge of pus or tears which cannot be expressed in ordinary conditions of health.

Every practitioner should be familiar with the symptoms of *acute glaucoma*, for upon his recognition of this distinctive malady depends his ability to rescue vision from certain destruction. The text-books tell us of many cases of this affection which were allowed to run on to utter destruction of the eye, under the convenient diagnosis of bilious attacks, neuralgia of the eye, and other familiar but fatal names. As before stated, whenever called to a case of violent headache, ocular pains and fever, no harm will be done by keeping this affection in view, and a single eye saved well repays one from many interrogations, which, perhaps, are often unnecessary.

The *signs of acute glaucoma* are, first, pain, more or less violent; second, dimness of vision; third dilation of the pupil; fourth, shallowing of the anterior chamber; fifth, steamy cornea and increased hardness of the eye on palpation. This is generally accompanied by great congestion and often swelling of the lids, and often by fever and vomiting. The tension of the globe of the eye is quite characteristic, and can be readily appreciated by comparing with the fellow eye, being often of strong hardness, and forms the most constant and reliable symptom of this dangerous malady. It should always be looked for, and when accompanied by the foregoing symptoms, is conclusive. The patient should at once be treated freely with purges, leeches to the temples; and if the surgeon declines to risk iridectomy, which should be done preferably in all cases, let him instill at once a four-grain solution of eserine into the eye, to be repeated according to the degree of pain and tension; then cover the eye with hot compresses, and secure the aid of some surgeon who can perform the operation of iridectomy or sclerotomy—operations which, under such circumstances, might be undertaken by any one possessing steadiness of hand. The details of the operation can be found in any work on ophthalmic surgery.

Instead of using the iridectomy knife, Van Graefe's cataract knife may be used for the corneal incision, which should be smaller and a little posterior to the ordinary incision, for cataract. The iris should be removed to the full extent of the incision, if possible, for upon this greatly depends the completeness and benefit of the operation.

Chronic glaucoma is often confounded with senile cataract on account of the greenish pupillary reflex. Make it a rule to examine the *tension* in all cases of doubt, and get the history of the case. There is nearly always a history of pain in glaucoma, none in cataract, and there is also more or less conjunctival hyperæmia in the former; none in the latter. When, therefore, you have increase of tension with impaired vision and pain in the eye, the probabilities are strongly for glaucoma. These cases should be sent to the oculist, and where this is not practicable, eserine should be tried, a few drops into the eye several times daily (two grains to ounce of water).

I next desire to call attention to the very important subject of *impaction of foreign bodies*, one upon which every physician should be thoroughly informed, inasmuch as they are constantly called upon to treat these cases, and upon their skill often depends the results to the vision and usefulness of the organ. Foreign bodies imbedded in the cornea are best removed by the spud; and time will be saved to the inexpert operator if he will use the speculum and fixation forceps in firmly adherent particles, thereby giving him complete control over the movements of the eye. Children should be chloroformed, and in some instances sensitive females may also require anæsthesia. When the body is firmly imbedded, it may become necessary to dig it out with a sharp instrument, but this should be generally avoided. When the body penetrates the cornea and reaches partly into the anterior chamber, more care must be taken, and often two needles required—one penetrating the cornea and steadying or pressing the particle outwards; the second employed in digging around and loosening the body from without. Bodies lodging in the anterior chamber must be removed at once by an incision into the cornea, and a removal, if necessary, of a part of the iris; where this body prolapses into the wound or when it receives the fragment into its tissue, this must be done at once, or the eye will be surely destroyed by iritis, cyclitis, or, perhaps inflammation of the entire organ; when the body lodges in the bloodless, nerveless tissue of the lens, no immediate operation is necessary, and palliative measures should be instituted. Instances are on record of foreign substances remaining in this locality for long periods, without inducing greater damage than that of opacity in the neighborhood of the body. This tolerance cannot be said of any other portion of the eye, however, and whenever the particle lodges elsewhere it must be either removed or the eye will perish. Especially is this true of the vitreous body. Whenever the intrud-

ing substance is within reach, attempts may be made to extract with delicate forceps, or with Gruening's magnet; but failing in this the eye should be removed at once as a prophylactic measure against sympathetic ophthalmia, of which we will now make a brief survey.

Dr. Carter says, in treating any case of injury to the eyeball, the first question to be asked one's self is: Does this menace the other eye with *sympathetic ophthalmia*? It must be remembered that a serious injury can never leave more than imperfect vision, and that sympathetic ophthalmia, although it can be prevented by enucleation, can seldom, if ever, be cured. When, therefore, there is any serious risk of its occurrence it is improper to seek to save the damaged eye at the probable cost of the loss of the sound one; and the patient should be told from the first that his only safety is in an enucleation. But as sympathetic irritation nearly always precedes actual inflammation an intelligent patient living within reach may be left to watch the course of events, after having been informed of the symptoms which usher in this affection, and instructed to report to the surgeon at once upon the slightest symptom of irritation, such as gritty sensations, weary or strained feeling, impairment of accommodation, etc. Again, wherever enucleation is unavoidable, then let it be done at once before inflammation sets in in the injured eye. Such conditions are, rupture of the eye-ball and disorganization of its contents, puncture by coarse instruments, lacerated wounds of the ciliary region, foreign bodies in the eye.

Concerning sympathetic ophthalmia, by far the most important measures refer to prevention. Once instituted, little can be done to check its course. Therefore it becomes the surgeon's duty to advise enucleation in all eyes which are at once useless and liable to light up these destructive inflammations, such as all eyes blind from diseases of the anterior segment of the globe, especially if tender in the ciliary region. Nettleship says, "that any lost eye in which there are signs of past iritis, especially if blind, should be removed. When an eye presents symptoms demanding enucleation ordinarily, yet possesses some degree of sight, much judgment is required in pronouncing its fate. Perhaps, in these cases, if the ciliary tenderness be not too great, it is best to wait for signs of sympathetic irritation in the fellow-eye—always keeping the eye under close surveillance, and, if possible, the patient in a darkened room. All such eyes should be closely watched, and when the peculiar ciliary sensitiveness, produced by pressure over the ciliary region through the closed lid (the patient being directed to look down), is quite marked, causing the patient to start suddenly on the slightest touch, then it is unsafe to defer the operation any longer. This symptom, then, must be constantly looked for, and, when found, immediately attended to. The risk of the delay outweighs any usefulness that the eye may possess.

The operation of enucleation is not difficult, and can and should be performed by any physician who values the happiness of a fellow-being. The details of the operation can be found in any book on ophthalmology. The importance of this subject cannot be over-estimated, and any physician should feel his attainments incomplete unless he feel competent to decide upon and act in emergencies such as I have described. If this paper attract a more thorough attention to these subjects, if it in any measure instruct, or if it supply a want within the scope of general medical literature, then its object will be attained and the writer content.—*Virginia Medical Monthly*.

TREATMENT OF POST-PARTUM HEMORRHAGE.

By J. J. LAMADRID, M D.

The management of post-partum hemorrhage is preventive and curative. The preventive measures are, to a certain extent, hygienic. Thus, if the woman is plethoric, and has bled profusely at former labors, mild saline cathartics and diuretics are indicated; at the same time she must be kept upon a low diet for some time previous to confinement. On the other hand if she is anæmic, some of the preparations of iron in combination with one of the bitter tonics, or mineral acids, must be administered. Also stimulants, plenty of good nourishing food and moderate out-door exercise, if the weather is pleasant. Prof. Penrose recommends that when the labor proves tedious it is to be hastened by the judicious use of the forceps. If it is too rapid the endeavor or is made to render it slower by anæsthetics, etc.

It has been my rule in all cases to make firm, steady, gentle pressure externally over the fundus-uteri immediately after the birth of the child. Generally the placenta is soon expelled, the womb readily contracts, and hemorrhage is thus prevented. If there is a tendency to undue relaxation of that organ after it once has contracted, the pressure with the hand is kept up without interruption and until there is no fear that the hemorrhage will recur. At the same time I have been accustomed, in all labors, to administer from half to a teaspoonful of Squibb's fluid extract of ergot as soon as the child is born, and another dose following the expulsion of the placenta, to stimulate tonic uterine contractions, and thus lessen the chances of coagula being retained in utero, and the possibility of any after hemorrhage. If the woman is subject to flooding, the ergot should be given just before the child is born, when the presentation is far advanced or pressing against the perineum. Ergot being occasionally uncertain in its action and requiring at least twenty minutes before it will act, in urgent cases I have used it hypodermically with speedier and more gratifying results. When the above means have not proved effective.

the introduction into the uterine cavity of pieces of ice, together with the use of iced cloths, or lumps of ice applied externally upon the lower part of the abdomen, have been the means of arresting the flooding at once. If it still persists firm pressure is then made with one hand over the fundus and with the other removed from the vagina and uterus all clots found there collected or retained. At the same time, another piece of ice about the size of a small egg may be carried up and left in the uterine cavity. On two occasions, when ice could not be obtained, common vinegar was used with most decided effect—it checked the hemorrhage immediately. This is applied, as recommended by Prof. Penrose, with a piece of rag dipped into a cup of vinegar, and then carried up into the uterus and squeezed; or a lemon will answer the same purpose. This is pared first, gashed in numerous places, and thus passed up into the womb and squeezed.

Recently I had occasion to try the hot-water injections recommended by Dr. A. H. Smith, of Philadelphia, by means of which a very profuse flooding was stopped effectually, after other means had failed. In this case it was noticed that the womb had a tendency to contract and relax as soon as manual pressure was removed from the fundus.

My experience with this agent in the above case was equally gratifying. It is recommended to use the water at a temperature at from 105° to 120° F., and the amount of injection continued until the return steam is clear. Before introducing the vagina nozzle, however, care must be taken to force the air out of the syringe thoroughly before it is used. The metallic tube is passed to the fundus-uteri, the fundus being grasped during the introduction of the tube. The continuance and frequency of the repetition of the injection must depend on the promptness and permanence of the uterine contraction.

A word or two as regards concealed hemorrhage. In these cases, as we all know, the blood which escapes from the patulous orifices of the vessels on the inner surface of the uterus becomes coagulated at the ostinæ, which it plugs up, the hemorrhage thus prevented from escaping externally goes on, and the tonic uterine contractions being absent, it distends the womb, and the quantity thus abstracted from the system becomes so great that the patient may die at once, or fall into a state of syncope, from which she can be revived only by the most prompt measures. There are always urgent and desperate cases over which one must act once by selecting those means which are nearest and ready at hand. Thus the right hand is promptly and resolutely carried up into the vagina, through the internal os up into the uterus to break up the coagulum found there formed and retained, letting the fragments pass by the palm of the hand and detaining this within the uterus until it is expelled by the uterine contractions which in the meantime may further be encouraged by the use of iced-cloths applications upon the abdomen. and by

firm pressure made over the fundus, in fact by all possible means known to incite the tonic contractions of the uterus, and thus cause it to close up the open venous orifices. In these cases ergot administered hypodermically acts quicker and more satisfactorily. As regards the use of stimulants and opium, these are generally employed with decided advantage but when, or the proper time to give them, one must be governed by the condition of the patient.

It is hardly necessary to allude to the position the woman should be placed in, since we all know how important this is in the treatment of this form of hemorrhage.

I will now pass on to the consideration of the other means which have been recommended or suggested instead, or as being more effectual when others have failed. Thus all stringent preparations have been used with more or less success. The tincture of capsicum in ʒi. doses, it is said, will prove the best of stimulants in atony. Ergot has already been alluded to, but Dr. Harrison, of New York, and others, have recommended its use in the form of intra-uterine injections in the following manner: Remove coagula first, then with a Davidson syringe, wash out all blood with cold water, and quickly inject into the uterine cavity $\frac{ʒ}{3}$ ss. Squibb's fluid extract of ergot with water $\frac{ʒ}{4}$ iv. Spirits of turpentine in tablespoonful doses has been recommended by Dr. J. G. Swayne, of London and used with decided benefit. Dr. Wm. Donovan, of Edinburgh, and others, speaks highly of tincture cannabis Indica in doses of gtts. xx p. r. n., and says he never knew it to fail. Tincture of iodine is also highly extolled by Dr. Trask and others; applied or used as an injection, he claims it is by far the safest and most efficient remedy.

