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THE CANADA LANCET,

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VOL. X. TORONTO, FEB. 1ST, 1878. No. 6

Original Communications.

ADDRESS DELIVERED BEFORE THE BATHURST AND RIDEAU MEDICAL ASSOCIATION.

BY J. A. GRANT M.D. F.R.C.S. EDIN. &C.,
PRESIDENT, OTTAWA.

Gentlemen:—During the six months that have elapsed since our pleasant meeting at Pembroke, many and important facts in the various departments of medicine and surgery, have from time to time been brought under the notice of the profession, with all of which I feel satisfied the members of this medical section are fully conversant. Gatherings such as the present of scientific men tend to produce a very beneficial effect. The observations and deductions arising therefrom are freely and openly discussed, and thus a good opportunity is afforded to think out any objections which may arise, either as to the character of disease or the various methods of treatment adopted. Thus all concerned are stimulated to renewed exertion in the observation of the manifestations of disease and a systematic mental training constantly kept in operation, which in time must be productive of beneficial results. The very intellectual and scientific friction, springing out of a free interchange of ideas tend towards the spread of knowledge, and the development of vigorous intellectual activity, the pure outcome of meetings such as the present, only I trust in the incipient stage of organization. In the social sense these gatherings are of much service, thus bringing the members of our profession, more intimately in contact, and establishing a reciprocity of action, which must enlarge our ideas, make us more useful members of society, and give a stability and firmness to that very bond of good fellowship which binds us together morally, intellectually, and scientifically. We are the members of a working and a live profession, and we have a kind Providence showering upon us the privilege of ministering to the physical imperfections and diseased manifestations of human nature. In that mission we have a noble work which if carried out with thorough and determined resolution and a high sense of professional responsibility, the results must be productive of much good to the state, and the personal benefits fully equal to the most sanguine anticipations.

A short retrospect of work under careful consideration by many master minds may not be unacceptable on the present occasion. In the department of physiology, some exceedingly important facts have recently come to light. Professors Tyndall and Lister have by their untiring investigations, given such a stimulus to the whole subject of minute organisms and the ferment actions so intimately associated with these forms of life, that our knowledge of the unorganised or unformed ferments has also advanced very considerably. Ferments are divided into two classes, organised and unorganised, and are distinguished from each other as follows;—The unorganised ferments may be dissolved in certain menstrua without any impairment of their ferment action; thus the ferments of the animal body are mostly soluble in glycerine and in water. Also their action is not prevented by agents such as chloroform and salicylic acid, which almost immediately interfere with the action of organised ferments. The ferments of this class longest known to us, are *ptyalin*, the amylolytic ferment of the saliva; and *pepsine*, the proteolytic ferment of the gastric juice. The fact that ptyalin is absent from the saliva of the great majority of the animal creation, causes it to dwindle down very considerably, as to its physiological importance. Pepsine however, plays a most important part chemically, as a ferment in the gastric juice, and in the presence of dilute acids, at the temperature of the body, has the power of dissolving insoluble proteids and thus converting them into bodies, called *peptones*, which have the power of diffusing readily through animal membranes, bodies which when absorbed are reconverted into the various proteids, entering into the composition of the organs and tissues of the body. From the researches of Kuhne, Bernard, and Corvisart, it is placed beyond doubt that the gastric juice is not the only alimentary secretion

possessing the power of proteolytic action. The pancreatic secretion is now known to have the power of acting on the three chief groups of organic constituents of food: the proteids, the starches, and the fats; brought about by three distinct ferments; one proteolytic, through which proteids are converted into peptones; one amylolitic, like ptyalin, and a third which has the power of converting or decomposing fats into fatty acids and glycerine. To Corvisart, is so far due our knowledge of this proteolytic action of the pancreas. Kuhne however has very recently pointed out by elaborate investigations that not only are the conditions of the ferment different from those of pepsine but the results likewise differ very considerably. Heidenhain has demonstrated that in the pancreas, salivary glands, and stomach, there are structural differences to be observed which correspond with the various states of functional activity of these organs. He has pointed out that the secretory cells of the pancreas do not contain ready formed ferment, at the time of secretion, but a body which yields the ferment and which he terms *Zymogen* ferment generator. To these, the additional discoveries of Kuhne, throw great light not only on the function of the pancreas, but also on the relations of gastric juice; pancreatic juice and bile. He terms the proteolytic ferment of the pancreas *trypsin*, from its breaking up propensity, or disposition. Trypsin cannot digest pepsine, but pepsine will destroy trypsin when in acid solutions. How interesting is the part that the bile plays, first bringing peptic digestion to a close, and then assisting in pancreatic digestion at the very time, when such is required.

Claude Bernard has also pointed out in the intestinal juice, that the ferment which has long been known to exist, in this secretion, is *Inverting ferment*, by which starches, proteids and sugars are modified. I might here advert to the fact that Dr. Herbert Watney is of opinion that fat enters the system, when emulsionized, through the intercellular substance of the epithelium covering the villi. We may well express, we grow fat; but how? The next interesting discovery made in physiology, to which I desire to direct your attention, is that of "Vision Purple." In November last, Professor Du Bois Reymond presented a paper from Dr. Boll, of Rome, to the Berlin Academy, in which a new fact of considerable significance was set forth, viz: "That the external layer of the retina possesses, in all living animals, a purple colour; and that this particular colour is perpetually being destroyed by the light which penetrates the eye." He has also pointed out that the red coloration, seen at the fundus of the eye by the ophthalmoscope, is not the result of the lighting up or illumination of the choroidal vessels, but the true colour of the retina. This latter statement has since been modified. Recently, Professor Kuhne, of Heidelberg, has given the prolific suggestion of Dr. Boll careful consideration, which has resulted in the production of many new and exceedingly interesting facts. He found that the beautiful purple colour persists after death, if the retina is not exposed to light. Under the influence of monochromatic sodium light, the purple colour does not disappear sooner than from 24 to 28 hours. According to Kuhne, as long as the epithelium of the retina is alive, it possesses the power of restoring the faded vision-purple. Thus we have the epithelial layer of the retina performing a particular and important function, which, to use the terms of Kuhne, becomes a purple generating gland. Many years ago, Henreich Muller drew attention to the fact, that the rods of the frog's retina are of a red colour, from the imbibition of red colouring matter of the blood. Leydig and Max Schultz observed a like manifestation in the retina of the owl and rat. These observations are still in their infancy, and before any certain data can be arrived at, will require even closer investigation. Kuhne states, that the cones of the retina possess no purple colour in the frog. In the monkey, the *fovea centralis* is destitute of vision purple. In snakes, the retina possesses only cones and no rods, and is therefore destitute of vision purple. These conclusions lead to the idea that vision purple is not essential to the perception of light. In these investigations it will be a source of congratulation if more accurate information can be obtained, as to the manner in which various physical changes in the retina become the precursors of luminous impressions.

Leaving now the changes of colour, I desire to advert briefly to the recent investigations of Professor Tyndall, at the Royal Institute. It is a well-known fact that vegetable as well as animal infusions, at a certain temperature, become turbid and ultimately lose their sweet smell. This change is induced by swarms of minute organisms,

called in infusions, "Infusoria," and the very lowest class of these are known as "Bacteria." Two theories as to the origin of these low forms are advocated:—1st. That they are developed from eggs or germs, like the higher forms of life: and 2nd. That they arise spontaneously. This latter theory, although warmly advocated by M. Pouchet, of Rouen, has, I might say, collapsed,—having but few followers. For many months past Tyndall, has been investigating "infective atmosphere." His examinations tend greatly to strengthen the idea of the germ theory of putrefaction. Being unable to arrive at satisfactory results in his laboratory in Albemarle street, owing to the impure condition of the air, he removed to a newly erected shed near by, and, having the atmosphere thoroughly disinfected, he succeeded in preventing putrefaction in infusions subjected to moderately prolonged boiling. Boiling does not destroy the power of putrefaction of any substance; it destroys only the germs in the infusion at the time. When an infusion putrefies, it is from the germs in it, not from those in the surrounding atmosphere. The germs of infusion are sometimes confounded with the adult forms. Heat will destroy the adult forms or organisms, whereas the germs from which they take their origin are comparatively indestructible. One result of Tyndall's recent investigations is, "the method of dis-infection by dis-continuous heating." The substance disinfected is first subjected to a temperature of 140° F., sufficient to kill all adult organisms." After a few hours intermission, during which the substance is kept at a proper temperature, to enable the indestructible germs to arrive at a sufficiently sensitive stage of existence, the substance is again subjected to a mild heat. "By this method more is accomplished, towards sterilizing the infusion, in a few moments, than could otherwise be brought about by many hours hard boiling." From such experiments he inclines to the belief that he destroyed more perfectly the successive crops of soft, plastic and extremely sensitive organisms springing from the indurated germs. Two recent experiments render the idea, that putrefaction is induced by an organized germ, exceedingly likely. 1st. The putrefactive process cannot be maintained in an infusion from which air is perfectly excluded. 2nd. It will not take place in an infusion under oxygen compressed by ten atmospheres. In considering these points, the germ theory of putrefaction must not be confounded with the germ theory of disease: "The doctrine of Contagium Vivum," as advocated by Dr. Wm. Roberts, of Manchester, in his address to the British Medical Association. Dr. Roberts directs attention to the remarkable resemblance between a contagious fever and the action of yeast in fermentation, or bacteria in decomposition. The various arguments adduced, and which have been so skilfully supported, are now current in our medical journals. Dr. Beale, of London, in the Lumleian Lectures, for 1876, says, "The very last conclusion that would be adopted by anyone who thoroughly thought over the matter would be, that these low organisms are the causes of the changes in the fluids by which their growth was formed, much less, that they were the cause of the diseases which had existed some time before they began to multiply, in the tissue and fluids of the body." He also points out that the germs of bacteria are to be found in every tissue and fluid of the healthy body, ready to develope, under favourable circumstances, into countless numbers of bacteria. According to Beale, healthy tissues are an unsuitable soil for "septic bacteria." The battle now rests in such hands as those of Tyndall, Roberts and Beale, and certainly recent investigation should enable the members of our profession to combat disease more successfully, and while the highest powers of intellect are grappling with those abstruse problems, let us most earnestly hope that these marked scientific efforts may be the result of more accurate data, as to the necessary initial conditions of disease.

While reflecting on the statement of Dr. Beale, "That we find no traces of bacteria in healthy blood and healthy tissue," let us consider briefly a few facts on the disease termed by Biermer, of Zurich, "Progressive Pernicious Anemia." This term itself has considerable significance, and yet not sufficiently explicit to define its precise meaning. Dr. Bramwell, of Newcastle-on-Tyne, describes this disease as "a profound anemia, which is associated with marked changes in the microscopical characters of the blood, and, in most cases with the presence of retinal hemorrhages." Profound anemia is considered by careful observers a common condition, and is met with in all cases where there is great loss of blood, lymph, or any of the secretions or excretions. Professor Echherst is of opinion that progressive pernicious anemia

can be determined by a microscopical examination of the blood, but even this statement requires still a considerable degree of observation, prior to a satisfactory solution of the entire problem. According to Bramwell (Med. Times, Sep. 22, 1877) in ordinary cases of anemia of sufficiently long duration, alterations of an analogous character, have been observed in the blood. Dr. Osler, of Montreal, has also noted the very small corpuscles upon which so much stress is placed, even in healthy blood. Their numerous presence, however, he favors, as likely connected with pernicious progressive anemia. In tracing the first ray of light, which attracted attention in this peculiar condition, appears according to M. Lapine, to be a case recorded by Andral in his Medical Clinique, 1823. It is considered, that owing to the imperfect report, it may have been a case of Bright's Disease. Then follow two cases, reported by Barclay in the Medical Times, 1851, described as death from anemia. Strange it is, that Dr. Addison, of Guy's, who so distinguished himself in kidney disease, should have been the first to give force and character to his impressions on this particular form of *Anemia* as *idiopathic*, and so graphically revived by Professsor Biermer, of Zurich, as "progressive pernicious anemia." See report, by Drs. Bell and Osler, (Transactions Canada Medical Associations.) In 1857, Dr. Wilks published (in Guy's Hospital Reports) nine cases of fatal anemia. In 1863, Dr. Habershon. of London, published a case in the Lancet, of a like character. Various other reports of cases in British and foreign journals, amount to about 46 in number. More recently appeared, the paper of Dr. Howard, of Montreal, in the transactions of the American Medical Association, at Philadelphia; also the admirable report of Drs. Bell & Osler, on the same disease. It appears to be connected with the pregnant condition; loss of blood; even moderate in character; and slight continuous diarrhœa. The usual anatomical lesions found after death are those incident to anæmia, but in addition, fatty degeneration, defined by Addison as remarkable persistence of fat, in spite of weakness and pallor. This condition has been more particularly noted by Lapine, in connection with the heart. Recent experiments lead to the belief that even fatty degeneration may (through ruptured and weakened vessels) bring about the ecchymoses of the retina, which have been observed. The presence of "microcytes" in a well defined case of *splenic leukæmia*, and their absence in several well defined cases of pernicious anæmia, throws some degree of doubt on accuracy of diagnosis, from this point alone. In conjunction with these microcytes, nucleated red corpuscles have been found in the blood. The cytogenic function of red marrow, as defined first by Bizzozen and Neuman—has given rise to considerable enquiry—but the results so far are not quite satisfactory. Dr. Pepper, of the University of Pennsylvania, has described certain abnormal appearances in the marrow, on which he bases a theory as to the causation of this disease. He considers the anemia of Addison or Biermer, merely as "the medullary form of pseudo-leukæmia." Thus we observe there is considerable diversity of opinion, even on the pathological appearances of this peculiar disease. Recently, he has endeavored to trace a connection between Addison's disease and chronic wasting, in which there are well-defined evidences of anæmia. These he has classed as anæmatoses, contrary to the opinion of Dr. Greenhow, who considers that the blood does not undergo much change in uncomplicated cases of Addison's disease. Dr. Howard, of Montreal, in his admirable paper, gives the following among his conclusions, that neither the spleen, nor the lymphatic glands usually present any, much less any special lesion, in pernicious anæmia. That it remains to be proved that hyperplasia, or other change of the bone marrow is a cause of anæmia. How interesting becomes the fact, as to the remarkable similarity between leucocythæmia in its results, and well defined anæmia. In this particular also, arises a marked link of connection in Hodgkin's disease, the anæmia of which is distinguished from the progressive pernicious, by the marked lymphatic glandular enlargement. I have only briefly touched upon some interesting features of this disease, which is now occupying the close observation of able physiologists and pathologists, and from the diversity of opinion, so far expressed, we may well acknowledge the accuracy of the remarks of Professor Quincke, (Med. Times & Gazette, Oct. 14th, 1876): "We have not to "deal with a single diseased condition. Perni- "cious anæmia—like anæmia, in general, is the "product of extremely various morbid processes,

" and represents the very last stage of the anæmic " process."

Passing to the topic of fever, particularly typhoid, which has been widely observed in this part of the Ottawa section during the past year, I shall note a few facts. In most of those cases which I visited during the past summer months, the cause has been traced to impurity of milk, and of water. In one family recently seen in consultation with Dr. Carmichael, there were no less than five cases of typhoid, which resulted from impure milk. This confirms the opinion expressed by Dr. Ballard, of Islington, England, as to the frequent origin of this disease. Ten years ago, in the Ottawa valley, the fevers observed were more of the remittent type, mild in character, and usually terminating favorably. This form of fever, has, however, been replaced by typhoid, which in Canada, as in many parts of the neighboring republic, presents an annual autumnal curve. It has not alone been confined to the city, but has also been noted in various parts of the country, where it was difficult to trace its origin. Isolated cases are always of vast importance, for it is such which are most likely to give a clue to the " production of this disease." The sudden accession of enteric trouble, and head symptoms, even with a moderately clean tongue, I have invariably found to be of considerable significance. Usually it gives way to quinine and potass. chlor., which treatment is now largely adopted in both hospital and private practice. Frequent and early injections of warm water, I have found of the greatest service, thus washing out the bowel and removing secretions of a most noxious character, as well as soothing parts, which it appears, nature has selected in order to eliminate a considerrble share of the *ma'eries morbi* of this disease. Typhoid fever is a great searcher of the system, and should any organic weakness pre-exist, how rapidly such diminished power becomes tested. Tabulating temperatures has now become an important feature in the daily history of all such cases. How frequently we find the thermometer placed in the axilla, and a record thus taken. Dr. Hans Megscheider, of Berlin, states that there is no constant relation between the internal temperature, as measured in the axilla, and the general temperature of the surface, and that there is a greater variation in the temperature curves in the same part of the skin in the same person in fever, than in health; but in fever there is a striking fall of temperature, notably lower than in health. In England, the practice now is to place the thermometer in the mouth, when practicable, which is certainly the most rational idea, as thus a more correct estimate of systemic temperature can be obtained. M. Broca communicated to the " Association Francaise pour l'Advancement des Sciences," in September last, an interesting paper on the subject of " Cerebral Thermometry." He uses very delicate thermometers, and covers with wool the part of the bulb which is not in contact with the skull, thus guarding against those thermic influences which the surrounding atmosphere might communicate. He found that the maximum temperature of the brain was 34.85°c, and the minimum 32.80°. Also he observed, that the thermometers on the left side invariably marked a higher temperature than those on the right side. The difference was found to average about $\frac{1}{10}$ of a degree, and only observable when and so long as the brain is at rest. When the brain is actually at work, there is a rise in temperature, as after close reading for about ten minutes, about half a degree was shown to take place. Clinically these facts are of considerable importance, and as the subject becomes worked up, under the careful guidance of M. Broca, the accurate diagnosis of disease will be considerably facilitated. On the subject of the nervous system, the recent investigations of Hitzig, Ferrier and others, have established the existence of a " motor zone " of the superficial cerebral sub stance, in intimate relation with the nuclei of the motor nerves of the bulb and spinal marrow. As the result of their researches, it has been demonstrated, that partial irritations will produce partial epilepsy. They are also of opinion that no direct communication can exist between the cellules of this region, and the cellules of the anterior gray cornua of the spinal marrow. The cellules of this " motor " tract constitute the apparatus by which the dictates of our intelligence are arranged for transmission to the outer world. The brain does not appear to possess any special vaso-motor centre. Its vaso-motor centre is linked to the general vaso-motor system, having centres in the spinal marrow, central ganglia, and also in the convolutions. The corpus striatum is endowed with motor-power, and its cellules constitute an apparatus for the transmission of impressions to the

muscular system; thus it not only is an instrument of the hemisphere, but is also intimately associated with automatic action. The observations of Ferrier cover a wide range, and exhibit much labor and research in clearing the path of intellectual activity. The nervous system occupies a place and power in the animal creation of vast importance, and notwithstanding the energy and skill of the anatomist and physiologist, we as yet only appear to be approaching the data by which a solution may be given to a great mental problem. No sooner are Ferrier's opinions expressed, than Eugene Dupuy, M.D., of Paris, takes the initiative in expressing views considerably at variance with those of his able co-temporary. "All his psychological deductions, I own, are based on physiological facts, but these facts, I have proved, I trust, to have been considered only in a one-sided way, viewed unequally, as the phrase goes." He considers there is a seeming concordance between the theories of the advocates of the localization doctrine, and the deductions of Herbert Spencer, Professor Bain, and others who have been occupied in the same line of thought. Brain substance, and in fact nerve tissue generally, are actively under the consideration of many of our master minds, and how gratifying will be the announcement that the much vexed question; the influence of mind over matter, has been settled and placed beyond the reach of Punch, who asks: "What is matter? Never mind. What is mind? That's the matter." The recent observations of Mr. Romanes, at the Royal Institute, on "The Evolution of Nerves," is of much interest. He concludes, after important anatomical research on the Medusæ, or jelly fishes, which have the lowest form of nervous system as yet demonstrated, that the conducting substance is intermediate between nerve and muscle, a differentiated "line of discharge." Should his deductions prove correct, the conclusion arrived at would be, that the link between ordinary contractile proto plasm and excitable nervous tissue, has been discovered by Mr. Romanes, in those lines of discharge. The recent announcement by Professor Englemann, of Vienna, that his experiments tend to confirm the views of Hermann, on the subject of "Muscular Current," is a source of great interest. Some years ago, Hermann stated that, in a perfectly uninjured, unskinned animal, the muscles which are in a state of rest, are entirely free from electrical currents, and that the absolutely uninjured heart is altogether currentless; that not only the heart as a whole, but each individual muscle-cell contained in the heart, whilst in an uninjured state, and at rest, is almost or quite free from electrical currents. The point of greatest importance in Englemann's researches, is the discovery of the very rapid diminution of the electro motive force of the current observed, when a cross section, through the base of the ventricle, is connected with one electrode, and the apex with the other. This entire subject is full of interest—and when we consider the important place electricity now occupies in the treatment of disease—I am quite satisfied it will receive at your hands well-merited attention. On the present occasion, I have adverted briefly to a few topics, upon which some master-minds, well termed "great" have very recently been occupied. Their observations and deductions have been the result of untiring zeal and unrelaxing efforts. What means the term great? What is its significance? It is that which credits him with being supreme in his particular department. Dante was an eminent poet, and Bacon a distinguished philosopher, and so is it in the paths of our noble profession. We may lose sight of the idea, but let us respect our calling, and while cherishing the memory of those whose vast intellects have stamped the profession as one to be respected and honored, let us pass lightly over the imperfections of any possessed of less gifted qualifications. Charity begins at home, and a good example is frequently productive of a most salutary influence. Imagine the vast labor devoted to many researches to which I have briefly adverted. The nights of toil, the restless hours, the patient endeavours, the uncertainty of support, and last, altho' not least, the antagonism of equal intellectual power, in an opposite channel. Public opinion is a lever, possessing great microscopic and analytical acumen; its ultimate decisions are seldom in error. In fact, common sense, the very foundation of practical experience, will solve the problem. In conclusion, I am not unwilling to acknowledge the fact that so great is the progress of our age, in almost every department of thought, that in the short space of a single life-time, the highest degree of intellectual capacity will only enable the most constant worker to accomplish a single atom in the scale of human understanding.