Ipecacuanha given in large doses is known, by producing rapid emesis, to cause strong contractions in uterine inertia and thus to promptly check the hemorrhage. Professor Fordyce Barker recommends the tincture nux vomica in large doses (gtts. xx), together with fluid extract of ergot (gtts. xxx) every half hour, until assured that the uterus is well contracted. But, as Professor Bartholow properly remarks in his *Materia Medica*, "It is obvious that no more than two or three doses of (nux vomica) such strength will be safe."

Injections of iced water into the rectum, or into the uterus itself, are means which have frequently succeeded in arresting uterine hemorrhage. The application of the child to the breast has been strongly recommended by Dr. Rigby. Others have reported interesting cases in which all means had failed to contract the uterus in primiparous cases until the child was applied to the breast.

Dr. Keer has reported a case of severe post-partum hemorrhage in the *British Medical Journal*, November 1, 1869, in which the patient was restored from a state of collapse by the

inhalation of five minims of nitrate of amyl, whilst he flow was immediately arrested.

Dr. Wilson, of Baltimore, urges the introduction of the hand within the uterus, and raking the surface which has been occupied by the placenta with the finger nails.

Injections of a powerful styptic, such as the tincture ferri chloride, or what is better, the liquor ferri persulphate, is another agent highly spoken of by many continental authorities, but is little thought of or practiced in this country for reasons well known to us all.

Professor Von Hecker, of Munich, and Thompson, of New York, claim to have obtained excellent results from the application of ether spray over the hypogastrium.

Electricity and galvanism have been found of decided advantage, and on many occasions succeeded when every other means had failed. This has, at the last moment, when the woman was sinking, brought on uterine contractions, stopped the flooding and saved her life. One of the poles is placed over the fundus, and the other over the lumbar region or on the perineum, or, what has been found more efficient, one of the poles is introduced into the vagina and applied to the os-uteri, and the other is placed over the fundus, or on the back. The power should be sufficiently strong to produce contraction, and the application must be continued till the contraction remains after the pole is withdrawn.

Dr. Hamilton, of Falkirk, has advocated another method of applying pressure over the womb, viz: "It consists in passing the fingers of the right hand up in the posterior cul-de-sac of the vagina, so as to reach the posterior surface of the uterus, while counter pressure is exercised by the left hand through the abdomen. The anterior and posterior walls of the uterus are thus closely pressed together."

When every other means have failed, pressure on the abdominal aorta with the fingers or with an aortic tourniquet has been recommended and used with good success in very serious cases.

Professor Guillon de Coze has suggested a method which can be employed when the usual plan has failed, or when the aorta cannot be compressed directly, or where the entire uterus cannot be made the direct medium of compression.

To this method, as far as I can learn, no reference has been made in any of the English text-books and journals at my disposal. It consists in introducing the right hand into the uterus, through which a more immediate and effective pressure is made upon the aorta, by depressing this between the posterior wall of the womb and the lumbar vertebræ. As yet I have had no occasion for trying this procedure. I am inclined, however, to think well of it, as there is no doubt of its being practicable and advantageous, from the fact that two important indications can be accomplished at once, viz: it intercepts the flow of blood through the most direct pressure that can

be made upon the aorta, with only the intervention of the posterior uterine wall, while the hand thus introduced within the uterus excites that organ to contraction, or acts as a uterine irritator.

Finally, the transfusion of blood or the intravenous injection of milk in place of blood, as recommended by Dr. T. G. Thomas, has been the means of saving the lives of many desperate cases, after every other means had failed, or in cases in which the loss of blood had been excessive, and with very little hope for saving them.

In conclusion, I wish to call attention to the fact that too much reliance should not be placed on the value of compression, as this is nothing but a mechanical means which is employed; very proper, no doubt, for interrupting rapidly the flowing, but evidently without any action upon the contraction of the uterus. It is a powerful means against this form of hemorrhage, but useless against uterine inertia, which, as we all know, is the chief cause of this accident. Its utility, however, cannot be denied, as by means of it a temporary dike, as it were, is thus formed, which opposes the destructive current, and thus as supplementing, rather than curative, and without superseding other and more radical plans of treatment, it should be employed when necessary. In the meantime the administration of ergot, either hypodermically or otherwise, must not be forgotten while other methods are being adopted, as by it the uterine fibres are awakened to contraction, and consequently closure of the sinuses is thus insured. Sometimes electricity, the hypogastric pressure or friction, and the introduction of the hand within the uterus are sufficient to rouse the uterine inertia; these, however, without the aid of ergot, are almost worth nothing; therefore to incite and to keep up uterine contraction, this powerful agent first of all, together with pressure over the fundus, must be employed in the treatment of post-partum hemorrhage.—*Proceedings Medical Society, County of Kings.*

THE EFFECTS OF SOME DRUGS IN LACTATION ON NURSE OR NURSING.

[By THOS. M. DOLAN, F.R.C.S. Ed., in *Lond. Practitioner.*]

CHLORAL, HYDRATE OF.—Chloral is now so frequently used in connection with parturition, and is such a well-known remedy for puerperal convulsions, that it is a most important medicine in connection with my subject. Dr. Fothergill has pointed out the effects of chloral on the general vascular system, and its calming influence on the arterioles of the skin. We know that it is cumulative, and hence some of the sudden deaths from its use. So that if it be given as recommended by some accoucheurs it may affect the lacteal secretion.

Ringer tells us E. Lambert recommends chloral in parturition in fifteen-grain doses every quarter of an hour till the patient falls asleep; and he

states that this treatment does not weaken the uterine contractions, while the patient is prevented from suffering pain, and is insured calm repose after delivery.

Dr. Playfair thinks that chloral acts far better than chloroform inhalation, as chloral does not lessen the contraction, while it greatly lessens the pain. Moreover, it is chiefly applicable at a period when chloroform cannot be used; that is, toward the termination of the first stage before the complete dilatation of the os. The patient falls into a drowsy state, a sort of semi-sleep. Dr. Playfair gives fifteen grains, and repeats the dose in about twenty minutes, leaving its subsequent administration to circumstances.

Obs. 1. Fifteen grains of chloral given to a patient every four hours before confinement until seventy-five grains had been taken, Labor slow, tedious, terminated naturally. No trace on third day in milk. I believe that chloral does have an effect upon milk, though when given before labor it is eliminated before the third day.

CASTOR OIL.—The effects of castor oil in the nursing state are well known. In plethora when the secretion is deficient it is most useful; and the leaves of the plant will be found of great benefit applied as a cataplasma. I have repeatedly given castor oil to mothers, and have invariably found that it exercised a purgative action on the child; the mother's milk possessing the taste and flavor of castor oil.

CONIUM, HEMLOCK—Most of the umbelliferæ are readily absorbed by the lacteal vessels, and may be easily found in the milk. Conium, from its sedative action and its influence on the nerves of motion, could not be expected to increase the milk supply. There are reasons, however, for its administration to mothers who are nursing, so that it is important to note how soon, if at all, it appears in the milk, and what dose produces an effect. Conium, praised by Storck for the cure of uterine scirrhus, and by Dr. Tunstall for chronic inflammation of the womb, is an excellent sedative for backache and for the sexual organs. It must be given until its physiological effects are produced, and this means a dose of the succus conii (B.P.) of two or three drams.

I administered two-dram doses of the succus conii every three hours to Helen W. until she had taken twelve drams.

DIGITALIS PURPUREA, PURPLE FOXGLOVE.—As a rule digitalis lowers vascular activity and blood-pressure, although there are occasions when it has an opposite effect. It is well called a cardiac tonic, as it regulates the heart beats, producing rhythmic contractions in place of disordered and irregular action. As the latter state may exist during lactation, its administration may sometimes be deemed advisable. In three cases I administered infusion of digitalis in half ounce doses every six hours, but could not detect any evidence of it in the milk. This is doubtless owing to its being so speedily eliminated by the kidneys.

ERGOTIN.—The effect of ergotin on foetal life is well known. Its influence on the milk has not been noted. I gave twelve grains to a private patient one month after confinement, owing to a slight attack of hemorrhage, in doses of two grains every three hours; the effect was satisfactory. The mother told me that she believed the pills, though small, had affected her milk, as her child was cross and seemed to suffer from pain, and would not take the breast. She said she would not take any more medicine. She allowed me to draw off some of her milk, which was submitted to the test but none was found.

IODIDE OF POTASSIUM.—Simon states that he could not detect this in milk, and Meymott Tidy (London Hospital Reports, 1867) admits a similar failure: Herberger found it. My own observations accord with those of the latter, and I employed it for two reasons: First, to see whether it did enter into the milk, and, secondly, to observe its action as an anti-lactescent, for which purpose Dr. F. H. Morris, Cheltenham, recommends it. He says (*Lancet*, vol. ii, 1874), "that in three-grain doses every three hours it is better than belladonna."

Emma Cooper. History given in previous section. I gave her fifteen grains of iodide of potassium every three hours. After she had taken sixty grains I drew off six centimeters of milk, and tested it. No alteration as regards quantity of secretion. I continued the iodide for some days in smaller doses (five grains), but still there was no decrease in quantity of secretion. So that my observations do not confirm those of Dr. F. H. Morris, but I believe its prolonged use deteriorates the milk by impoverishing the blood.

I drew off twenty centimeters of this woman's milk on the third day of her taking the iodide, and gave it to a child aged eighteen months. The child's urine was collected and examined: slight traces of the drug found.

MERCURY.—An Irish student was once asked how he would salivate a child three months old, and he replied that he would give mercury to a she-goat and allow the child to drink the milk.

Mercury undoubtedly finds its way into the blood, and, as Headland says (Actions of Medicine), by some inscrutable chemical power, of whose nature we know nothing, it is able to decompose the blood; by some destructive agency it deprives it of one-third of its fibrin, one-seventh of its albumen, one-sixth or more of its globules, and at the same time loads it with fetid matter, the product of decomposition. Mercury has been found in milk. (Gallier, *Toxicologie Générale*, 1855.)

Obs. 1.—Mary W., private patient, aged twenty-five, gave five grains of blue pill at bedtime, followed by a purgative draught in the morning. Aperient action produced. No effect on milk. No trace of drug could be found in it.

Obs. 2.—Rebecca G., syphilitic private patient, gave gray powder in doses of one grain every six hours for three days; slight purgative effect pro-

duced, with marked fetor of the breath, without sponginess of the gums. Presuming that the mercury had evidently entered the circulation, I drew off twelve centimeters of milk. Mercury could not be detected. This investigation is incomplete.

OPIMUM.—I have had several opportunities of noticing the effects of laudanum on mother and child. When the dose is large the narcotic principle can be detected in milk, but in small doses no trace can be found.

I had a patient, Mrs. H., a lady in good position, who was in the habit of taking the tincture for sleeplessness, her usual dose being twenty to thirty minims. As she was suckling, I asked her whether she had noticed any effect on the child; she answered, yes. When the child was fed it slept the whole night without disturbing her. Her infant was pallid and listless. She sent me some of her milk after taking her usual quantity of the tincture. Odor slightly altered. Responded to test for morphia.

QUININE.—Quinine readily passes into the blood, and probably very little is decomposed in the body, as it can be detected in the urine and sweat of healthy and fever patients. It is almost exclusively eliminated by the urine, most of it being secreted in six hours. It has been found in the blood.

As quinine is one of the best tonics we possess it is given therefore in all states of the system where debility is present; so is much used when mothers are nursing, and it becomes important to note its effect on mother and child.

Obs. 1.—Small doses, three grains every hour, were given to Alice W. After twelve grains had been taken eight centimeters of milk were drawn off, but no trace could be found; though it was found in the urine. The child did not object to take the breast. No doubt only a small quantity was taken up by the blood, as the dose was small; the largest quantity being eliminated by the kidneys.