ON THE USE OF LARGE DOSES OF ACETATE OF LEAD IN POST PARTUM HÆMORRHAGE.

BY J. NEWELL, M. D., L. R. C. P. & S., SPRINGFIELD, ONT.

In the January No. of the CANADA LANCET I observe an article on the above subject, from the pen of Dr. Workman, which was read at the last meeting of the Canada Medical Association, and in the perusal of which I have been not a little instructed, as I had not been aware that its use in large doses was also beneficial in other profuse hæmorrhages. Having been engaged in practice for the past seven years, I have concluded it would not be amiss in me to add the result of my experience in the employment of acetate of lead in post partum hæmorrhage, and although I have had but very few cases of hæmorrhage occurring after delivery, from the fact that I almost invariably towards the close of labor administer a full dose of ergot, and am very particular in keeping a firm grasp of the recently emptied uterus, yet in some few cases I have had hæmorrhage of a very alarming character supervene, and notably so in one case, the notes of which I shall presently give,—and here allow me to make a digression. It is my opinion that amongst accoucheurs, the proper management and the prevention of exhausting hæmorrhages in the third stage of labor is not so well understood and practised as its importance demands. I have for some time past removed the placenta by *expression* as it is termed in that excellent work "Playfairs Midwifery," with most happy results, and I am fully satisfied that the perusal of the chapter on the management of the third stage of labor in the foregoing work will most fully repay the youngest as well as the oldest amongst us.

On the 7th of January 1877, I was summoned to attend Mrs. C. in her first confinement. The labor progressed normally and in about seven hours after my arrival she was delivered of a fine female child. After waiting a short time I removed the placenta, as was taught me, and as is directed in the standard works. The uterus seemed contracted down firmly, and no flooding of any moment occurred. On coming into the room after a short absence I was alarmed at the exsanguined appearance of the patient, and to such an extreme degree as I had never witnessed before. Immediately divining the cause I grasped the now relaxed uterus with my left hand, whilst I introduced my right into the uterus, and by making both internal and external manipulation, endeavoured to excite contraction, the blood in the meantime flowing in a perfect torrent. Realizing that my patient would perish in a few minutes if I did not arrest the hæmorrhage, I called for my medicine case, and taking out a teaspoonful of the crystallized acetate of lead (which by the way I always take along with me in such cases) I ordered it to be dissolved in some water, and had it administered to the patient at once, and at the same time had an assistant raise the foot of the bed. The effect of the lead was I might almost say magical. The flooding ceased at once, and in a very short time the uterus contracted, and expelled my hand, and I felt assured that I had been, through the administration of the lead, the humble means of saving a human life. In a very short time, and as soon as the patient was able to swallow, (for when the hæmorrhage ceased she was lying insensible), I administered a draught of brandy and ammonia. I then applied the binder with a compress underneath, and after giving some nourishment and administering an opiate I waited for a couple of hours and went home. From this on, the patient under stimulants and nourishment, with an occasional opiate, made a rapid and satisfactory recovery. In this case I feel quite confident had I trusted to ergot, with manipulation, cold, &c., that before contraction became established, my patient would have sunk, never to rally. I have tried the lead in other cases of post partum hæmorrhage when the flooding was not so profuse, as in the one described, and I have always found it efficient and reliable, and have yet to see any ill effects from the large doses in which it has been exhibited.

Dr. W. in his article says:—"I was rather surprised, if not a little mortified to find that in a total of perhaps one hundred and forty students of the Toronto Medical Schools examined by me on obstetrics last April, *only one* gave amongst the multifarious suppressors of post partum hæmorrhage the exhibition of large doses of acetate of lead." I believe I can lay claim to the distinction of being that person, for although I was a graduate of 1871, still I did not pass the examination of the Medical

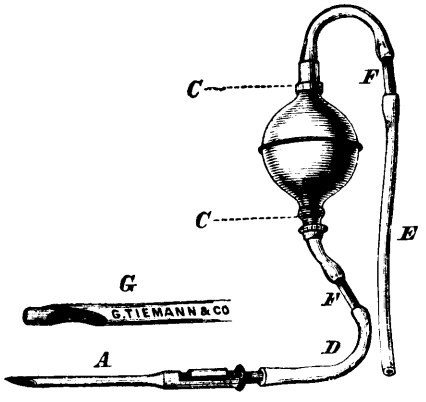
Council till last April. I gave in my answer *drachm* doses of acetate of lead as being a most efficient suppressor of uterine post partum hæmorrhage. The administration of large doses of acetate of lead is most strongly inculcated and advocated by Prof. Lavell, of Kingston, as a potent means of arresting post partum hæmorrhage.

I find that my paper has far outgrown the limits I had assigned to it, but if it only has the effect of influencing my medical confreres to try the administration of large doses of acetate of lead in the cases indicated, I shall feel satisfied that my labor has not been in vain, and that they will be amply repaid with its results.

A HANDY ASPIRATOR.*

BY SIMON FITCH, M. D. EDIN., HALIFAX N. S.

This is an India-rubber apparatus, like a Higginson or Davidson syringe, but with *treble thickness of all the walls*, which gives strong resilience and powerful suction to the bulb, and prevents the possibility of obstruction from collapse of the tubes. The aspirator-needle may be attached to either tube, for exhaustion or injection, and it may be worked with *one* hand while the needle is inserted and steadied with *the other.*



A represents the dome aspirator-needle, with the cutting-point projected, ready for puncture; *G*, a magnified diagram of the same, after insertion, with the dome advanced so as to protect the interior of the cavity during aspiration; *B*, bulb in upright position to insure the best action of valves; *C C*, valves; *D*, entrance-tube, *E*, exit-tube; *F F*, bits of glass tubing through which to observe the presence or absence of fluid.

After the needle is introduced the bulb should be held upright, or perpendicular, with the orifice by which the fluid enters *below*, and the orifice of exit *above*; the valves at these two orifices will fall exactly into place, and regurgitation toward the needle will be impossible. If the operation is to test the existence of fluid at uncertain depths, the bulb may be tightly squeezed till the point of the needle enters the surface; then the pressure may be relaxed, when the strong suction will discover fluid instantly upon the needle reaching it. If the operation is to empty a cavity, as a bladder or pleura, then, after the current is established, by once or twice working of the bulb, the flow will continue of itself, from mere siphon-action without further manipulation of the bulb; but if, from the smallness of the needle, the stream seems sluggish, it may be quickened by working the bulb occasionally or continuously.

I have used this apparatus in hydrothorax and empyema, and in exploration of obscure abdominal and pelvic enlargements, with great satisfaction; and, with the *dome-trocar* needles of No. 1 and No. 4 sizes, it is available for all purposes of aspiration, and especially for cases requiring accurate steadiness of the inserted needle, as in tapping the pericardium and the joints; for, as the whole affair is managed by the operator alone, there will be complete unison between the hand holding the needle and the hand working the bulb. Messrs. Tiemann make the instrument exceedingly well, with the *dome* needles as described, and fit it into a small case.

*Published also in N. Y. Medical Journal.

Correspondence.

ACETATE OF LEAD IN POST PARTUM HÆMORRHAGE.

To the Editor of the CANADA LANCET.

Sir;—I have now for some years withdrawn from the active pursuit of my profession, except among immediate family connections and a few intimate personal friends, but, "Even in our ashes live their wonted fires," and the January No. of your journal having been forwarded to me, I was pleased to see the article communicated by Dr. J. Workman, on the use of large doses of acetate of lead, and I beg to offer my corroboration of his testimony in its favor.

Dr. W. is however slightly inaccurate as to dates. I recollect all the circumstances of the case referred to; it was orchitis, and as I left Montreal in 1827,

it must have been anterior to the date (1830) given by Dr. W. I believe it was in 1825. Under the authority of the great name of Dr. Stephenson, I for many years invariably had recourse to large doses of acetate of lead in alarming cases of post partum hæmorrhage and I can safely say I have *never* had occasion to regret it. It has never failed me, nor have any ill effects ever followed its use.

Upon one occasion (in 1820) an attempt was made to fasten on me the charge of "reckless rashness in the exhibition of monstrous doses of heroic remedies." My patient however testified "I knew I was dying and Dr. A. gave me something sweetish which puckered up my mouth and it immediately brought me back to life." There is no fact in all my past experience of which I am more certain than that her life was saved by my "heroic" dose and that nothing else would have saved her. I have seen the effects of the douche of ice water, of the plugging of the vagina with ice, of introducing the hand, and of abdominal frictions, but in my experience none of these means compare with the acetate. Where I have had reasons from past experience to dread flooding, I have been in the habit of giving a full anticipatory dose of secale cornutum, but I question whether the acetate would not be the safer and better practice.

As to the use of the perchloride of iron injected into the uterus—though I know it has high authority in its favor, I have never witnessed its effects and I should not have the courage to try it—I should be the less tempted to do so, as I know the action of the acetate of lead to be more safe and immediate. I have used it in scores of cases, and I know of no remedy in any disease that is so prompt in its action; its celerity seems actually to be electrical.

Yours respectfully,

ALFRED A. ANDREWS.

Montreal Jan. 10th, 1878.

SULPHATE OF CINCHONIDIA.

To the Editor of the CANADA LANCET.

Sir;—I notice in last number an article on "Sulphate of Cinchonidia." I may state that I have used it exclusively for the past 18 months with perfect satisfaction as a substitute for quinine, and with perhaps better effects as a tonic. I have used on an average five ounces per week, and even at the same price would use it in many cases in preference to quinine.

Yours, &c.,

H. McColl.

Lapeer, Mich. Jan. 12th, 1878.

Selected Articles.

CASES OF CARDIAC DISEASE.

CLINIC BY PROF. WM. PEPPER.

CASE 1.—J. McK., male, fifteen years of age. Has been complaining of palpitation, dyspnœa, and flushings of the face for the past four or five years. About two years ago had a severe attack of rheumatism. No dropsy and no swelling of the feet or any other part of the body. His heart today is very rapid; pulse running 124 to the minute. The heart's action is violent, and the apex-beat is too far down and too far to the left. The impulse is heaving. Both sounds of the heart are diseased. The murmurs are very weak at the point of the heart. There are no murmurs heard upward and to the left, but upward and to the right they are heard very strongly. The murmurs are transmitted into the aorta and carotids. This is a case of double aortic disease, stenosis and regurgitation.

CASE 2.—P. S., male, 40 years of age. Has been suffering for four years from sharp pain over the heart, dyspnœa and palpitation. I find, upon auscultation, two murmurs, one synchronous with the carotid and the other with the radial pulse. The natural sounds of the heart are entirely obscured in this case. The murmurs are but feebly heard at the point of the heart. The first murmur is transmitted round to the left; the other, which is of a duplex character, is heard loudly in the carotids and in the bronchials as low down as the elbow. This is a case of double aortic and of mitral disease, aortic stenosis and regurgitation.

CASE 3.—L. P., female, 15 years of age. Had pain in shoulder for first time two months ago. This pain is worse in damp weather. No cough; appetite good; father has had rheumatism; no swelling of the feet, but good deal of epistaxis. For past two years has suffered from shortness of breath and palpitation, headache, dizziness and slight symptoms of dyspepsia.

CASE 4.—M. O'B., 11 years of age. For two years past has been complaining of pains in joints. More recently there has been palpitation of the heart and shortness of breath. Has been having obscure attacks of rheumatism for past two years. We must remember that rheumatic attacks are very often overlooked in young children. The case is treated as one of simple, continued fever, teething, or indigestion, and nothing thought of the rheumatic trouble until four or five years afterwards, perhaps, we find that the patient has some form of heart disease. Both of these cases (3 and 4) are instances of mitral regurgitation. The murmur in both cases is systolic, synchronous with first sound of heart, and transmitted round to the left.

I want to say a few words to you with regard to the symptoms and diagnosis of heart disease. Our first duty when disease of the heart is suspected is to examine both heart and lungs carefully. The two most constant symptoms of heart disease are shortness of breath upon exertion, and palpitation. There may be, in addition, dropsy, epistaxis, and cough, with spitting of blood.

First, as regards the dyspnœa. It may be constant, and it may only occur upon exertion. This symptom is always present in serious organic disease of the heart or lungs, and is due to the imperfect oxidation of the blood, owing either to passive congestion of the lungs from mitral disease, or to the fact that the action of the heart is so rapid that the blood has not time to be oxidized in its passage through the lungs. Palpitation, just like dyspnœa, may be constant, or only occasional in cardiac diseases. It may be caused either by the imperfect filling of the cavity of the heart, or by the fact that the heart is always engorged and always struggling to expel the blood. Where there is a nervous element in the case the palpitation may be due to disturbance of the cardiac pexus, or positive degeneration of those nerve centres. Dropsy is only present in the later stages of heart disease, and in most cases is due to a mechanical damming back of the venous blood. This obstruction may be so great as to cause rupture of the walls of the veins, and hemorrhage, instead of leakage of serum.

In making a careful diagnosis of heart disease you must begin by examining the heart. Thus let me take Case 3, for instance. I find slight fullness of the præcordia. The impulse is felt as high up as the third rib, as far down as the sixth, and from the edge of the sternum out to beyond the line of the nipple. In this instance the area of heart dullness is three inches up and down, and two and one-half inches transversely. The normal limits of dullness are not so great. This tells me at once that something must be wrong. Let me try auscultation, as it is the most accurate physical method. I begin by listening over the head of the third rib on the left, because that spot is close to all the valves of the heart. By listening here I can distinguish a very marked murmur. (The Professor at this point entered into a long description of the character of the two normal sounds.) In both these cases (3 and 4) the murmur is synchronous with the first sound of the heart.

We have determined that there is a murmur, and also that it is synchronous with the first sound of the heart, but the point now arises, where is the murmur produced? Let us note in what direction the murmur is best carried. This is always the direction in which the blood is passing through the diseased valve. In this case I cannot hear the murmur at all at the aortic cartilage, and but feebly at the pulmonary cartilage. At the point of the sternum it is scarcely audible. Evidently there is no aortic, and no tricuspid disease. It is distinctly audible at the point of the heart, and is transmitted round under the left arm, and distinctly heard at the lower and posterior angle of the left scapula (this point corresponds with the apex of the heart in front). Let us see, now, where we are. We have heard a strong, blowing, systolic murmur, which is synchronous with the first sound of the heart, and is heard most distinctly at the point at the heart, and is transmitted round under the left arm and heard at the posterior, inferior angle of the left scapula. *It must be a mitral regurgitant.* In the same way I might go through Cases 1 and 2, but I hope you have seen enough to understand the method of physical diagnosis in cases of cardiac diseases. At some future time I shall have something to say to you about the treatment of these diseases.—(*Philadelphia Med. and Surgical Reporter.*

GENERAL SUBINVOLUTION WITH PROLAPSUS OF THE UTERUS AND VAGINA.

CLINIC BY PROF. THOMAS, OF NEW YORK.

Eliza G., a native of Ireland, and thirty-nine years of age. She has been married sixteen years, and has had seven children, but no miscarriages. The last child was born eight years ago, but she is still living with her husband. She says she has been complaining for three months past, but was quite well before that. She first noticed a little lump in the right side, with pain, which "struck upward" over the hepatic region, and extended as far as the head. She also complains of a "weakness in the back," and suffers from leucorrhœa at times. Her menses are regular, and she never has any trouble with the bladder. This is all she has to tell us, and you will notice how very vague the symptoms are. There is nothing in them whatever to direct our attention to the uterus except the backache and leucorrhœa; but on account of these I thought it was better to make an examination, and when I tell you what I found I am sure you will be not a little surprised to learn the gravity of the affection here present when the symptoms were so trivial. This case shows very conclusively the value of physical diagnosis, and any one who had not resorted to it here would probably have treated the woman for disorder of her liver. I cannot impress upon you too strongly the very great importance of physical exploration, not only in uterine but in all other diseases. Well, on passing my finger into the vagina (which, by the way, I had some difficulty in doing), it encountered the cervix, very much enlarged, within two inches from its entrance. The reason that I had trouble

in introducing the finger was that both the anterior and posterior walls of the vagina were prolapsed to a marked degree. With the former the base of the bladder was dragged down, and with the latter the rectum, constituting what is known as a rectocele, so that two distinct tumors were formed at the vulva, the presence of which the patient says she has noticed for some time. On conjoined manipulation the body of the uterus is found to be abnormally large, and as the probe passes into its cavity for three and a half inches we judge it to be in a state of subinvolution. Furthermore, the examination reveals that there is no perineum. No cicatricial tissue is present, and we naturally ask what has become of it? The fact is it has become completely spread out, as it were, by the rectocele.

Now, what has taken place? The vagina was weakened at the time of the last pregnancy. Being large and flabby it fell out of the body after the labor, and gradually carried down the rectum with its anterior wall. Subinvolution of the uterus also occurred, and it is now dragging that organ down too, and will soon have it out of the body. The process of retrograde metamorphosis after parturition was interfered with not only in the vagina and uterus but also in the perinæum. The perinæum always undergoes a process of preparation and development before labor, and it is just as necessary that involution should take place in it as in the uterus and vagina. The difference between the condition of the perinæum at ordinary times and at the close of pregnancy is very evidently shewn when we undertake to remove large fibroids, perhaps with the obstetrical forceps, as I have sometimes done. In such cases the perinæum invariably yields, while as you know, of course, it is very rare exception in parturition. The reason is that it has not undergone the necessary preparation for the strain to be brought upon it, which always accompanies utero-gestation. At present our patient is a fair candidate for prolapsus in the third degree, a complete *procidentia uteri.*

Such cases as these are difficult to treat satisfactorily. If the time of the menopause had arrived we could count upon the entire disappearance of the subinvolution of the uterus. But some years must yet elapse before that occurs, and I do not hesitate to say that there are no means at our command for reducing the organ to its normal size in such a case as this. I know it is claimed that this can be done by the application of the actual cautery or potassa fusa (after the method of Sir Henry Bennett) to the cervix, but it does no good whatever, and only endangers the safety of the patient. This prolapsus of the uterus is taking place by reason of the traction exerted from below, and there are two ways of preventing it from going on any further: the first is for the patient to wear a well-fitting and appropriate pessary to hold up the uterus at the same time that astringent injections are used upon the vagina. The proper pessary for this case is one made of hard rubber, such as I show you now, and consisting of a cup, to receive the hypertrophied cervix, and a supporting stem divided into two branches, one of which curves anteriorly towards the symphysis pubis, and the other posteriorly towards the anus. From the extremity of each of these arms passes an India-rubber band which is attached to an abdominal belt, and the uterus suspended in this way will be able to resist all the dragging force that is exerted upon it from below. The great advantage of this instrument is that the patient can apply it herself, and it should always be removed at night. After a time there will be almost no traction to overcome, for the mere retaining of the vagina in position will gradually remove the engorgement now existing, and its walls will become more and more strengthened by the persistent use of the astringent injections of which I spoke. If this plan of treatment is adopted I think I can show her to you very greatly improved in the course of a very few months.

The other plan to which I alluded is the operation for the removal of a portion of both the anterior and posterior walls of the vagina and the formation of a firm ridge of support in each. This would prevent any future prolapse of the vagina but not of the uterus.

ALIMENTATION IN SURGICAL ACCIDENTS AND DISEASES.

BY FRANK H. HAMILTON, M.D.

* * * * * * *

If the food is not appropriate, the patient who receives it will not only suffer from lack of nourishment, but also from the irritation caused by the presence of undigested, and, consequently, irritating materials. *Such attempts at alimentation will certainly increase febrile action and aggravate inflammation.*

The fact is, however, that examples are exceedingly rare in which some feeble ability to digest food does not exist; and even in these exceptional cases, a judicious selection and timely administration of certain articles seldom fails to produce an appetite, or at all events to convey to the system some nutrition. A warm, well seasoned and well cooked cup of broth, or a fragrant cup of hot coffee and milk, will often relieve nausea and epigastric distress, assuage a colic, diminish the severity of a headache, lift the tone of the nerves suffering under shock; and the same or similar means will often abate sensibly febrile disturbance and soften the pains of inflammation. Who ever knew of harm from food under these circumstances, when carefully and judiciously administered? I am, at least, certain that for every case in which

it can be shown to have done harm, twenty cases will be found in which it has done good.

Medicines—so-called—are in general so far inferior to a fragrant and savory cup of food, as peptic persuaders, and I have seen many patients suffering with nausea and loss of appetite, who have been speedily relieved by the mere omission of the bitter and disgusting tonics which have been forced upon their reluctant stomachs. It is true that, under the circumstances referred to, now and then good medicines do good and improve the appetite, and their occasional abuse or unskillful exhibition is no reason why they should never be used. Nevertheless, I wish to say, very emphatically, that the abuse of medicines is more than "occasional." It is alarmingly frequent. It is a simple elementary truth, that there are many diseases and surgical injuries in which recovery takes place as speedily without medicines as with medicines; and if any medical man has not learned this, and continues to give drugs from day to day for every form and grade of human ailment, so much the worse for him and for his patients.

But if men can live and recover from disease sometimes without medicine, no man can live or recover from disease without food. Organs which are maimed and struggling must have food, or they will soon cease to labor, and will die. A wound will not heal nor a bone unite without nutriment. In every human malady and surgical accident, repair and recovery wait on nutrition.

It is not improper, then, to say that as a means of restoring the sick and wounded, when both may be needed, good food is of more importance than good medicine. Large armies have always suffered more from a deficient supply of proper food than from a deficient supply of proper medicines.