RHUBARB (RHEUM PALMATUM).—All the polygonaceæ are not so readily absorbed as this drug. It is almost exceptional as regards the ease with which it can be found in the urine, sweat, in the serum of the blood, and in the milk. It colors the secretions, owing to the presence in it of chrysophanic acid. As a purgative for women and children it is well known. It acts physiologically upon the infant through the agency of the mother's milk, which it renders slightly bitter and at the same time purgative.

SENNÆ.—Neligan tells us that the cathartic principle of senna is absorbed before its operation is produced, as is proved by the action on the intestines, when an infusion is injected into the veins, and also by its imparting a purgative property to the milk of nurses.

I have frequently employed it as a purgative for nursing mothers, and have invariably found that the milk affected the infant—in many cases

producing colic. The peculiar flavor of the senna and the odor were distinctly perceptible, though it does not lessen or increase the secretion of milk.

RESTORING THE HEART'S ACTION WHEN IT HAS CEASED TO BEAT.

I do not remember what induced me to kill a mouse by a blow upon the head, and rip it open to see the heart beat. It did not. I pricked it with a needle and set it a-going. It stopped after a time. Then I gave it a second prick, and a few pulsations were distinctly seen. When I was in petticoats my father was sent for to see a girl in a fit. He was out, and when he came home he was informed of the fact. "How long ago, and any second message?" Being told, he thought he need not go. My mother suggested he "ought to go," which he did. He found the girl dressed in her grave-clothes and "laid out" upon a linen-covered table. He examined her and found some warmth over the heart. He ordered hot water to be brought (not scalding hot), and poured it into a jug; tore her shroud open, stood on a chair and poured a continuous stream of hot water, until the throbbings of the heart were distinctly seen. That girl was the mother of several children before I left Scotland, in 1848. My mother used to laugh, and take her share of the credit of her restoration to life.

An old man here, Robert Robinson, several years before his death, took a fit, and apparently expired upon the floor, where he was lying, pulseless and breathless. The heart had ceased to beat, and I was told that "he was beyond any doctor's power now." I felt some warmth over the heart, and tried my father's remedy; and to the wonder of spectators, the septuagenarian revived and lived several years afterward. Hot water can easily be obtained, and no one can object to such an experiment.—*J. C. Reid, M.D. British Med. Journal.*

TEST FOR SUGAR IN THE URINE.

Dr. L. S. Oppenheimer gives the following:

℞ Cupr. Sulph., cryst.....1 grain.
Glycerine, purif.....1 ounce. M.

One drachm of this mixture will reduce one grain of grape-sugar in a caustic alkali. Two or three drops of the mixture are put in a test-tube, and one half ounce liq. potass. added; the whole is then boiled, a few drops of urine added, and the whole boiled again. If sugar is present it will be thrown down as the brownish-yellow cuprous oxide. The test is surer than Trommer's; it can be used to determine the quantity of sugar; albumen does not interfere with the reaction, and the mixture will keep indefinitely.—*Med. Brief.*

TREATMENT OF HEMORRHOIDS.

By S. S. TODD, M.D., Professor of Obstetrics and Diseases of Women, Kansas City Medical College.

Constipation of the bowels is the almost constant predisposing, as the use of drastic cathartics is commonly the exciting cause of hemorrhoids, and no treatment can be successful that does not embrace within its scope an assurance of one daily easy evacuation of the *lower bowel*.

The first step in the treatment of *recent* cases should be the administration of a saline cathartic, and the best is sulphate of magnesia. After this, the following pill may be used: Compound extract colocynth, grs. xxx; extract nux vomica, grs. xx; extract belladonna, grs. x. Divide into forty pills. One to be taken every evening on going to bed. The effect is a moistening of the mucous surface of the intestinal canal and increased peristaltic action. In this way we may solicit *one consistent and normal evacuation of the bowels every day at the same hour and one only*. To insure this, the patient should have a fixed hour at which to go to stool, and steadfastly restrain any desire for this at all other times. The habit of having one daily evacuation is in this way quickly established, and the sluggish condition of the bowels cured, if the means are not too early abandoned. Three or four months are sometimes required in which to break up the faulty habit, and prevent return.

Should the pill above mentioned cause a liquid stool, or should it cause more than one stool, your object will be defeated if you persist, and the quantity of compound extract of colocynth must be diminished. On the other hand, should it fail to secure one soft and consistent motion daily, the quantity of colocynth must be cautiously increased.

In addition to the above, the following will be found to give instant relief from pain, and accelerate the cure: Iodoform, 3i; balsam peru, 3ii; cocoa butter and white wax, of each, 3iss; calcined magnesia, 3i. Incorporate the mass *thoroughly* and divide into twelve suppositories. Insert one after each evacuation of the bowels, and oftener, if needed. The iodoform is a local anaesthetic of great value, and does not constipate. The balsam serves the double purpose of soothing the irritable bowels, and masking in a great measure the disagreeable odor of the iodoform. The magnesia is added to give solidity to the mass and preserve the form of the suppository.

Hemorrhoids of *long standing*, though benefited by the foregoing treatment, will rarely be cured.

Most persons are familiar, doubtless, with the methods of treating this class of cases, by the use of the hypodermic syringe and carbolic acid. As shown by Dr. Andrews, however, this practice is not without its risks. I have never tried it, but acting on the hints afforded in this way, I began injecting a strong solution of *nitrate of silver* in the same manner about two years ago, and the results thus far in eight or ten cases, nearly all of

them females, have been all that could have been desired. In not one of these cases, so far as I know, has there been failure to effect a cure. In one only, that of a very impressible lady, was confinement to bed made necessary. In this case some tumefaction following, she was kept in bed for two or three days, opiates being given to procure rest.

Since the time mentioned I have not used a ligature or écraseur in a single case, my plan of treatment in confirmed hemorrhoids being very simple, and as follows: All tumors found at the verge of the anus, and covered in part or wholly with integument, are clipped off with the scissors. If situated within the external sphincter, the bowels having been moved with a dose of sulphate of magnesia given a few hours before, the patient is placed over a vessel, and directed to strain (a vessel filled with hot water is best). If the tumors do not come within reach in this way, the finger should be thrust into the bowel, provoking tenesmus, and the patient again be instructed to force the piles down. When within reach, the nates being separated by an assistant, the tumors are seized, one by one, with a forceps, and held while with the hypodermic syringe, from five to ten minims of a solution of nitrate of silver, one drachm to the ounce of distilled water, are injected into each, not stopping till all have been thus injected. No pain is felt except what is caused by handling parts rendered hyper-sensitive by protracted irritation.

One of the suppositories before mentioned may now be passed into the bowel, and thenceforth, if the treatment already given for removal of constipation be followed up assiduously and patiently, little further inconvenience will be felt and no further treatment required. Even though the suppository be omitted, little pain is felt, and the patient goes at once about his business. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared. They can only recur from the cause which first produced them. I have not had occasion to repeat this little operation in the same individual but once, which was in the case of an old gentleman, in whom tumors located higher in the bowel, subsequently came down, and were cured by the same means.

The advantages of this mode of treatment over the use of the ligature and écraseur, are its apparently greater success, and greater freedom from risk, so far as theory, and a few cases only may have weight, its feasibility on the part of the operator, and its readier acceptance on the part of the patient.

But it may be asked in what respect the nitrate of silver is preferable to carbolic acid. I do not know that it is to be preferred to that agent, but theoretically, at least, it is safer and more effectual. Its power to coagulate albumen is far greater, and in this fact will probably be found its greater efficacy and greater safety. I believe it will prove

to be absolutely harmless, locally and generally, under all circumstances, and while it cannot take the place of the knife or scissors in every case, it must have a wide range of usefulness if further trial shall confirm my limited experience in its use.

As females from their habits of living are oftener subjects of constipation than males, so it is among them that hemorrhoids find the larger share of victims. When hemorrhoids are concurrent with uterine disease, with resulting pelvic congestion, and particularly when the uterus is much increased in volume, no treatment can be permanently successful that does not address itself also to the removal of such accessory condition.—*St. Louis Courier of Medicine.*

TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.

Mr. Thos. Smith, Surgeon to St. Bartholomew's Hospital, in a recent lecture published in the London *Medical Times and Gazette*, gives the following advice on the above subject:

Your assistance will rarely be sought in the early stages of this disease; but should you be consulted by an elderly patient suffering from undue frequency or difficulty in micturition, it will always be prudent to make a digital examination through the rectum, to ascertain the condition of the prostate. The examination is best made with the patient lying down on his back. Your finger-nail being filled with soap and the finger well oiled or greased, it should be introduced very slowly, so as not to excite spasm of the sphincter.

Should you judge that the urinary difficulty is caused by prostatic enlargement, the occasional passage of a full-sized instrument will often relieve the inconvenience, and, if steadily persevered in at regular intervals, will generally secure the patient against all the more serious consequences of the disease.

In cases where the difficulty in micturition has gone on to produce an inability to empty the bladder completely, it is of primary importance that at least once in twenty-four hours the urine should be all drawn off; but in carrying out this plan it is necessary to exercise caution, lest by suddenly emptying a greatly distended bladder you should produce a complete paralysis of the organ, with a loss of the power of voluntary micturition and cystitis.

As a general rule, if there be not more than one pint of retained urine in the bladder—that is urine the patient is unable to pass for himself, it may be safely drawn off at once. But if there be more than this of residual urine (and there may be several pints), you should draw it off by installments, taking away a little more each day, until the bladder is completely emptied.

This complete evacuation of the bladder, when once accomplished, should be repeated each

day, by means of an instrument, and for the purpose an india-rubber catheter, bulbous-ended or a Coude catheter, should, if possible, be used.

By these means, in early stages of the disease, the patient will generally regain the power of normal micturition, or, at all events, if this result be not attained, he will be secure from the worst consequences of the disease.

The treatment may be carried on by the patient himself if you will be at the pains to teach him how to pass an instrument—nowadays a comparatively simple process, owing to the great improvement in catheters; for you should know that since the introduction of the various forms of soft catheters now in use, the instrumental treatment of prostatic enlargement has lost more than half its terrors and much of its danger.

The large silver prostatic catheter—at one time almost the only instrument used in these cases—is truly a formidable weapon with its long shaft and wide-sweeping curve. It was constructed to ride over the prostate, but in the hands even of experienced surgeons it frequently failed in the performance of its normal functions and rode under the gland, or through its substance. Used with a strong and steady hand it rarely failed to draw off water. As an instance of its power in this respect, I may mention a case within my knowledge where a prostatic catheter in the hands of an energetic surgeon drew off some gallons of water, which, however, a post mortem examination disclosed to have come from the peritoneal cavity.

I will suppose now that you are called upon to treat a patient with retention of urine dependent upon enlarged prostate. The difficulty will usually have come on at night time; the patient will, as a rule, be advanced in years; and the prostate can be felt in the rectum unduly prominent. In such a case let me advise you first to try a flexible red rubber catheter, of full size; it will often find its way round a corner and through a urethra which would be impervious to a more rigid instrument. This failing, you should try to pass the same catheter with a stout wire stylet reaching two-thirds of the way down the instrument; this gives you more power to push the catheter onwards, and leaves the end flexible, to accommodate itself to the distorted urethra.

Next in order you may try the Coude catheter; then, if necessary, the bulbous French instrument, a gum elastic, without and with the stylet; and lastly, others failing, a silver instrument.

Whatever instrument you may use, let it be full size; it will go in as easily as a smaller one, and is less likely to damage your patient. Keep the point of the instrument on the upper wall of the urethra; and, above all things, use no force.

After drawing off the water in a case of retention, the patient will, for a time at least, require the regular use of the catheter until he recover his power of voluntary micturition; and should there have been great difficulty in introducing the catheter,

ter, I should advise you to tie it in for the first twenty-four hours.