One conclusion to which my statement of facts and process of reasoning leads me is that hospitals and dispensaries ought to have the means and appliances for supplying to the sick, infirm, and maimed who come to them for help, not only medicines and skilled medical and surgical services, but also an abundance of nutritious food; indeed, that the question of food ought to be the first, where it is generally the last consideration.

There is an impression among many laymen, who have the charge of hospitals, that "extras," including eggs, milk, etc., with the services of the "diet kitchen," ought to be reserved for the few who are very seriously ill, and that all the slightly ill or convelescent should be content with the "ordinary" diet of the hospital, which is seldom very attractive to even a sound stomach. Those who have had experience in the United States army hospitals know that this was never the theory or practice of these hospitals; but that all of the regular rations were commuted, and with the money thus obtained nothing but what might be termed "extras" were purchased.

If a man is able to eat hard-tack and salt pork, or tough beef and unsavory soups, he is able, generally, to go to work, and ought not to remain in the hospital. Though well in other respects, and detained only because his broken limb is not thoroughly repaired, it does not follow that he can eat and digest what he could easily master when working out of doors, and carrying brick-hods to the top of five story buildings. If it is an object to get these men speedily out of the hospital, and thus save the tax-payers; if it is desirable to restore them soon to their families, of whom they may be the sole support, then it will be necessary to give them food which will encourage an appetite, and be easily digested by a stomach weakened by long confinement, sickness, and anxiety. They must be treated in this respect in the hospitals, as we—you and I—are treated at home, where the utmost care is taken to see that our food is suitable and appetizing; where, although we may have ceased to take medicine, so long as we find ourselves unable to return to our usual out-door duties, we are fed only upon "extras." These same poor people, inmates of the hospitals, if they were at home, in their own humble apartments, would be fed better, so far as the quality and mode of preparing the food is concerned, than they are in most public hospitals. No pains are spared, generally, to furnish the poor all the medicine they need; but what they want most, and get the least, is good food.

The medicines and liquors dispensed at Bellevue Hospital during the six months ending July 1, 1877, cost $7,750; and for all the charities and prisons under the charge of the Commissioners of Public Charities and Correction, these two articles cost, for the year 1876, $40,892; about one-fourth of which, the apothecary informed me, was for liquors; leaving a balance of about $32,200 as having been expended for other medicines than stimulating liquors. Possibly a much larger sum has been expended for "extras" in the same institutions. Upon this point I am not informed, but my long connection with this, and other civil hospitals, enables me to say that it is generally more difficult to obtain proper food, and a supply sufficient for the demand, than it is to obtain good medicines and in sufficient quantity.

In these remarks there is no imputation upon those excellent and humane gentlemen who are in charge of these institutions. In my opinion we are alone responsible for this state of facts, inasmuch as we have hitherto failed to urge upon them and the public the greater importance of nutriment and the comparatively less importance of medicine.

Some intelligent men and women, not of our profession, have seen the want before we have, and they have established in various parts of the city diet kitchens, to supply the very want of which I am speaking, and which are properly made sub-

sidiary to the dispensaries. There ought to be one immediately connected with every dispensary, and in the same building as the drug store now is. Indeed, I would be glad to see one-half of the drug stores, and all of the liquor stores converted into diet kitchens. I am not quite certain that they need all to be eleemosynary in their character. It is possible they might, some of them, be self-sustaining. They will not have to be taxed like liquor shops, to pay for the crime and pauperism they create—nor will they kill as many people by accidental overdosing as do drug shops, not to speak of the deaths from overdosing caused by the prescriptions of illiterate and careless doctors. Those who have them in charge will not require a very long apprenticeship, and need know nothing of Latin.

Very few of their materials will have to be imported, and they will require very little advertising, so that all in all these diet kitchens can be run very cheaply.

You will not consider it out of place, I trust, if I read to you the opinions of a professional athlete, Mr. J. M. Laflin, as reported in one of our morning papers—the *Herald* of October, 21, 1877. He is speaking upon the subject of diet in training.

"In the first place, there are at the present day many young men who are preparing or training for athletic pastimes or pursuits who naturally apply for instruction as to diet to some professional athlete, who gives them the stereotyped advice: 'Eat plenty of rare meat.' Now this advice would be all well enough, perhaps, if the stomach of the one asking advice was as strong as that of the one giving the advice, but it is not, of course, and so, as it requires a great deal of tone and strength in the stomach to digest rare meat, the beginner in athletics finds himself unable to digest the rare meat he eats.

"Then in the second place, nothing is well digested in the stomach against which the palate revolts. In many instances—myself, for example at first—the taste of very rare meat is very unpalatable indeed, and to overcome this difficulty, recourse is had to all sorts of spices and condiments to render it more pleasant. Most spices and condiments are pernicious in the long run to digestion, and so rare meat, eaten under these conditions, becomes positively injurious.

"Meat ought to be neither rare nor what is called well done, but medium, so as to be palatable without spices, etc., while at the same time it retains a large share of its natural juices.

"More harm has probably been caused by this notion of rare, underdone, bloody meat being unwholesome, than by any other idea on the whole subject, and the very first thing, young men, especially young men luxuriously nurtured, who take a personal interest in athletics should do is to abjure this notion altogether."

In these opinions I fully concur, and if Mr. Laflin's opinions are sound in reference to the eating of raw and highly seasoned meats by those who are in health, it is quite certain that this, to civilized palates, disgusting and overseasoned food is unsuitable for the sick, and it would be well if medical men would give attention to the common sense and practical remarks of this gentleman.—*Hospital Gazette.*

COHN ON THE PRODUCTION OF LOCAL ARTIFICIAL ANÆMIA AS A MEANS OF TREATING DISEASES IN THE EXTREMITIES.

(*London Medical Record*, Dec., 1877.)

Dr. Bernard Cohn relates his experience in treating three cases, (one of which was a white swelling of the knee,) of acute and chronic inflammation in the extremities, by temporarily rendering the limb bloodless with Esmarch's bandage:

An acute phlegmon of the toe, with inflammatory swelling of the foot, after fifteen minutes' application of the bandage, was followed by a very notable diminution of the swelling and pain. In a case of very painful diffuse swelling of the forearm, the pain, and the swelling, to some extent, disappeared. On these two cases the author properly lays less stress than upon the case of joint disease. A child of three and a-half years of age had suffered for eighteen months from a white swelling in the knee. The disease had originated in a fall, and a well marked acute stage had been followed by the characteristic chronic changes of tumor albus. The joint was swollen, painful, much flexed, and scarcely moveable, either actively or passively. It had been treated by fine gypsum bandages, covering twenty-six weeks. When Dr. Cohn first saw it, the affected knee was one and one-half inches larger than its mate, the bones felt thickened, the subcutaneous tissue infiltrated, and the borders of the patella were difficult to make out. No effusion of the joint was observed. The general condition was otherwise satisfactory.

The treatment was commenced by applying the bandage for a few moments only. But, after four or five days, it could be borne an hour daily—sometimes longer. Occasionally the application was made twice daily, when it was allowed to remain half to three-fourths of an hour each time. After three weeks it was found that the difference in the size of the two joints was reduced from four centimetres, (one and one-half inches,) down to half a centimetre. The condyles had become restored to their natural form, the patella loose and moveable, pain and tenderness had completely disappeared, the amount of passive motion was increased, and there was no pain on movement.

Forcible extension was now practiced under chloroform, and was attended by a recurrence of the inflammation; but this was rapidly subdued by the previous treatment. The final result was almost perfect cure; the patient could walk and move the joint in all directions without pain. The only trace of the previous disease which remained was a trifling amount of swelling, and a somewhat impaired mobility of the articulation.

Dr. Cohn states that the limb should be thoroughly emptied of blood, and the occlusion should be a perfect one. The final constriction should be made with several turns of the bandage and not with a narrow tube. In reply to a query, "How long can this bloodless state be maintained?" he says, The limit of safety is not likely, he thinks, ever to be reached, and we need not be anxious on this score, if the shutting out of the circulation be perfect. An imperfect occlusion is dangerous. The blood passes by the arteries into the limb, while the venous outlets are completely stopped. The pain is a great difficulty in this method, but it may be reduced by not applying the bandage constricting the limb above tighter than is absolutely necessary.—*N. Y. Hospital Gazette.*

INDICATIONS FOR DRAINAGE OF THE KNEE-JOINT.

Dr. J. Scriba, assistant in the Surgical Clinic at Freidburg (Baden), recommends drainage of the knee-joint, instead of excision, in the following cases: 1. In acute serous inflammation, in the rare event of there being abnormal pain of sufficient severity to affect the patient's general health. 2. In acute purulent inflammation of the joint, as soon as there is distinct fluctuation; in the rare case of osteo-myelitis, involving one or both epiphyses; in the purulent inflammation which may complicate pyæmia, pneumonia, acute infectious diseases, and phlegmonous erysipelas of the lower extremities. 3. In chronic serous inflammation of the joint. 4. In fungous inflammation—(*a*) where the fluid secretion in the joint exceeds the fungous granulation in amount, and where the cartilage is still intact; (*b*) where there is excess of fungous granulation, but where caries is still absent. The presence of caries is a contra-indication for drainage, and an indication for excision. Scriba lays down the following maxim, in opposition to those British surgeons who counsel very early excision: "The earlier chronic fungous inflammation of a joint comes under treatment, the better hope is there of giving the patient a useful movable knee joint, by means of drainage." It should be stated that Scriba only speaks of drainage applied to a joint *which is opened at the moment the tube is inserted*, and not to one in which there is a previous wound, either surgical or accidental, of some standing. The operation, as performed by Scriba, is briefly as follows: An incision, two or three centimetres long, is made on either side of the patella, down to the joint, and a drain-tube inserted. If the bursa, under the extensor muscles, communicates with the joint, as a rule, no further incision is needed. In the rare case in which it is isolated, an incision is made down through the quadriceps femoris, and a short tube inserted. The operation must be carried out *with the strictest antiseptic precautions.* Before the drainage tube is inserted, the joint is "swabbed" with a soft sponge, in acute cases using a five per cent. solution of carbolic acid; in chronic cases, or where there is fetidity, a twelve per cent. solution of zinc chloride. The tube is then put in, and the joint washed out through it with carbolic acid (two and a-half to five per cent.), until the solution runs clear. During the injection, the joint must be gently kneaded with the hand. In acute inflammation, the tube must be removed as soon as possible. The greater part may be taken out after the third or fourth dressing, if the wound is perfectly sweet, and the remainder on the tenth to fourteenth day. If the secretion does not quickly diminish, the joint must be washed out again with carbolic acid, and the drainage somewhat prolonged, but the whole tube must never be left in after the tenth to twelfth day for fear of irritating the cartilage on which it lies. In chronic cases, or when fungosity is present, the tube must be allowed to lie across the cavity of the joint for twenty or thirty days, in order to stimulate the lining membrane.—(*Med. Times and Gazette*, Sept. 15th, 1877.)