In the subsequent treatment of these cases of prostatic retention, in addition to other troubles, you will often have to contend against an increasing frequency in micturition. The frequent desire to pass water must be resisted as much as possible by the patient, or it will grow upon him. The bladder must be completely emptied, and, if need be, washed out, at regular intervals, and the patient exhorted not only to resist by a strong effort of the will the solicitations of his bladder, but to avoid all sights and association that are likely to suggest to him the necessity of micturition. With this object in view, you should counsel your patient to keep his catheter and chamber-utensil out of sight; as soon as possible to leave his bedroom during the day; and to occupy his mind by any pursuit which may draw his thoughts away from his urinary necessities.—*Ohio Medical Journal.*

AIDS TO DISEASES OF CHILDREN.

By EDWARD POTTS, M.R.C.S.E.

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RHEUMATISM.—Infants are scarcely ever the subjects of rheumatism. Children at eight years old very frequently suffer from it, and always from the acute variety. There is very little doubt that children of rheumatic parents are strongly predisposed to it. It needs only a passing reference here, as it does not differ in the slightest degree clinically from that of adult life—and the same treatment is applicable to both.

DISEASES OF THE NERVOUS SYSTEM.

CONVULSIONS.—Have been divided into three classes—viz., 1. Primary or essential convulsions dependent on various exciting causes, such as mental emotions; 2. Sympathetic convulsions dependent on nerve irritation, such as teething, disordered digestion, and organic diseases excepting those of nerve centres; 3. Symptomatic convulsions dependent on diseases of brain or cord.

Causes.—Children born of epileptic parents or of those married young are strongly predisposed to convulsions.

The exciting causes are numerous, such as fright, strong mental emotions from whatever cause. Dentition due to reflex irritation of 5th pair of nerves. Disordered stomach or bowels from administration of improper or too large a quantity of food, similarly they may follow an attack of diarrhoea. An attack of convulsions may usher in one of the eruptive fevers. Pneumonia may be preceded by them. They may arise from uræmia, or during an attack of whooping cough; lastly, they are generally symptomatic of brain or spinal diseases such as inflammation of meninges, tumours, &c., &c.

Symptoms.—The symptoms differ greatly in individual cases; generally the child has been dull and heavy for a day or two previously; there has been more or less feverishness, and, if the result of teething, the gums have been hot, swollen, and tender. If from dyspepsia there have been evidences of disordered digestion, such as constipation, diarrhoea, vomiting, or loss of appetite. The child grinds its teeth, twitches and jerks its limbs during sleep, or wakes up with cries of fright; the thumbs are generally turned inwards, and the eyes roll about uncertainly, and the respirations are irregular.

In a great number of cases, however, there are no premonitory symptoms; the child, otherwise in perfect health, is seized suddenly with a convulsion.

The appearance of the patient is as follows:—The eyes are turned upwards generally, but sometimes downwards, and roll about with a jerky movement, the pupil is sometimes contracted, sometimes dilated, the muscles of the face and neck are distorted and are thrown into irregular and violent action. The child froths at the mouth, teeth usually tightly clenched, respiration short. In the severer forms of convulsions, the muscles of the limbs are affected in addition to those of face, the head being thrown backwards or oscillating from side to side. The face assumes a purple hue, the head is very hot—the child is of course insensible. There frequently is involuntary defæcation and urination. A fit may last from a few seconds to ten or twelve hours. When it comes to an end the muscular movements cease, and the child generally falls into a sleep, from which it awakes always feeble and exhausted. Very often there is but a brief respite, and the first fit is succeeded by another and another, until a fatal termination takes place, and the little sufferer dies from asphyxia, the irregular and violent contractions into which the respiratory muscles have been thrown being the cause of this untoward event.

A convulsive attack is frequently difficult to distinguish from epilepsy, but the progress of the case, and especially if it happens to be under observation for any length of time, will clear up all doubts. Chorea is easily distinguished from infantile convulsions, as in the former condition the movements are not altogether involuntary, and are not accompanied by insensibility.

Treatment.—The first indication is to remove all exciting causes; if the gums are tender or swollen they should be freely incised. Want of cleanliness in dressing the navel-string in very young infants is occasionally the cause of convulsions. If the stomach is overloaded with indigestible food an emetic should be administered. During the seizure a hot bath, with cold to the head, either in the shape of evaporating lotions, or better still, ice, is indicated. Care should be taken to loosen all articles of clothing. The administration of Hydrarg. c. Cret., with Pulv. Rhei as a powder,

with a mixture containing Pot. Bromid. is, perhaps, the best medicinal treatment.

If worms should be the cause of the convulsions they should be treated accordingly.—*Students Journal and Hospital Gazette.*

TREATMENT OF THE DIARRHŒA OF PHTHISIS.

In the *Lancet*, Dr. C. Theodore Williams says, speaking of the peculiar diarrhœa of phthisis, that, arising from ulceration, it requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be attained by shielding them from all irritable substances, and by promoting a healthy granulating action. The treatment, in fact, resolves itself into three sets of measures.

1st. Rest in bed and the administration of only such food as can be quickly and easily assimilated without causing much distention of the intestine, or accumulation of flatus. Such are chicken broth, beef and veal tea, milk gruel, blanc mange, always combined with liquor pancreaticus, and prepared after the admirable methods of Dr. William Roberts of Manchester. Dr. Jagielski recommends koumiss specially in these cases.

2d. Warm applications to the abdomen, in the form of linseed poultices, turpentine stupes, or hot-water fomentations, to reduce the pain and promote a certain degree of derivation to the skin. If the pain be severe, I have found the application of a small blister over the area of tenderness on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed, in some obstinate cases, that when the blister has risen, the diarrhœa has been considerably reduced, and pain existing in the abdomen at the same time has subsided.

3d. Internal medicines. When we have reason to believe that the ulceration is slight and confined to the small intestine, the diarrhœa may be treated by bismuth and opium, or by some astringents. The liquor bismuthi et ammoniæ citratis (B. P.) is a convenient form, but not always so effective as the powdered carbonate or the nitrate of bismuth in ten to twenty grain doses. Dover's powder combined with it in ten-grain doses is often effective. The most powerful astringent is the sulphate of copper in a quarter to half-grain doses, combined with half a grain to a grain of solid opium. Of the various vegetable astringents I have found tannic acid in four-grain doses to answer best, far better than rhatany and catechu, but in all cases I combine it with a certain amount of opium, to reduce the irritability of the ulcers. Indian bael, especially a preparation of the fresh fruit, is often efficacious in checking the diarrhœa if the ulceration be limited. If, however, the ulceration attack the large intestine as well as the small, it is obvious that more local treatment is advisable, and recourse should be had to injections or supposito-

ries. The enema opii (B. P.) administered twice a day is sometimes sufficient, and may be strengthened by the addition of acetate of lead, four grains to an injection, or of tannic acid, five grains. This is a small injection, and it is doubtful how far its local effect reaches. Where the ulceration is very extensive, and involves the greater part of the large intestine, an attempt ought to be made to apply the remedies more thoroughly to the mucous membrane; and for this purpose injections of larger amount—from a pint to a pint and a half—may be used, consisting of gruel or of starch, or, best of all, of linseed tea, and all containing a certain quantity of opium (thirty to forty minims of the tincture). I would specially recommend the linseed tea, as it appears to exercise the same beneficial effect on the ulcers of the large intestine as it does in follicular ulceration of the throat. One of the most obstinate cases of intestinal tubercular ulceration I ever witnessed yielded to linseed tea injections, after almost every other treatment had been vainly tried, the ulcers apparently healing, the diarrhœa ceasing, and the patient living for two years afterward, and dying of pulmonary lesions. In cases where the stools are very fetid, I have added glycerine of carbolic acid to the injection with advantage. In many cases, however, it is desirable to give the large intestine as much rest as possible, and not to stretch the ulcerated mucous membrane through any distention by fluids: in these cases suppositories of morphia (from half a grain to a grain), or of the compound lead one, or of those of tannic acid, are indicated, and the treatment of the diarrhœa arising from lardaceous degeneration of the intestine is not very hopeful. Where the very channels of assimilation—viz: the villi—have undergone degeneration, as well as the various structures from which the succus entericus is poured out, it is difficult to see how treatment can restore the lost tissues. Dr. Dickinson's researches show that the loss of alkali is the chief characteristic of the disease. Dr. Marcet's analyses show that the chief chemical feature is deficiency of phosphoric acid and potash, and excess of soda and chlorine, and on this principle we should give phosphate of potash. When, however, the disease has so far advanced as to reach the intestine, it may be considered beyond any effective general treatment. We must be content to restrain the diarrhœa if we can, by astringents, the more powerful the better. Tannic acid in from two to four-grain doses, with dilute sulphuric acid, sulphate of copper or sulphate of zinc are the most useful, and injections of these substances do some good.

NITRO-GLYCERINE.

Prof. Wm. A. Hammond, of New York, read an important paper before the October meeting of the New York Neurological Society, on "Some of the Therapeutical Uses of Nitro-Glycerine," of which

we make the following abstract from the *Virginia Medical Monthly* :

Prof. Hammond has used this agent for the last two years, guided by the following facts : " If a drop of solution of Nitro-Glycerine in alcohol, in the proportion of one part in a hundred, be placed on the tip of the tongue, a sensation of fullness and pain in the head (mainly in the frontal region) is experienced in the course of three or four minutes. The fullness disappears in a short time. A dose of three or four drops of the strength mentioned, produces head-ache of much greater severity, and of longer duration. The carotid and temporal arteries pulsate with increased force ; the head feels as if it is about to burst open ; the face becomes red ; the action of the heart is augmented, and the respiration becomes more frequent. These symptoms are indicative of cardiac and vascular excitement, and of cerebral hyperaemia. We should, therefore, *a priori*, expect that nitro-glycerine would be useful in those cases in which it was desirable to stimulate the circulatory system, and to increase the amount of intracranial blood."

It is important to obtain a preparation of constant strength. The author uses that made by Boericke & Tafel, of New York, which is a ten per cent. solution. His formula is as follows :

R Nitro-Glycerine (one tenth) - - m. XL ;
Alcohol - - - - - f. ʒ vi.

M. F. solutio.

One drop of this contains the one-hundredth ($\frac{1}{100}$) of a drop of nitro-glycerine ; and he always begins the treatment with the dose of one drop thereof. Great care must be taken that the apothecary puts up the prescription in exact accordance with the direction.

In sick headache (migraine) of the anæmic variety—that in which compression of the carotid artery on the painful side *increases* the pain—if treated with this agent, the suffering is immediately mitigated ; where compression *relieves* the pain, this remedy is worse than useless. In the anæmic variety, then, he gives one drop of this solution every fifteen minutes. He states that he has very rarely had to give the third dose.

But it is in epilepsy of the form known as *petit mal*, in which this preparation proves invaluable. One drop of the solution specified should be given three times a day, for a month ; then the dose increased to two drops thrice daily, increasing one drop per dose with the beginning of each succeeding month. This is generally well tolerated, and Prof. Hammond has given as high as twelve drops per dose in certain cases ; always beginning it with one drop and increasing it as above stated.

The effect of this treatment is first to diminish the frequency of the attacks of " epileptic vertigo," and generally to suppress them after a few months of treatment. Of course, the treatment should be kept up with regularity for a long time after the disappearance of the attacks. This treatment is of

especial value, as the bromides exert but little influence over this form of epilepsy.

THE PREVENTION OF OPHTHALMIA NEONATORUM.

Dr. K. Grossman has, in the *British Medical Journal*, the following valuable suggestions :—

The idea of preventing this disease by prophylactic measures has been crowned, as far as known till now, by a splendid success. In order to seize the evil at its root, Crédé, in Leipzig, carefully treated the least trace of vaginal catarrh of the pregnant woman, so that at the time of the confinement the fluor had quite vanished. He had some success ; but in a comparatively great percentage the outbreak of ophthalmia could not be prevented. The local treatment of the maternal passages, however valuable, did not prove sufficient ; and this result led to the experiment of disinfecting the eyes of all new-born children, without exception, as soon after birth as possible. In some cases, where a fluor albus existed, the disinfection of the eyes of the child was performed immediately after birth of the head, before the body was born completely ; and from the statistics obtained thus, you will judge yourselves with what success.

The method, which varies a little in the composition and strength of the lotions applied, is the following : Every child, without exception, whether of a healthy mother or of a mother suffering from leucorrhœa, must be subject to it as soon after birth as possible. The closed eyelids are washed and cleaned outside with a lotion of two per cent. carbolic acid. This having been done carefully, the eyelids have to be turned round, so that they form a complete ectropion, with the conjunctiva tarsi entirely exposed. Then, after carefully removing every trace of flaky secretion which may be found there, the conjunctiva has to be inundated with the two per cent. carbolic lotion for one to two minutes, care being taken that the lotion reaches every part of the conjunctival sac. This manipulation ought to be repeated three times daily during the first two days of life. Should the mother have had a very strong catarrh of the vagina, it will be valuable to pad the child's eyes, between the three times of cleaning, with a cotton-wool pad dipped in the same lotion, and renewed every half-hour during daytime.

You will object that this treatment, applied to every case of birth, is a great trouble and inconvenience for the practitioner, who is already hampered enough by his other duties ; but let me now show to you the statistics obtained by this method.

In Leipzig, at the Obstetric Clinique, the percentage of ophthalmia came down from 13.6 per cent. to 7.6 per cent. at first ; and in the following half-year there was, out of two hundred births, only one child subject to ophthalmia : and in this

one case the application of the lotions had, by neglect, been forgotten. In Halle, the percentage gradually came down from 12.5 per cent. to 6 per cent. and then to 3.6 per cent. It is obvious that in the beginning, when the nurses were not yet so well instructed, the percentage was yet comparatively great, and then decreased continually. My own statistics are yet small; the results of the experience gathered by me in two of the Liverpool workhouses are not yet numerous enough to be of a great weight, though, during the last four months, while the method was carried out, not a single case of ophthalmia neonatorum occurred. Those cases which I have treated privately, under my own personal care, are only five, but all of them were successful. In each of these cases the mothers brought to me a child which had lost the sight by ophthalmia neonatorum, and consulted me about this child's eyes. All these mothers being pregnant and suffering from fluor albus, I advised them to have the necessary measures taken, that the expected child might be saved from the sad fate of the previous one. They were only too glad to have all necessary precautions taken, and the result was a complete success.

TREATMENT OF CHOREA.

At the end of a paper on chorea, based upon an experience of one hundred cases (*British Medical Journal*, vol. ii., 1881, p. 145), Dr. William Strange speaks of the treatment, saying that the changes must be rung on the so-called nervine tonics, varying them according to the temperament of the child or to the collateral symptoms accompanying the choreic movements. If pallor, palpitations, and loss of weight exist, iron or arsenic, or both, will be necessary. If, on the contrary, the vascular system be sufficiently full and the motile element prevail, then the bromides with ammonia, or the succus conii, will be of most avail. Frequently whatever the condition of the vascular system and of the general nutrition, no good arrives until we have succeeded, by sedatives, in calming the excessive mobility of the nervous system. In these cases Dr. Strange has used the ice-bag to the spine and the ether spray to the nape of the neck, but not with much success. Direct calmatives—digitalis, belladonna, cannabis indica, with the bromides—answer the best.

The nervous symptoms once quieted, iron or arsenic may now be given, and carried to a somewhat high degree. Some have recommended large doses of arsenic, ten to fifteen minims of Fowler's solution; but Dr. Strange has seldom found that the stomach will tolerate these large doses, and has contented himself with much smaller ones, in combination with iron or zinc.

But, whatever the remedy selected, it will be necessary to continue its administration until it has produced its special physiological effect. Especially is this necessary with the neurotic

sedatives. Children bear large doses of belladonna and conium; and Dr. Strange has never found this class of remedies do much good until their full physiological effects (consistent with safety) have been produced.

Dr. Strange used some years ago to treat all his cases of chorea with wine alone, the port wine of the hospital, merely clearing out the primæ viæ, to make sure that trouble was not caused by entozoa or depraved alvine secretions. The amount given was three to six ounces daily, and all the cases got well. After suspending this treatment for some years, he has recently recommenced it with good results.

TREATMENT OF DYSMENORRHOEA.

Dr. G. W. Moss, of Paris, Mo., gives the following treatment of Dysmenorrhœa in the *St. Louis Courier of Medicine and Collateral Sciences*, for June, 1881:—

If called upon to prescribe for a patient in the midst of her suffering, if the menstrual flow has not begun, or is scant in quantity, I usually direct warm stimulating drinks, such as ginger, spice, or clove tea, the warm foot or hip bath. If the extremities are cold, with chilly sensations over the body, the patient is to be put to bed with hot brick or bottles of hot water to the feet and about the loins. If the bowels are constipated, give purgatives, usually calomel and rhubarb, or the compound cathartic pills. If the patient is plethoric, with flushed face and some excitement in the circulation, saline cathartics are preferable.

If the flow is still tardy or scant, assist the purgatives with copious injections of warm water. These failing to bring relief, I give compound spirit of ether, tincture hyoscyamus, spirits of camphor, each a half to one drachm, to be repeated, if necessary, until the flow becomes free enough. If the pain still continues, or is of a spasmodic character, the pulse rather weak, I find nothing better than ten to fifteen drops of aromatic spirits of ammonia, at the same time using as an injection into the rectum—

℞. Chloral hydrate,	grs. xx-xl	
Bromide potassium,	grs. xl-lx	
Tincture belladonna,	gtt. xx	
Water,	℥ iij-iv.	M.

And to this I frequently add tincture of assafœtida, or 30 to 40 drops of tincture of opium instead of the belladonna; and this prescription I have scarcely ever known to fail to give relief and rest to the patient.

Sometimes I use the hypodermic injection of morphia, but I am not partial to this mode of medication. If the patient is anæmic, and the pains of a neuralgic character, I have frequently found ten grains sulphate quinine, with one-fourth to one-third grain morphine, repeated two or three times, if necessary, to give more prompt relief, and to be more permanent in its effects than any other

remedies. Vaginal injections of warm water, sometimes with the addition of laudanum and belladonna, are soothing and grateful to the patient.

This outline of treatment, varied of course, to meet particular symptoms and individual peculiarities, I regard as applicable to all the forms of dysmenorrhœa during the period of the menstrual flow.

During the intermenstrual period the treatment is directed with reference to the general condition of the patient. If she is anæmic or neuralgic, iron, with other tonics, is given, a favorite prescription, in the beginning, being the well known compound of blue mass, iron and quinine, with the view of equalizing the circulation, regulating the bowels and restoring secretions. Afterwards quinine, iron and strychnia, or nux vomica, warm baths, with friction to the skin frequently, flannel next the skin, and plenty of exercise in the open air, and this last not the least in my estimation.

In the plethoric the blood is as much at fault as in the anæmic, and for the purpose of reducing that fulness of habit, counteracting the tendency to local congestions and correcting the morbid condition of the blood, I know of no better treatment than an alternative course of mercury, followed by saline purgatives, with warm baths, frictions, open air exercise and plain diet. If the patient is of a rheumatic or gouty diathesis, I have found no remedy superior to that of Dr. Dewees, fifty years ago, or more, and that is colchicum and guaiacum.

The prescription of Dr. Fenner, of New Orleans, in nearly all dysmenorrhœal cases, and one that I have frequently used myself with good results, is—

℞. Gum guaiacum,	3 iv
Canada balsam,	3 iv
Oil sassafras,	3 j
Hydrag. chlorid. cor.,	gr. x
Rectified spirit,	5 iv. M.

Of this is to be given ten or thirty drops, night and morning, commencing a day or two before the flow is freely established.

ANTISEPTIC TREATMENT OF LUNG-DISEASE.

I have for several years largely employed dry antiseptic inhalation in phthisis as an adjunct to general constitutional measures. The treatment I believe to be useful; but every case of improvement must not be attributed to the inhalation. The most suitable cases are those attended with profuse expectoration, especially when softening has commenced or cavities formed. The effect is sedative; in a large proportion of cases the expectoration diminishes in quantity and improves in quality, cough becomes less frequent and severe, and sounder sleep is enjoyed, enabling the patient to dispense with objectionable cough medicines.

The same effects may be noted when the general progress of the lung-affection is not arrested. I have never seen hemoptysis produced by its use. As a respirator I prefer a simple tin box, perforated and shaped to the mouth, introduced by Dr. Roberts, of Manchester. The patient is directed to place a few drops of the carbolic solution on the tow in the box, and to use the respirator for ten minutes after the morning cough, and at intervals during the day. Many habitually use it for hours while reading. If dryness and irritation of the mouth and throat be caused by the carbolic inhalation other remedies may be substituted—such as terebene and eucalyptus oil.

To produce an aseptic atmosphere the constant use of the vapor of carbolic acid in the sick-room has been recommended. Few can be induced to submit to this treatment, which I can not recommend.—*W. V. Snow, M.D., in Brit. Med. Journal.*

TREATMENT OF HÆMORRHOIDS.

Dr. Todd (*St. Louis Medical Courier*, September, 1881, p. 211) says that the first step in the treatment of recent cases is the administration of a saline cathartic: the best is sulphate of magnesium. After this the following pill may be used:

℞ Ext. colocynth. co.,	gr. xxx;
Ext. nucis vomicæ,	gr. xx;
Ext. belladonnæ,	gr. x.

Div. in pil. no. xl. One to be taken every evening on going to bed. More or less may be given, according to the effect produced, the object being to secure one full, soft evacuation daily,—neither more nor less. Relief from pain may be gained by the following:

℞ Iodoformi,	3 j;
Bals. Peruv.,	3 ij;
Ol. therobromæ et ceræ albæ,	a a 3 iss;
Magnesiæ calcinat,	3 j. M. bene.

Fiat in suppositoriæ no. xij. Insert one after each evacuation of the bowels, or, if necessary, oftener. Iodoform is a local anæsthetic of great power, and does not constipate.

Hæmorrhoids of long standing will only be benefited by this treatment, not cured. Dr. Todd's plan of radical treatment is as follows. All tumors found at the verge of the anus, and covered in part or wholly with integument, are clipped off with the scissors. If situated within the external sphincter,—the bowels having been moved with a dose of sulphate of magnesia given a few hours before,—the patient is placed over a vessel and directed to strain (a vessel filled with hot water is best). If the tumors do not come within reach in this way, the finger should be thrust into the bowel, provoking tenesmus, and the patient again be instructed to force the piles down. When within reach,—the nates being separated by an assistant,—the tumors are seized one by one with a forceps and held, while with the hypodermic syringe from five

to ten minims of a solution of nitrate of silver (one drachm to the ounce of distilled water) are injected into each, not stopping till all have been thus injected. No pain is felt except what is caused by handling parts rendered hypersensitive by protracted irritation.

One of the suppositories before mentioned may now be passed into the bowel, and thenceforth, if the treatment already given for removal of constipation be followed up assiduously and patiently, little further inconvenience will be felt and no further treatment required. Even though the suppository be omitted, little pain is felt, and the patient goes at once about his business. The tumors immediately become hard, atrophy, and in about ten days have wholly disappeared. They can only recur from the cause which first produced them. Dr. Todd says that he has not had occasion to repeat this little operation in the same individual but once, which was in the case of an old gentleman, in whom tumors located higher in the bowel subsequently came down and were cured by the same means,

POTASSIUM BROMIDE IN ORCHITIS AND INFLAMED BREASTS.

Dr. J. Grammer, M.D., says that, when consulted in time, he finds nothing else necessary, either in orchitis or milk breast, but potassium bromide, in five-grain doses, three times a day, or smaller doses, more frequently repeated. In advanced or complicated cases, of course, auxillary measures should be used, if only as a precaution, or to expedite the cure, but he has never had the bromide to fail him even when used alone.