EPITHELIOMA OF THE CERVIX UTERI.

(CLINIC BY PROF. THOMAS. NEW YORK.)

Before bringing in the first patient whom I have to show you to-day, gentlemen, I wish to present to you a specimen, for which I am indebted to the kindness of Dr. B. F. Dawson. It is, as you perceive, a mass of tissue, which, upon one side, has the appearance of a piece of cooked meat, as in reality it is; while upon the other side, it presents a gangrenous and putrefying surface. The specimen is taken from a case of the same character as I have shown you a great many times here already, and which, unfortunately, I shall, no doubt, have the opportunity of showing you many times in the future, viz., cancer of the cervix uteri. The patient from whom this was removed presented the well known symptoms, the cachexia and the profuse hemorrhages, alternating with watery discharges, to which I have so often called your attention.

In considering whether to operate in these cases, it is well to observe the general rule, that, if it is

possible to remove the whole of the diseased surface, it is commonly a wise procedure to do so. If such is the condition of the parts, the operation is not attended by much danger, and it at least accomplishes the good result of a considerable retardation of the progress of the disease.

Unfortunately, it is exceedingly rare for a patient to be entirely cured in this way, as in the course of a year, at most, the affection usually returns. Were I to give my own experience, I should say that it makes its reappearance, as a rule, within six months, and very often in three months after the operation.

If on the other hand, the disease has spread so as to involve a considerable portion of the uterus, or the walls of the vagina, still less can be accomplished by the operaton of removal, and it should only be undertaken for the sake of checking severe hemorrhage, or averting to some extent, the danger of septicæmia from such a large sloughing mass in the vagina. At best, it is purely a palliative measure; but it may have the effect of somewhat prolonging life, or at least, of making the patient more comfortable.

Eight years ago I removed a cervix which was pronounced, by Professor Delafield and other competent microscopists, to be cancerous. One year afterward the patient married, and up to the present time (for she still returns annually to show herself at the clinic) there has been no return whatever of the disease. But this is absolutely the only case where I have operated, in which the carcinomatous growth has not reappeared; and the number of my operations for this affection must be pretty large by this time, as I perform at least five or six of them every Winter. You may, perhaps, ask why cancer of the uterus should be so different in this respect, from that situated in many other parts of the body, and I will explain this to you. When the seat of the disease is upon any of the external parts, the patients's attention is directed to it (as, for instance, by a little lump in the breast), at a very early stage, and before the general system has become involved.

In the uterus, however, cancer goes on developing for months, entirely without the knowledge of the patient, since any indefinite symptoms to which it may give rise are very apt to be attributed to the change of life, if the patient is approaching the climacteric period. At last, during coitus, and without any apparent cause, there comes a profuse gush of blood, and the patient, becoming alarmed, seeks medical advice. The physician, after making an examination, reveals to her the nature of the case, if he thinks best, and tells her that the disease has been developing for six months, or perhaps a year. The truth is, that the cancerous growth has been out of sight, and, therefore, out of mind, and it has now passed beyond the stage when amputation of the cervix would probably have cured it.

Some years ago, the famous Lisfranc reported over a hundred cases of successful amputation of the cervix, followed by the most brilliant results. Some of them were cases of malignant disease, and some of hyperplasia of the organ due to some other cause, and his success at once brought the operation into great repute. Not long afterward, however, his interne published a second report of the same cases, which showed that Lisfranc's statements were frequently false, and that a large number of the cases had died soon after the operation. This occasioned a notable controversy in medical circles in Paris, and had the effect of throwing a great deal of discredit on amputation of the cervix, which has prevailed in the profession until quite recently. When performed by the knife or scissors, it is apt to be exceedingly dangerous, from the severe hemorrhage almost unavoidably occasioned by it, and at the present day I hold that it is very wrong to run the risk of using such means, unless some particular end is to be gained by so doing. By far the best and safest method of removing the cervix is by means of the galvano-cautery. A platinum wire, the tension upon which is regulated by a screw, is made to encircle the cervix, and imbeded in the tissues at the point where the amputation is to be made, which should be entirely above the seat of disease, if possible. When the wire is brought to a sufficient temperature by the electrical current, it is slowly tightened, and at the same time continuous and some what forcible traction is made upon the portion of cervix to be removed, by means of a strong pair of sharp-toothed forceps. This latter procedure has the effect of producing a hollow-shaped stump, and in this way a great deal more of the tissues of the uterus is removed than if the amputation is made straight across. In this operation there is almost no danger, and I have seen a bad result follow it in but one out of the very large number of cases in which I have employed it. This result was pelvic cellulitis; but even in that case there was some doubt whether the cellulitis was really caused by the operation. The hemorrhage from it is exceedingly slight, frequently not amounting to ten drops altogether; and Dr. Byrne, of Brooklyn, who has, perhaps, used the galvano-cautery more frequently in the amputation of the cervix than any one else, attributes the remarkable immunity from septicæmia which has been noticed after it to the fact that the absorbent lymphatic vessels are all closed by the operation.

Recently, I was summoned to a neighboring city to testify in a suit for malpractice brought against a physician of high standing, by a patient in whom he amputated the cervix five years ago with the galvano-cautery. The condition on account of which the suit was instituted was the closure of the uterine canal (which prevented the escape of the menstrual blood), in consequence of the operation; but I was not called upon to give my opinion in the case, for the reason that the judge very wisely gave his decision in favor of the defendant before

it came to trial at all. These contractions, I may explain, follow the use of the galvano-cautery in the majority of instances. Some writers claim that atresia of the uterine canal invariably results from amputation by it; but, from my own experience, I can emphatically deny this. Only three days ago, I saw, with Dr. J. B. Hunter, a patient in whom we performed the operation by this means some little time ago (on account of an exceedingly long and conical cervix, which actually projected from the vulva and entirely prevented sexual intercourse), and we found the canal quite as large as in the ordinary normal uterus. In perhaps forty out of fifty instances, however, there will result more or less narrowing, though it is not very common to find complete closure of the canal after the operation. But the advantages of the galvano-cautery in appropriate cases, it must be acknowledged by all, far outweighs any such disadvantage as this; and even if there is complete atresia of the canal, it is not at all a difficult thing to remedy, by means of incision and the retention for a short time, of a plug in the os uteri. Surgeons do not give up the amputation of limbs because once in a while, without any fault of theirs, the patient afterward suffers from neuralgia of the stump, or is unable to wear an artificial limb upon it; and neither should we give up amputation of the cervix by the galvano-cautery because atresia occasionally results from it.—*Med. and Surg. Reporter.*

PROGNOSIS AND TREATMENT OF DIPHTHERIA.

Dr. Lewis Smith, Clinical Professor of Diseases of Children at Bellevue Medical College, observes (*American Journal of Medical Sciences* October) that the endemic persistence of this disease in some localities, as New York, and its frequent epidemic outbreaks in country villages and towns, have aroused great attention as to its nature and treatment. No disease also, he adds, stands more in need of all the light which science and experience can throw upon it, not only on account of the divergence of views which prevails respecting it, but because of the frequency with which the prognosis is belied. This uncertainty of prognosis, he believes, depends much upon the fact that diphtheria terminates fatally in several distinct ways, so that while the patient may seem safe with respect to the more manifest and common conditions of danger a fatal result may still occur from some unseen and unexpected cause.

Death may result from (1) diphtheritic blood poisoning; probably also from (2) septic poisoning produced by absorption from the under surface of decomposing pseudo-membrane—especially when this is extensive, deeply embedded, and attended by an offensive effluvium. Cervical cellulitis and adenitis, which may cause very considerable swelling of the neck, appear to be often, if not usually, due to septic absorption from the lower surface, the inflammation extending from the absorbents to the glands and connective tissue. Considerable swelling of the neck, therefore, seldom occurs in diphtheria or scarlatina without manifest symptoms of toxæmia, and is to be regarded as a sign of its presence. (3) Obstructive laryngitis; (4) uræmia; (5) sudden failure of the heart's action, either from the anæmia and general feebleness, from granulo-fatty degeneration of the muscular fibres of the heart, which is liable to occur in all infectious diseases of a malignant type; or from ante-mortem heart-clots. (6) Suddenly developed passive congestion and œdema of the lungs, probably due to feebleness of the heart's action, or to paralysis of the respiratory muscles. Death may occur from this cause during what seems to be convalescence. The physician is less likely to err who bears in mind the possibility of these various terminations; and Dr. Smith believes that the condition of the urine is too infrequently and too superficially examined, seeing that it often contains a large quantity of albumen.

"Among the symptoms which render the prognosis unfavorable are repugnance to food, vomiting pallor, with progressive weakness, and emaciation from the blood-poisoning; a large amount of albumen, with casts in the urine, showing uræmia, to which the vomiting is sometimes, but not always attributable; a free discharge from the nostrils, or occlusion of them by inflammatory thickening and exudation, showing that a considerable portion of the Schneiderian membrane is involved: hæmorrhage from the mouth or nostrils; and obstructed respiration. One, at least, of these has been present in most of the fatal cases which have fallen under my observation."

It is remarkable, Dr. Smith observes, that concerning a disease which has been so long under wide-spread and able observation, such wide discrepancy of opinion as to treatment prevails. This has arisen in part by the different views taken of the nature of the disease, but still more is due to the unreliability of the statisiscs of treatment, owing to the very varying types the disease presents even in the same epidemic, so that while some cases resist all measures, others scarcely require treatment at all. He believes that the germ theory of diphtheria has done immense harm by concentrating attention so much on local and general antiseptic treatment, which, as far as his experience goes, proves of little use; and he is of opinion that the fact of the treatise in Ziemssen's Cyclopædia which propagates this doctrine, having been published before Sannè's more useful book, has led to great mischief. Experience has, however, brought on a reaction, and

practitioners are beginning to learn that constitutional treatment is of as paramount importance in diphtheria as in scarlatina. As the result of his own large experience, he lays down the following propositions :—1. In ordinary cases the poisonous principle of diphtheria enters the blood through the lungs, and after incubation, varying from a few hours to seven or eight days, gives rise to the symptom of the disease. 2. Facts do not justify the belief that the system can be protected by antiseptic or preservative medicines, given internally. 3. There is no known antidote for diph theria, in the sense in which quinia is an antidote for malarial disease. 4. Diphtheria, like erysipelas has no fixed duration. It may cease in two or three days, or continue for as many weeks, the specific poison acting more intensely at the commencement than at a latter period; so that diphtheritic inflammation—as laryngitis, *e. g.*—is more severe and dangerous at an early period than when the disease has continued a few days. 5. The indication of treatment is to sustain the patient by most nutritious diet, tonics, and stimulants, employing other measures as adjuvants as the indications arise, the same rules of treatment being for the most part appropriate as are applicable in scarlatina. Local treatment should be unirritating and designed to prevent putrefactive changes and septic poisoning. Irritants which produce pain lasting more than a few minutes, or which increase the area or degree of redness, are hurtful, and increase the extent and thickness of the pseudo-membranes.

The most nutritious and easily digested food should be given, the preservation of the patient's inclination for food being of vital importance. Beef-tea or the expressed juice of meat, milk, with farinaceous substances, etc., should be given every two or three hours, or to the full extent without disturbing digestion. Failure of appetite and refusal of food are justly regarded as most unfavourable signs. In malignant diphtheria or scarlatina patients are allowed sometimes to slumber too long without nutriment. It is the slumber of toxæmia, and should be interrupted by feeding at stated times. *Stimuli*, as observed by Sannè, are indicated in proportion to the gravity of the case ; and while mild cases do well without alcohol, this is required in all cases of a severe type, and should be given in large and frequent doses, wherever pallor or loss of appetite, or of strength and flesh, indicates danger. Of *tonics*, none answer the purpose better than cinchonidia and quinia. Concerning the doses of the latter, the greatest difference of opinion prevails, according as its antipyretic or its tonic effects are sought to be obtained. But high febrile action calling for antipyretic doses of three, five or more grains, are seldom observed after the first forty-eight hours, while at a subsequent period the tonic dose or two grains every two or four hours will be found sufficient. Great difference of practice also prevails with respect to iron, some using it exclusively in large doses, while others employ moderate doses as an adjuvant to vegetable tonics. The formula which Dr. Smith prefers, say for a child five years old, is the following :—℞. Quinia sulph. ʒ ss., elixir adjuvantis or elixir taraxici co. ℥ ij. Give one teaspoonful every two or four hours, and one teaspoonful of the following hourly between—℞. Tinct. ferri chlor. ʒ ij., pot. chlor. ʒ ij., syrup ℥ iv. The tonic effect of the iron is not impaired by the chlorate of potass, which is added on account of its action on the inflamed surface. The citrate of iron and ammonia alone, or combined with carbonate of ammonia, may be given in two-grain doses, in syrup, instead of the above, when the inflammation of the fauces has considerably abated or is moderate. As the disease begins to abate the intervals between the doses may be lengthened, but the tonic should not be entirely discontinued until the patient is far advanced in recovery, on account of the dangerous sequelæ which originate in an impoverished condition of the blood.

The object in *local treatment* should be to reduce the inflammation of the mucous surfaces, and destroy the diphtheritic poison and contagious properties in the pseudo-membrane, and to destroy the septic poison, and prevent its absorption should any form. Forcible removal of the pseudo-membrane, irritating applications, the use of a sponge or other rough instrument for making the applications, should be avoided as likely to do harm. These should be made with a large camel's hair pencil, or (better for most mixtures employed) with the atomiser. The hand atomiser is very useful, but the constant spray of the steam atomiser is very effectual, and is preferable in some cases. Dr Smith employs the following mixture : — 1. Salicylic acid ℥ ss., glycerine ℥ ij., lime-water ℥ viij. 2. Carbolic acid gtt. xxxij., glycerine ℥ ij., lime-water ℥ vj. 3. Carbolic acid gtt. xxxij., chlorate of potash ʒ iij., glycerine ℥ iij., water ℥ v. Half a dozen or a dozen compressions of the bulb of the hand atomiser cover the surface of the throat more effectually with the liquid than can be done by several applications of the brush, and it is usually not dreaded by the patient. Diminution in size of the pseudo-membrane under the use of the spray is a favorable sign ; but if it do not diminish, its presence can do little harm if properly disinfected. In many cases the spray suffices for local treatment, but this mixture (carbolic acid gtt. viij., liq. ferri subsulph. ʒ ij.-℥ iij., glycerine ℥ j.), applied by a large camel's hair pencil, is also very effectual, converting the pseudo-membrane into an inert mass, and putting a stop to all movements of the bacteria which swarm in it. It may be used two or three times a day between the spraying, or oftener without this.

Pseudo-membranous laryngitis, the most formidable symptom of diphtheria, is best treated by the spray. Of twenty-five cases treated by Dr. Smith, seven recovered by inhalation of spray, and two by tracheotomy. When the *Schneiderian membrane* is especially affected, being more sensitive than the fauces, it requires a milder treatment. The best consists in injecting into the nostrils, by means of a small-syringe, every third or fourth hour, one or two teaspoonfuls of a mixture formed of carbolic acid gtt. xxxiv., glycerine ℥ ij., and water ℥ vj., using it of the temperature of the body, the head being thrown back, and the eyes covered with a cloth.—*Medical Times and Gazette.*

IRON IN EPILEPSY.

In the October issue of the *Practitioner*, Dr. Gowers adduces strong evidence in favour of the use of iron in many cases of epilepsy, a disease from which the drug has been, perhaps, too rigidly proscribed. In a large number of cases he has found that iron has no recognisable influence upon the affection, one way or another; but there remain others in which it may be employed with temporary and even permanent benefit. In those cases in which its action is transient, there is, at first, a marked diminution in the number and severity of the fits, but if the administration of the metal be pushed, effects which may be regarded as injurious ensue, the fits reappearing with all their former severity. However, there are some cases in which its action is direct and permanent—in fact, curative. Such cases– those in which iron does most good—are chiefly those which stand on the borderland between epilepsy and hysteria; but even in some purely epileptic cases iron has been found to have produced permanent results. Dr. Gowers points out that anæmia is no indication for the use of iron in these cases, and suggests that it may have a direct influence upon the nervous system, like zinc, silver, and other metals, quite apart from its hæmatinic properties. He supports his opinion by brief notes of a few cases from his out-patient practice at the National Hospital for Paralysis and Epilepsy, guarding himself against drawing too rash conclusions by bearing in mind the sources of fallacy that may arise in testing any therapeutical remedy in epilepsy, such as the natural variation in frequency of the fits, and the influence of the bromide, under which all epileptics are mostly placed. The frequency with which fits increase on withdrawal of the bromide does not allow of any conclusions being drawn as to the efficacy of iron when it is substituted for the latter drug. Iron should, then, be given in cases where no other treatment has been tried, or if the bromide be taken it should be added to this, and the effect noted. Thus, in one case where the bromide had not done much good, the additions of iron caused a cessation of the fits, which, however, recurred after a time. In another case, that of a girl seventeen years of age, who had suffered from several fits daily from the age of three years, the bromide alone caused a diminution in the frequency and severity of the fits. At the end of three months belladonna was added to the bromide, and the fits ceased, and then she took quinine and iron for six months without having any recurrence. A third case, that of a woman forty-eight years of age, the subject of attacks of *petit mal*, occurring at the catamenial periods, was temporarily cured by the administration of the perchloride of iron. At the end of eighteen months, a recurrence of the attacks was met successfully by the bromide, and an interval of twelve months of freedom gained; a second recurrence took place, and a return to the iron treatment again proved effectual. One other case may be mentioned from this paper; it was that of a man twenty-three years of age, who for five months had been subject to severe epileptic attacks, mostly noctural. He was treated with ten minims of tincture of perchloride of iron three times daily, and continued to take it for six months, and during this time had only two attacks, one in the first and one in the third month of the treatment. After the iron had been left off he remained free from attacks for four months, when the fits recurred, and in three months were "as bad as ever." A return to the perchloride at once produced a freedom from attacks during the time he continued to take it. Two instances of attacks with co-ordinated spasm—lessened or arrested by the use of iron—are also given.—*The Lancet.*

PROGRESSIVE PERNICIOUS (OR IDIOPATHIC) ANÆMIA; RETINAL HÆMORRHAGES AND DOUBLE OPTIC NEURITIS; MICROCYTHÆMIA; EPISTAXIS; DEATH; NECROPSY.

(*Under the care of Dr. Stephen Mackenzie.*)

The following careful record of a rare malady will doubtless be read with interest.

W. J.——, aged ten years, a schoolboy, was admitted on Sept. 5th last. His father and mother were alive and healthy, and had several other children, who enjoyed exceedingly good health and looked quite well. The patient had scarlet fever, measles, and whooping-cough, previous to his fourth year. He had had good health up to three months before admission, being, however, rather subject to coughs and colds. Had lived in fair-sized rooms in the east-end of London all his life.

Three months before admission, he began to get white, like wax or a dead body. His father

said at the same time he began to feel weak, and could not run about. He was drowsy and giddy, the giddiness coming on especially on getting up; it was not so bad when he lay down. He had a constant frontal headache, not severe, but gradually getting worse. His head ached especially on getting up. His head used to perspire so much as to wet the pillow, but the rest of the body was free from perspiration. He had frequent nausea, but did not vomit. Two months before admission, he left school, but went out occasionally, though he did not care for the exertion. He never felt warm. His appetite was good. One month before admission, had to take to his bed, he felt so sick and giddy, and could not walk about. He complained of ear-ache, and had some discharge from right ear. He had to go home from school occasionally, the pain in the ear was so great; it lasted on and off for about a month. His bowels were regular. His face was thought to be puffy in the morning, but the hands and feet were never noticed to be swollen. His symptoms all became progressively more severe until admission. Though nausea was constant, his mother said he had only vomited once after some "oil."

His condition on admission was as follows:—A dark-haired boy with brown irides, somewhat wasted. Skin everywhere extremely pallid, having a waxy or ivory-like appearance. No œdema of face. Lips, gums, tongue, mucous membrane of nose, and conjunctivæ very pale. Chest well formed; lungs normal. Cardiac impulse half an inch outside and an inch below left nipple, heaving; a systolic thrill over cardiac area; cardiac dulness extended from left margin of sternum upwards to third rib; and to left half an inch outside nipple line. Systolic murmur loudest at apex and bottom of sternum, but heard over aortic and pulmonary valves. Hepatic dulness from fifth rib to margin of thorax. Splenic dulness not increased; spleen cannot be felt. Lymphatic glands just to be felt in left axilla under jaw, behind right ear, and in groins; little, if not at all, enlarged. Hearing in left ear good, and in right somewhat defective; has a little pain in vertex. Pupils dilated.

Ophthalmoscopic examination.—Right eye: There was much swelling of the optic nerve. The edge was nowhere visible. Both arteries and veins distended, but very pale; the latter very tortuous; both lost in places in exudation. The centre of the disc, where the exudation was thickest, had a bluish tinge. There was one or two small hæmorrhages on the disc itself. Around the disc the retina appeared uneven and irregular. At some parts it was very transparent, and through it could be seen choroidal vessels and pigment; at other parts it was intranslucent, and the vessels were hidden. In the left lower quadrant, beneath the yellow spot, was a large, irregularly-shaped, sharply-defined hæmorrhage of deep red tint, occupying the whole field of the erect image in the almost fully dilated pupil. It did not appear to be connected with any vessel. Scattered over the rest of the retina were other smaller hæmorrhages. There were no white patches or glistening specks. Left eye in all respects the same as right, wanting only the very large hæmorrhage. Microscopical examination of the blood showed great variability in the size of the coloured corpuscles. There was a considerable number of small coloured corpuscles not more than one-quarter the size of the normal ones. Most of the small ones were spherical in shape, and of the same tint as the larger ones; a few of them presented tail-like processes. The remaining coloured corpuscles had their natural tint. There was no excess of colourless corpuscles. Urine 30 oz., acid; clear, sp. gr. 1015; no albumen; contained 7 per cent. of urea, or 6.72 grms. in twenty-four hours. Pulse small and soft; temperature, 99°F.; respiration easy, not accelerated.