In orchitis, a suspensory should always be worn.

In some of these cases, he has seen the disease held in abeyance for weeks, when the patients would persist in the grossest imprudence, in walking and horseback-riding. He rarely restricts them in diet. Yet even these cases eventually recovered, without suppuration or atrophy,—neither of which results has he seen since he has used this remedy.

He has had no opportunity to test it in the metastatic orchitis of mumps, but is sure it will prove as useful as in the ordinary cases; and, though it is a specific inflammation, he expects to find it efficient in the next epidemic of parotiditis he may meet with.

Dr. Grammer has seen but one case of mammary abscess since he commenced the use of the bromide of potassium for such cases, and that case occurred not very long ago. The abscess had already pointed when he first saw it. He opened it, and prescribed potassium bromide, gr. ij, every three hours during the day: and in less than a week her husband reported the patient well. This, however, was not a fair test of the effect of the bromide on a mammary abscess for there was no infant to complicate or irritate the inflammation.

It was to Dr. Grammer a unique instance of the secretion of milk during pregnancy. The woman was four or five months advanced with her fourth child, and she stated that, being habitually rather irregular, she always recognized her pregnancy by the appearance of milk,—the secretion of which thenceforth continued.—*Virginia Med. Monthly.*

LOCAL TREATMENT OF CHRONIC METRITIS.

Prof. Amann, of Munich, read a paper on this subject at the London Congress, of which the following is an abstract:—

Most cases of chronic metritis require local treatment for their cure. If the disease be limited to the mucous membrane of the cervical canal the treatment is comparatively simple, and cure can be affected by various harmless means. Greater difficulty is met with when chronic inflammation of the body or of the body and neck of the uterus calls for local treatment. For many years I have carefully tested the various means recommended during the last twenty years in the treatment of the affection in question, in hospital and private practice, in more than 3000 cases, and have come to the conviction that only one method acts with certainty without being troublesome and *dangerous*. This is new only in the manner of its execution, and consists in the systematic cauterization of the cavity of the body and eventually of the cervix of the uterus by means of an instrument like a sound, into a hollow in the upper end of which is fused *lapis mitigatus*. This can be employed, as is self-evident, according to the behaviour of the endometrium, and the resisting power of the uterus in individual cases, at one time more frequently and thoroughly, at another more rarely and cautiously, and will have, according to the peculiarities of the special case, by itself alone, or in conjunction with other means (topical blood-letting, scraping off of growths of the endometrium), almost sure results. Only in a few cases of large tumours or severe bleeding granulations of the endometrium is the employment of the galvano-cautery or thermo-cautery necessary. The intra-uterine application of *lapis mitigatus* is, with the necessary caution, absolutely free from danger, and in a small number of cases only does it cause pain, which, however, is usually of short duration; sometimes also it gives rise to considerable but transient bleeding. Once only have I noticed, after a severe cauterization of the whole of the uterine cavity, dangerous metritis or perimetritis, which, however, ended in a few weeks in complete recovery. Even slighter degrees of acute endometritis and acute metritis occur according to my experience in barely 2 per cent. of all the cases.

TREATMENT OF PLEURISY WITH JABORANDI.

Prof. Bouchut (*Med. Chir. Rundschau*) has obtained good results from the use of jaborandi in pleurisy. He gives the following details of a case: A girl, aged seven, was brought on the 5th of February to the hospital; for two days she had experienced rigors, fever, headache, and vomiting. At the time of admission she had an evening temperature of 38.2°C., the pulse-rate being 95; there was much dyspnoea and the patient complained of a "stitch" in her left side. Examination showed that there was pleurisy with exudation on the left side, with displacement of the heart, the apex beat being felt one centimeter from the sternum. On the 6th of February three grams of jaborandi were given; in the evening there was no stitch and no dyspnea. On the 7th of February it was noted that the patient had passed a good night, and that there was no increase in the exudation. Jaborandi three grams. On the 8th of February vesicular breathing was audible as far as the middle of the sternum. Jaborandi three grams. On the 9th of February vesicular breathing could be heard all over the chest; the heart was in its normal position; there was no fever. On the 10th of February all the symptoms of pleurisy had vanished. The patient continued to take three grams of jaborandi daily until the 20th. The exudation did not return, and there was complete recovery. The author adds, as a warning, that jaborandi acts chiefly upon the salivary glands in children, and only slightly upon the sudoriparous glands.—*Lond. Pract.*

ON THE TREATMENT OF SOME FORMS OF PNEUMONIA.

I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like in its general aspect that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvelous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged thirty-five, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her the pulse was 140, the temperature in the axilla 103°, and the sputa of a deep rust color. I ordered mustard and linseed poultices, and the following mixture: ℞ Li-
quoris ferri perchloridi fort., ʒ ij; acidi hydrocyanici (Scheele) Mviii; aquam ad., ʒ viij. M. Two teaspoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After

thirty hours the pulse had fallen to 100, the temperature to 99°, the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse or syncope; the pulse was 144; the breathing in short gasps; the finger-ends, as seen through the finger-nails, of the color of a thunder-cloud; and both lungs in a general state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her, and her pulse is now 96, temperature all but normal, sputa devoid of blood or discoloration of any kind, and she herself anxious to get up.—*D. Biddle, in Brit. Med. Journal.*

SUTURES IN RECENT RUPTURES OF THE PERINEUM.

Dr. Veit advocates the immediate union of even the lesser ruptures of the perineum. To accomplish this there is need of no elaborate armamentarium—only needles and scissors are necessary. Dr. Veit recommends to begin at the perineum with the sutures; avoid deep vaginal sutures, only superficial ones are necessary. After bringing the rectal mucous membrane together the needle is passed through the perineum behind the frenulum and carried along parallel to the rupture in the vagina to the end, where it is brought through the skin. Other deep sutures can be entered under this; superficial stitches, if necessary, are placed between the deeper ones. Chloroform is only necessary in cases that are not operated upon immediately post partum.—*Medical Press and Circular.*

TREATMENT OF GONORRHOEA BY THE INTERNAL ADMINISTRATION OF CHLORATE OF POTASH.

Zeitlin (*Med-chirurg. Rundschau*, May, 1881) has treated fourteen cases of uncomplicated urethritis with chlorate of potash, given internally in daily amounts of three grammes, as recommended by Dochman. The results have been uniformly favorable. After a few doses, pain and erections ceased, the discharge became less free and thinner, and a cure was soon obtained without the intervention of any of the disagreeable and serious symptoms (hæmoglobinuria, collapse, etc.), which of late have so frequently been attributed to chlorate of potash. The action of the remedy is due to its rapid excretion by the kidneys in an unchanged form, and its local effect upon the urethral mucous membrane. It may be remembered that the drug has also been used in the form of urethral injections, and has been given internally in cystitis, whether of gonorrhœal or other origin, with good results.

AMENORRHOEA.

In cases of this nature, due to torpid action of the ovaries, Dr. Goodell orders the following prescription :

℞ Ex. aloes..... ʒ ij ; 4.00 Gm. ;
 Ferri sulph. exsic..... ʒ ij ; 8.00 Gm. ;
 Assafoet..... ʒ iv ; 16.00 Gm.

M. et in pil. No. c, divide.

Sig. One pill to be taken after each meal ; this number to be gradually increased, first to two and then to three pills after each meal. If the bowels are at any time over-affected, the patient is to stop and begin again with one pill.

Where the amenorrhœa is due to arrested development Dr. Goodell has derived the very best results from the constant use of Blaud's pill, as recommended by Niemeyer :

℞ Pulv. ferri sulph..... } aa ʒ ij ; 8.00 Gm. ;
 Potas. carb. puræ..... }
 Mucil. tragacanth. q. s.

M. et in pil. No. xviii, divide.

Sig. To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula :

℞ Pulv. glycyrrh. rad. } aa ʒ ss ; 15.00 Gm. ;
 Pulv. sennæ..... }
 Sulph. sublim..... } aa ʒ ij ; 8.00 Gm. ;
 Pulv. feniculi..... }
 Sacchar. purif..... ʒ jss ; 45.00 Gm.

M. Sig. One teaspoonful in half a cupful of water at bedtime.

Where the suppression is due to change of habits and loss of health, tonics are employed. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, the patient is placed in a mustard hip-bath, a Dover's powder is administered, she is put to bed, and hot drinks are given to provoke copious diuresis and diaphoresis.—*Medical Record*.

TINCT. FERRI PERCHLORIDI.

Dr. Reed, Professor of Materia Medica in the Montreal College of Pharmacy, observes that, notwithstanding so many new preparations of iron have been brought forward, this old tincture still holds its place in spite of the unpleasantness of its taste. There is, he says, a simple method of dealing with it which is not so widely known as it deserves, and which consists in merely adding a little alkaline citrate. For every dram of the tincture add half a dram of citrate of potash. The liquid is then converted into a beautiful green color, and is quite free from the peculiar roughness

of the iron. For a tablespoonful dose, containing ten minims, the prescription may be—

Tinct. ferri mur..... ʒ ij ; 8.00 fl.Gm. ;
 Pot. cit..... ʒ j ; 4.00 Gm. ;
 Syr. limon..... ʒ jss ; 45.00 fl.Gm. ;
 Aquæ, ad..... ʒ ij ; 60.00 fl.Gm.

Another advantage of the mixture is that astringent tinctures—as bark, gentian, etc.—may be added without decomposition.—*Canada Med. Journal*.

Sometimes the interior of the nares feels very sore from erosions, or crusts are forming in consequence of catarrhal affections. Zinc ointment applied freely by means of a camel's-hair brush acts like a charm, a single application often being sufficient.

ASTHMA.—

℞ Tinct. lobeliæ..... ʒ ii.
 Ammon. iodi... ʒ iii.
 Ammon. brom..... ʒ iv.
 Syrup. tolut..... ʒ iv.

M. Sig.—A teaspoonful every four hours.
 —*Virginia Medical News*.

THE CANADA MEDICAL RECORD,

Monthly Journal of Medicine and Pharmacy.

EDITORS :

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SUBSCRIPTION TWO DOLLARS PER ANNUM.

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

MONTREAL, APRIL, 1882.

INSANITY AND DIVORCE.

Some time ago a Commission was appointed in Paris to investigate the question of Divorce, and determine what circumstances should in future be accepted as valid reasons for the dissolution of the marriage tie. M.M. Charcot, Blanche and Legrand du Saule have recently appeared before this Commission, and testified that, with some reservations, insanity should not hold in law as a plea for divorce. According to the *British Medical Journal*, a writer in the *Gazette Hebdomadaire* warmly endorses the opinion of

these eminent men, and in support of it advances the following reasons :—

1st. *No disease* occurring after marriage, not even impotence, justifies divorce; insanity being due to a diseased condition of the nervous system, can therefore no more justify divorce than any other form of disease. The insane suffer in their moral and intellectual, as well as in their physical health, and consequently deserve even greater consideration and care from their friends than those afflicted with ordinary ailments. In many cases, it is true, strict precautions must be taken to guard against the effects of mental loss of balance, but these do not necessitate either divorce or separation.

2nd. *Chronic Insanity*, although often incurable, is not necessarily so. It would be both cruel and unjust to make it legally possible for a married man to return to his home after an unexpected recovery from chronic insanity, to find his wife divorced from him and wedded to some other man. The form of Dementia known in France as *Folie Circulaire* often yields such surprises. M. Blanche cites one case of this kind in which, after sixteen years, recovery eventually took place. *General paralysis* is admittedly incurable; yet such long and complete remissions do sometimes occur as to deceive even the most experienced practitioners, the disease seems permanently arrested, and the patient leaves the asylum and returns to his family. With regard to those hopeless cases which are manifestly passing from bad to worse, Charcot maintains that the plain duty of the family is to redouble every possible attention, and wait patiently for the inevitable end, rather than seek for relief by divorce. *Epilepsy*, though generally continuous and a fruitful cause of insanity, is nevertheless sometimes limited to two or three attacks, then disappears never to return. According to Foville, such epilepsies occur chiefly in the young, and are most frequently connected with the eruption of the wisdom teeth. Epilepsy is sometimes caused by the irritation of intestinal worms; the case of a librarian is cited where epileptic attacks ceased after the expulsion of a tænia, and did not return during the remaining fifteen years of his life. Chronic insanity should not therefore be admitted as a reason for divorce.

3rd. It is by no means uncommon to meet with persons sufficiently wanting in the moral sense to speculate by marriage on the diseased condition of their fellow creatures. Those affec-

tions which are slow in presenting their true character, but are not unfrequently recognizable in their early stages, such as phthisis and insanity, are particularly adapted to this kind of calculation. The prospect of divorce would be yet another encouragement, and so much the more tempting as regards dementia, that it would be more easy to accomplish an act of spoliation in the case of a person of weak intellect after marriage.

LOCOMOTOR ATAXIA AND SEWING MACHINES.

Gynecologists have long pointed out the numerous derangements of the female pelvic viscera, directly traceable to the continued or immoderate use of the sewing machine. It seems, however, that, besides uterine troubles, other grave disorders may arise from the same cause. In the *Union Medicale* M. Octave Guelliot reports two cases of locomotor ataxia in women, which he attributes to the habitual use of the sewing machine. His theory is that the treadle-movement produces a sort of concussion, which is gradually diffused throughout the spinal cord: he believes that hysterical women are most apt to be thus affected. The first symptoms are sharp shooting pains in the lower limbs, which tend to spread rapidly upwards, are relieved by rest, but return when the treadle work is resumed. M. Guelliot argues strongly for the discontinuance of the treadle and the introduction of some other mechanical motor.

POISONING BY TINNED MEATS.

According to the *British Medical Journal*, a whole family at Northampton, consisting of five persons, have recently had a narrow escape from poisoning. After partaking of tongue from a hermetically-sealed tin they all suffered from symptoms of irritant poisoning due to verdigris caused by imperfect sealing.

McGILL UNIVERSITY.

FACULTY OF MEDICINE.

The Annual Convocation of the Medical Faculty of McGill University was held in the William Molson Hall on Friday afternoon, the 31st March. The chair was occupied by Chancellor Day, who was surrounded by the Governors,

Fellows, and Professors of the University. The attendance was very large. Dr. Osler, Registrar of the Faculty, read the following report of the past session.

The total number of students enregistered in this Faculty during the past year was 154, of whom there were, from—

Ontario, 75; Quebec, 33; Nova Scotia, 6; Manitoba, 2; New Brunswick, 8; P. E. Island, 8; Newfoundland, 2; West Indies, 1; United States, 19.

The following gentlemen, 33 in number, passed their Primary Examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry. Materia Medica and Pharmacy, Institutes of Medicine and Botany or Zoology. Their names and residences are as follows:

James L. Addison, West Flamboro, Ont.; George Carruthers, North Bedeque, P.E.I.; S. E. Cook, Aultsville, Ont.; T. B. Davies, Ottawa, Ont.; J. A. Duncan, Duncanville, Ont.; E. J. Elderkin, Apple River, N.S.; Hugh Gale, Elora, Ont.; C. E. Gooding, Barbadoes, W. I.; G. A. Graham, Hamilton, O.; W. G. Henry, Chatham, O.; J. R. Johnson, Farmersville, O.; Wyatt G. Johnston, Sherbrooke, Q.; Ovide Martel, Montreal, Q.; J. C. Meahan, Bathurst, N.B.; J. J. Maher, Albany, N.Y.; John Menzies, Pembroke, O.; N. J. McDonald, Mount Stewart, P.E.I.; J. P. McInernay, Kingston, N.B.; Isaac N. McLean, B.A., Pictou, N.S.; J. W. McLean, Strathborne, N.S.; Arch. McLeod, B.A., Orwell, P.E.I.; Alex. McNeill, Charlottetown, P.E.I.; W. M. Nelson, Montreal, Q.; S. S. C. Phippen, Parkhill, O.; William Porteous, Pembroke, Ont.; W. Scott Renner, Jordan Station, O.; W. K. Ross, Goderich, O.; George B. Rowall, Abbotsford, Q.; E. H. Smith, Prescott, O.; Herbert E. Smyth, Worcester, Mass.; Felix D. Walker, Launching, P.E.I.; S. F. Wilson, M.A., Springfield, N.B.; E. S. Wood, Faribault, Minn.

The following gentlemen, 27 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the Hospital:

Chas. O. Brown, Lawrenceville, Q.; Benj. W. Burland, Port Kent, N.Y.; Lorne Campbell, Montreal, Q.; Angus M. Cattanach, Dalhousie Mills, O.; Edmund Christie, Lachute, Q.; W. C. Cousins, Ottawa, O.; William J. Derby, North Plantagenet, O.; W. T. Duncan, Granby, Q.; H. A. Dunlop, Pembroke, O.; Rankin Dawson, B.A. (McGill), Montreal, Q.; Hugh Gale, Elora, O.;

James A. Grant, B.A. (Queen's), Ottawa, O.; Robt. J. B. Howard, B.A. (McGill), Montreal, Q.; B. F. W. Hurdman, Aylmer, Q.; R. F. Klock, Aylmer, Q.; R. K. C. McCorkill, Montreal, Q.; A. R. McDonald, Trinity, Texas; T. N. McLean, Perth, O.; W. J. Musgrove, West Winchester, O.; Henry V. Ogden, B.A. (Trinity), St. Catharines, O.; T. J. Pierce O'Brien, Worcester, Mass.; Henry O'Keefe, Lindsay, Ont.; Clarendon Rutherford, M.A. (Union), Waddington, N.Y.; Alex. Shaw, Seaforth, O.; E. W. Smith, A.B. (Yale), West Meriden, Conn.; W. E. Thompson, Harbour Grace, Nfld.; H. W. Thornton, B.A. (McGill), Montreal, Q.

The degree was then conferred by Principal Dawson on the above gentlemen.

Messrs. Howard and Campbell, natives of the Province of Quebec, have fulfilled all the requirements for graduation, but await the completion of four years from the date of passing the matriculation of the Provincial Board before receiving the degree.

Dr. O'Brien of Worcester, Mass., U.S., delivered the valedictory on behalf of the graduating class. Professor McCallum, M.D., gave the parting address on behalf of the Faculty.

MEDALS, PRIZES AND HONOURS.

The Holmes Gold Medal for the best Examination in the Primary and Final Branches was awarded to Robert J. B. Howard, B.A., Montreal.

The Prize for the best Final Examination was awarded to H. V. Ogden, B.A., of St. Catharines, Ont.

The Prize for the best Primary Examination was awarded to George A. Graham, of Hamilton, Ont.

The Sutherland Gold Medal was awarded to Wyatt G. Johnston of Sherbrooke, Q.

The Morrice Scholarship in Physiology was awarded to Wyatt G. Johnston, of Sherbrooke, Q.

The following gentlemen, arranged in the order of merit, deserve honourable mention:—

In the Final Examination, H. V. Ogden, B.A., H. W. Thornton, B.A., Rankin Dawson, B.A., E. Christie, Alex. Shaw, and W. T. Duncan.

In the Primary Examination, G. Carruthers, G. B. Rowell, C. E. Gooding, W. G. Johnston, F. D. Walker, E. J. Elderkin, Alex. McNeill, W. G. Henry and Arch. McLeod, B.A.

PROFESSOR'S PRIZES.

BOTANY.—First Prize, Edwin G. Wood, of Londesboro, O.

FOR THE BEST COLLECTION OF PLANTS.—W. W. Doherty, of Kingston, N.B.

PRACTICAL ANATOMY.—Demonstrator's Prize,

awarded to George Carruthers, of Charlottetown, P.E.I., who was closely pressed by Chas. E. Gooding, of Barbadoes.

UNIVERSITY OF BISHOP'S COLLEGE.

FACULTY OF MEDICINE.

The eleventh Medical Convocation for conferring degrees in Medicine was held in the Synod Hall, Montreal, on the 5th April. There was a large attendance, the Hall being completely filled, the fair sex predominating. Among those present, graduates of the School who had come to the City to attend the Convocation, was Dr. Gravely, Cornwall; Dr. Mitchell, Bedford; and Dr. Gill, Drummondville; and of the graduates practicing in the city who were present we noticed Drs. Wood, Jenkins, Gaherty, Kannon, and J. Leslie Foley. The majority of the Faculty were present. The chair was occupied by Vice-Chancellor Norman, in the absence of Chancellor Henecker, who is absent in England. In opening the proceedings Vice-Chancellor Norman said:—

Our Convocation to-day closes the eleventh session of the Medical Faculty of Bishop's College. This Faculty has now secured a firm and recognized position. Its promoters and professors have had to fight a hard battle, but they have displayed those qualities which ensure success in the long run. They have never lost heart, and never relaxed their energies. They have labored for no private or selfish ends. They have not striven for personal emolument. Opposition has not daunted them, nor difficulties quenched their hopefulness. When such courage, such laborious and self-denying industry are combined with intellectual knowledge and professional experience, the struggle may be protracted, the issue may be long delayed, but the result cannot be doubtful. This, the eleventh session of this Medical School, has been the most successful in its history. We may say without hesitation that the School is a fact, stubborn, living, that refuses to be passed over or ignored. Montreal is proud, and justly proud of the Medical Faculty of McGill College, but events have proved that there was room for one more, and that nothing but a sentiment of honorable rivalry need exist between such institutions. That the Medical School of Bishop's College has gained a distinguished place in the estimation of the community at large, and is highly appreciated by them, is evidenced by the large number of young

men who, in commencing the study of medicine, have selected Bishop's College as their Alma Mater and place of instruction. The stream is flowing steadily. May it never cease to flow, and may in this instance the words of the Roman poet prove true, "Labitur et labetur." It is gratifying to the authorities of Bishop's College to know that a graduate in Arts of their University, who has devoted himself to the medical profession, has succeeded this year in carrying off the two highest prizes, viz., the Nelson Gold Medal, for special examination in surgery, and the Wood Gold Medal awarded to the student who takes the highest number of marks in the primary and final examinations. I am alluding to Mr. Heber Bishop. This is one of the proofs of the value of general education of a high order, as the prelude to and foundation of a special and technical course of study. Some two or three years ago, on the occasion of a similar gathering, I remarked that Bishop's College was a cosmopolitan institution, and that its members were to be found in well nigh every quarter of the globe. This remark is at the present time more correct than ever. As the sun never set on the domains of ancient Spain, as the same vaunt holds good of modern England, as "the Queen's drum beats round the world," so we may almost say that on whatever great country the sun's light falls, *there* are to be found medical graduates of Bishop's College. At all events, they are to be met with in England, India, China, the West Indies, Panama, California, several of the United States, as well as in every Province of this great Dominion. They are doing what they can to uphold the reputation of their University, and to ensure the permanent success of this Medical Faculty. I trust that the gentlemen who will this day receive their credentials and attain the distinction which they have long desired will ever bear in mind that on them, in a great measure, will depend the good name of their Alma Mater. They can either adorn her by their professional skill, their industry, the comfort and happiness which they can be the means of bestowing on suffering fellow creatures and sorrowing or anxious hearts, and not least by the purity, integrity and self-devotion of their lives, or they can sully her fair fame and detract from her position by careers of idleness, self-indulgence and dissipation. I have stated in merely general terms that great success has attended this medical school during this, its eleventh session. I leave all matters of

detail to the report which in a few moments we shall have the pleasure of listening to. But before resuming my seat I must allude to one circumstance which casts something of a shadow on the brightness of this auspicious day. I allude to the enforced absence of the Venerable Dean of this Medical Faculty, Dr. David. For the first time since this school was established he has found himself unable to attend the Medical Convocation. Last year, though ill and suffering, he was among us, taking part in our proceedings and comporting himself with that mingled cheerfulness and courage which are characteristic of his nature, and which no doubt concealed the real feebleness of his bodily condition from many who met and conversed with him. But this year's increased infirmity precludes even his presence here and retains him at home. I am sure that in his weakness and seclusion it will be a pleasure for him to know that we sincerely deplore his absence and its cause, and that he is held in respect and esteem not only by his colleagues and the students of the Faculty, but by all those who had the privilege of his acquaintance.

Dr. F. W. Campbell, Registrar of the Faculty, then read the annual report, which was as follows:—

REPORT OF THE SESSION 1881-82.

Before going into the details of the work of the past season I desire, upon behalf of the Faculty, to express their deep regret at the absence of our venerable Dean. From its organization he has been present at every Convocation; and we now for the first time meet without him. A year ago, struggling against bodily infirmity, his well-known energy carried him through the entire meeting. This year, although with us in thought and sympathy, his strength is such that he is unable to leave the house, and the duty of representing him falls upon me. I am sure this assembly join heartily with the Faculty in the hope that his life may be yet spared many years, and that his heart may be warmed by increasing success attending Bishop's College Medical School.

In the report read at last Convocation it was stated "that the outlook was brighter than it ever had been," and it is my pleasing duty to announce to-day that the prediction then made of future success has been amply verified in the session which closes with this afternoon's proceedings.

The number of matriculated students for the session 1881-82 was 53, being 21 in excess of last

year; of this number two (2) were from the Province of Ontario, one (1) from New Brunswick, one (1) from Nova Scotia, one (1) from Jamaica, two (2) from the United States, and forty-six (46) from the Province of Quebec. Twenty-eight were students commencing the study of medicine.

The following are the results of the examinations, and the gentlemen named have passed in the subjects named:—

Botany—Frank R. England, Dunham, P. Q. (Prizeman); Charles Lafontaine, Chambly; Ernest Bronstorff, Jamaica, W. I., first-class honors. Henry Johnstone, Montreal; Charles E. Parent, Waterloo; Wm. G. Nichol, Montreal; Frank J. Nelson, Montreal; Charles Ulric, Chambly; E. O. Laferriere, St. Cuthbert; Wm. D. Nutter, Montreal; Jas. A. Shepstone, Brantford, Ont.; E. Sirois, Montreal.

Practical Chemistry—J. B. Saunders, Montreal, first-class honors. R. C. Blackmer, Stockbridge, Vt.; E. Sirois, Montreal; Edgar O'B. Freligh, L'Orignal.

Practical Anatomy—E. Sirois, Montreal (Prizeman); J. A. Caswell, Digby, N.S.; J. B. Saunders, Montreal, first-class honors.

Anatomy—J. A. Caswell, Digby, N.S., first-class honors; E. Sirois, Montreal; J. B. Saunders, Montreal; Walter Prendergast, Montreal; G. A. Balcom, Campbelltown, N.B.

Physiology—J. A. Caswell, Digby, N.S.; J. B. Saunders, Montreal, first-class honors. G. A. Balcom, Campbelltown, N.B.; W. D. M. Bell, New Edinburgh, Ont.; E. Sirois, Montreal.

Materia Medica—W. D. M. Bell, New Edinburgh, Ont., first-class honors; J. B. Caswell, Digby, N.S.; G. A. Balcom, Campbelltown, N.B.; W. H. Drummond, Montreal; E. Sirois, Montreal; William Patterson, jr., Montreal.

Chemistry—J. B. Saunders, Montreal, first-class honors; J. A. Caswell, E. Sirois, W. H. Drummond, Edgar O'B. Freligh, G. A. Balcom.

Hygiene—J. B. Saunders, G. A. Balcom, first-class honors; Edgar O'B. Freligh, Walter Prendergast, W. D. M. Bell, Jas. A. Shepstone.

Medical Jurisprudence—John W. Cameron, Montreal; W. D. M. Bell, G. A. Balcom, first-class honors; Edgar O'B. Freligh, William Patterson, jr.

The following gentlemen have passed their primary examination, consisting of anatomy, materia medica, physiology, chemistry, practical chemistry and practical anatomy:—J. B. Saunders, Montreal;

Q., first-class honors and "Dr. David" Scholarship (for highest number of marks in the primary branches); J. A. Caswell, Digby, N.S., first-class honors; G. A. Balcom, Campbelltown, N.B.; E. Sirois, Montreal, Q., second-class honors; W. D. M. Bell, New Edinburgh, Ont.; Walter Prendergast, Montreal, Q.

The following have passed their final examinations for the degree of C.M., M.D., consisting of practice of medicine, surgery and obstetrics, pathology, medical jurisprudence, clinical medicine and clinical surgery. These ten last examinations are held at the bedside in the Hospital as a test of the ability of the candidate to put his theoretical knowledge into practice. Heber Bishop, B.A., Marbleton, Q., first-class honors and Wood Gold Medalist. [This medal is awarded to the graduate who has attended at least two six months sessions at Bishop's College, and at the final examination has obtained the highest number of marks on all the subjects of professional examination.] Ninian C. Smillie, Montreal, first-class honors and Chancellor's Prize; John W. Cameron, Montreal, first-class honors; Wm. D. M. Bell, New Edinburgh, Ont., Geo. A. Balcom, Campbelltown, N.B., second-class 60 per cent. honors. Walter Prendergast, Montreal.

The "Robert Nelson" Gold Medal, awarded for special excellence in surgery, was won by Heber Bishop, B.A. This medal is valued at \$60, and is for the best special examination in surgery, written and practical, open to all candidates who have taken first [75 per cent.] honors in all subjects, of the final examination, and who have attended at least two months sessions at Bishop's College.

HONOR LIST.

"Wood" Gold Medal and "Nelson" Gold Medal—Heber Bishop, B.A.

Chancellor's Prize—Ninian C. Smillie.

David Scholarship—J. B. Saunders.

Practical Anatomy—Senior Prize, E. Sirois.

Practical Anatomy—Junior Prize, R. C. Blackmer.

Botany Prize—F. R. England.

The following gentlemen will receive honorable mention in the undermentioned subjects:—

John W. Cameron, final examination.

J. A. Caswell, primary examination.

W. D. M. Bell, Medical Jurisprudence, Materia Medica.

G. A. Balcom, Hygiene, Medical Jurisprudence.

Charles Lafontaine, Botany.

Ernest Bronstorff, Botany.

In concluding this report I desire to state during the past winter the Faculty expended a large sum of money in fitting up a Practical Physiological Laboratory, and that we now possess the most complete Physiological Laboratory in Canada. Our prospects for the next session are most encouraging, and with the kindly aid of our friends we feel that the growth of Bishop's College School will keep pace with the wants of the Dominion.

Principal Lobley presented for the *ad eundem* degree of C.M., M.D., on recommendation of the Faculty, Dr. J. B. Gibson (M.D., McGill) of Cowansville, P.Q., and Dr. A. D. Stevens (M.D., McGill) of Dunham, P.Q., and the degrees were conferred by Vice Chancellor Norman.

Dr. W. D. M. Bell, of New Edinburgh, Ont., delivered the Valedictory on behalf of the graduating class, and Professor Armstrong on behalf of the Faculty gave the Valedictory to the students. Several addresses were delivered by friends, the most notable of which was one by Judge Mackay, a Governor of McGill University. He said he was not a fanatic in support of McGill College or any other institution with which he was connected. It had been said that there were too many colleges in the Province of Quebec, but he did not think this was the case, and he thought that there was plenty of room both for McGill and Lennoxville. He might say that he was wonderfully astonished at the work of Bishop's College Medical School as shown by the proceedings to-day, and he would carry away most agreeable impressions of it. He advised the graduates to pay attention to the advice that had been given them, and urged them to continue their study throughout their whole life. He had also heard with great satisfaction of the progress of the College at Lennoxville, and he hoped it would have continued success. This he knew was the sentiment also of McGill College, and if there was any rivalry at all between the two institutions it was only a fair and honest one.

HOSPITAL NOTES.

Montreal General Hospital.—During the early part of last month *nephrotomy* was successfully performed by DR. RODDICK upon a girl of twenty, who had for six years been suffering from frequent and painful micturition, the urine voided being small in quantity, and more or less mucopurulent

and bloody. At twelve years of age the patient had an attack of so-called *spinal fever* (?), at fourteen a severe sciatica, and shortly afterwards her urinary troubles began. Most of the ordinary methods of treatment were tried without much benefit; an examination was made for calculus, with negative results; rapid dilatation of the urethra was practised, several small villousities were removed from the mucous surface of the bladder, and weak nitric acid injections employed, but without any marked or permanent relief. Meanwhile, in spite of constant and careful treatment, the urine became gradually more purulent, and the patient's general health steadily declined. Last July chills and fever set in, accompanied by vomiting, alternating constipation and diarrhoea, and pain over the right kidney with tenderness upon pressure. By October a well-defined tumor could be made out in the right hypochondrium—a hypodermic needle was inserted, but failed to reach pus. From that time her decline was rapid, and although the appetite kept uniformly good emaciation became extreme. On admission to hospital, a distinct fluctuating tumor was found occupying the right hypochondriac and lumbar regions. The urine, which was passed every half hour, was scanty, and contained mucus and pus in abundance.

The presence of pus in the tumor having been discovered by means of the aspirator, nephrotomy was performed with strict antiseptic precautions. A transverse incision was made in the loin, midway between the border of the ribs and the crest of the ilium, and about twenty ounces of putrid, foul-smelling pus with a urinous odor came away; the sac was secured to the edges of the wound with silk sutures. A careful digital examination revealed extensive disease of the kidney structure, but no concretions. The cavity was thoroughly washed out with a carbolic solution (1 x 40) a large-sized drainage tube inserted, and antiseptic dressings applied. On the third day symptoms of carbolic acid absorption having appeared, a twenty per cent. boracic acid solution was substituted. The operation has so far proved a complete success; the chills and fever have disappeared—the urine has increased in quantity, is passed painlessly, and at longer intervals. The strength and general condition of the patient improved so rapidly after the operation, that on the sixteenth day she was able to be removed to her own home.

On the 25th February, a man, who has been long

and favorably known in Montreal in connection with the fire brigade, was admitted into Hospital with extensive injuries produced by the bursting of a rapidly-revolving emery wheel. A large fragment struck the patient on the left side of the face, wounding the soft parts along the nose and lower margin of the orbit, tearing both eyelids, crushing in the superior maxillary bone, destroying the eyeball and fracturing the floor of the orbit towards its outer angle, the roof of the orbit being uninjured. A line of fracture ran through the roof of the mouth, but there was no separation of the fragments. A large piece of emery was removed from the interior of the orbit, and several smaller pieces from the orbit. After the parts had been thoroughly cleansed, that portion of the maxillary body which remained was attached to the nasal process with silver wire sutures, and the flaps of skin brought together by means of silver wire and catgut. The orbit was packed with lint soaked in carbolic acid solution, carbolized dressings applied to the face, and constant irrigation of the parts with a weak carbolic lotion kept up for several days. The case made an uninterrupted recovery, the wound healed rapidly, leaving only a slight scar, and the patient was discharged on 13th March.

Notre Dame Hospital.—The House Surgeon's report for the six months ending 31st January has just been received. The proportionately large number of surgical cases treated in both the Indoor and Outdoor Department is quite noticeable, and is probably due largely to the central situation of the Hospital, and its close proximity to the wharves. In the *Indoor* department, 473 patients have been treated, 250 males and 223 females. Of accidents, 52 cases are reported; 6 of these proved fatal, viz., two cases of fracture of the skull, two of fracture of the cervical vertebrae, one of fracture of the leg, one of crushed arm. Of typhoid fever 17 cases are reported, two terminating fatally. The total mortality of all cases treated indoor was 17, or nearly 3.6 per cent.

In the *Outdoor* department, 1078 persons received relief.

The newly established *Eye and Ear* clinic has grown rapidly of late; 407 patients were treated during the past six months.

The Hospital is in a flourishing condition, is deservedly popular, and is evidently doing a good work.