Sept. 11th.—Vomited last night and this morning.

16th.—Nose bled during night; handkerchief stained with pinkish blood.

18th.—Epistaxis; murmur very distinct, most distinct over pulmonary artery.

24th.—Murmur conducted well into axilla; strongly-marked pulsation of carotid arteries; loud bellows-sound over veins of neck.

29th.—Tint of skin changing; colour less yellow, more white; systolic murmur all over heart.

Oct. 1st.—Nausea and vomiting this morning; felt giddy. Could not sit up when his bed was made. Temperature, which yesterday was 98·8°, has risen to-day to 103°.

4th.—Bleeding from gums; blood very pink and watery; feels lively.

16th.—No sickness or headache; vision $\frac{2}{20}$, reads 1½ Snellen with right eye; $\frac{2}{40}$ and 1½ Snellen with left eye. Still marked optic neuritis, with hæmorrhages in both retinæ. The large patch in the right eye but little altered. Temperature 99°.

25th.—Sickness and headache.

Nov. 12th.—Distressing vomiting, bringing up a good deal of fluid.

14th.—Nose bled this morning—half a porringer full.

18th.—Very sick; headache.

21st.—Vomiting comes on if he takes much food; his appetite has been failing for the last fortnight.

27th.—Very sick; brings everything up; is very feeble.

28th.—Distressing vomiting; surface somewhat cold; pulse scarcely to be counted. Says he knows he is dying, and asks to be taken home. Was removed by his parents, and taken a distance of about two miles in a cab. Did not complain of pain or fatigue on the journey; conversed with his parents and brothers and sisters. Died at 10 p.m.; intellect clear and tranquil to the last.

The patient was treated with iron, and later with iron and arsenic combined. He had a simple diet, and a small quantity of wine. His urine was examined almost daily; it averaged thirty-five ounces, was clear, acid, and free from albumen, and he passed from six to seven grammes of urea daily. The blood was examined several times; it always presented the characters described on admission.

Necropsy, at patient's home, forty-two hours after death.—Body a good deal wasted, but not emaciated. Skin much paler than natural, but not so much so as during life; it had a waxy appearance. Mucous membrane of mouth, nose, &c., very anæmic. On opening body well marked panniculus adisposus was seen, the fat being of canary-yellow hue. Muscles of natural colour. Pericardium contained excess of clear straw-coloured fluid. Heart, not firmly contracted, larger than natural, apex formed by left ventricle. Both ventricles contained medium-sized clots of pale, reddish-brown colour, like meat jelly, and some fluid blood. Valves and orifices healthy; walls slightly thickened. Muscle of both ventricles of pale drab or fawn colour, with pale-yellow mottling (fatty degeneration). Lungs exceedingly pale; a little watery fluid could be squeezed out. Liver pale for the most part, but with patches of nutmeggy appearance. Spleen of natural size, firm and red. Kidneys: left very anæmic; right venously congested; adrenals normal. Stomach thin, but not excessively so; mucous membrane congested and ecchymosed. Small intestine very thin, mucous membrane pale. Large intestine had well marked appendices epiploicæ; presented no changes except thinness. Pancreas natural. Mesenteric glands small. Retro-peritoneal lymphatic glands small and healthy-looking. Lymphatic glands of axilla natural. Thyroid gland rather large, but natural in appearance. Aorta of natural calibre, but very thin, pale, and inelastic: no changes in endarterium. Skull well shaped but thin. Brain exceedingly anæmic, otherwise normal. Periosteum removed from petrous bones: no discolouration or sign of disease. Orbits opened; contained abundant fat. Backs of eyes removed; hæmorrhage seen in retinæ. Pieces of clavicle and rib removed; marrow of a distinctly red colour.

Numeration of the blood-corpuscles in the fluid blood removed from the right ventricle was made some time after the necropsy by means of Dr. Gower's hæmacytometer. The number of coloured corpuscles was 1,940,000 per cubic millimetre, or 38·9 per cent. of the natural number.

Remarks by Dr. MACKENZIE.—The case is a very characteristic example of idiopathic essential or progressive anæmia. The patient was, however, much below the age at which the disease is usually seen. No exciting cause could be discovered. No history of shock or fright was elicited. The diminution in the size of the coloured blood-corpuscles (microcythæmia) was well-marked, but no nucleated corpuscles were detected. Hæmorrhagic extravasations into the retinæ are usually noticed in pernicious anæmia, and were well marked in this case. According to Litten, they have no diagnostic value in distinguishing this form of anæmia from others, for he has found retinal hæmorrhages in anæmia from uterine cancer and hæmorrhage, menorrhagia, and hæmatemesis. I have examined a very large number of eyes of persons suffering from cancer, chlorosis, and anæmia from other causes, without finding hæmorrhages; but, not having examined from the anæmia standpoint, I am not prepared to dispute Herr Litten's assertion. A point of much interest in the case was the presence of well-marked double optic neuritis. I am not aware of optic neuritis having been described, though I dare say it has been observed, by other observers in connection with pernicious anæmia. Many (*Centralblatt f. d. Med. Wissensch., 1875, s.* 675), in an account of a case, speaks of the papilla being deformed, and of the whole retina being cloudy; but it does not appear from his description of the ophthalmoscopic or microscopic appearances that there was neuritis. In my case the swelling of the disc was considerable, and the vessels were in places buried in exudation. The veins were very tortuous, as usual in neuritis, but of pale colour, with a broad light streak. The existence of optic neuritis caused hesitation in diagnosis in some who saw the case. Taken in conjunction with the pain in head, and discharge from ear with deafness, it certainly suggested coarse cerebral disease. But the headache was not so severe as is usual in intracranial tumour or abscess, and when first seen, although optic neuritis was present, there had been no purposeless vomiting. Moreover, the assumption of coarse intracranial disease did not explain the extreme anæmia. The occurrence of microcythæmia assisted me to the diagnosis of progressive pernicious anæmia, and the subsequent progress of the case, the vomiting, febrile attacks without assignable cause, the recurring epistaxis, and bleeding of the gums confirmed me in my opinion. Arsenic, which has been so useful in Dr. Byron Bramwell's hands, was administered in the form of Fowler's solution, without any amelioration of the symptoms. The post-mortem appearances were those usually observed. Dr. Wilks, than whom probably no one has had greater experience in this disease, says that usually no coagula are present in the heart. In this case clots were present in both ventricles, but quite peculiar in character. The enlargement of the heart (undoubted, though the organ could not be weighed) remains unexplained. The examination was made by candle-light. The marrow of the rib and clavicle was observed to be red. I have not yet examined it microscopically. The

case will be published in detail when a histological examination of the retina and all the organs have been completed.—*Lancet.*

DANGER OF SALICYLIC ACID IN KIDNEY DISEASE.—Salicylic acid still constitutes the theme of discussion both in the Academy of Medicine and in the Clinical Society of Paris. Professor See seems to be the chief champion of this new remedy. According to his teachings it is *the* great *specific* in gout, rheumatism and rheumatic gout: while it may be used with especial benefit in typhoid fever, erysipelas, malarial fever, small-pox and all affections in the clinical history of which *ferments* have a prominent place. He gives it alone or in combination with soda, *heroically*, in large and frequently repeated doses, and with marvellous results, so marvellous, in fact, that Ricord, who has seen some of his cases, was constrained to protest against his conclusions and to style him an enthusiast and a dreamer. Although it is evident that See speaks more for professional notoriety than in the interests of science, he has certainly demonstrated that salicylic acid has a far more extensive range of applicability than was previously supposed, and that it is an exceedingly potent and valuable remedy.

All who have employed salicylic acid must have noticed that it agrees with some patients far better than with others, that there is a certain percentage of individuals upon whom it immediately produces toxic effects. At a recent meeting of the Clinical Society of Paris, M. Bouchard, in discussing a case of this kind, reported by a colleague, explained the anomaly by saying that under such circumstances, the agent was not eliminated by the kidneys, as is naturally the case, and that the intoxication which manifests itself indicates some disease or disturbance of those organs. He, therefore, insists upon the following considerations in actual practice, viz: not to prescribe salicylic acid and its preparation in cases where renal disease exists, since they constantly accumulate in the system, and insure the speedy development of toxic symptoms: to bear in mind that the non-elimination of salicylic acid and its preparations, *i.e.*, the development of toxic symptoms, indicates an impermeability of the kidney, even when the ordinary signs of nephritic disease are absent. My own experience confirms these conclusions; for I have found that in albuminuria salicylic acid is not supported and really seems to intensify the disease.—Dr. Warren, *North Carolina Med. Jour.*

EXTIRPATION OF THE LARYNX.—Dr. Foulis, of Glasgow, records the eleventh case in which the larynx has been removed for the relief of disease. This operation was first performed by Billroth in 1873, for cancer of the larynx. Two months after the operation the patient was discharged cured and able to speak clearly, though monotonously by means of Gussenbauer's tube. Since then various Continental surgeons have performed the operation for relief of malignant disease with varying success. Six of the recorded cases ended fatally; two from the return of the disease at three and six months respectively; two from pneumonia at four and fourteen days; one from gangrene of the lung on the fourth day; and one on the sixth day from collapse, due to shock, insufficient food, and imperfect protection of the trachea from the introduction of blood and secretions. Of the remaining cases, one was a very partial operation for stricture in syphillitic disease, the patient dying eleven months afterwards from the constitutional affection; two have been but partially reported, and the ultimate issue cannot be stated. Lastly, the case published by Prof. Bottini is the only one on record in which, six months after complete excision of the larynx, the patient was in a quite satisfactory condition.

In the present case the disease had been twice removed by external excision, and now extirpation of the entire larynx was decided upon as the only means of affording relief. The incision was made in the median line, commencing at the lower edge of the hyoid bone and extending an inch below the cricoid cartilage. Immediately on its division, the trachea was fitted with a syphon-shaped leaden tube. This answered the double purpose of preventing the escape of blood into the trachea, and of allowing respiration to be carried on at a distance from the field of operation. The edge of the trachea was fixed to the skin by two long wire sutures passed deeply into the tissues. No other sutures or dressings were used. The leaden tube was left in for the first twelve hours, afterwards tubes of gutta percha, and finally of vulcanite were used. These tubes filled completely the trachea and effectually prevented the entrance of anything but air. The wound was not irrigated on account of the gulping and irritation which would be set up, but all the discharges were carefully sucked up by a wide-mouthed glass-syringe. The air around the bed was kept heavily carbolized by means of a small current of steam from a kettle containing carbolic acid solution. On October 8, twenty-eight days after the operation, the wound had contracted to the size at which it is desirable to keep it, and a Gussenbauer's voice apparatus is being moulded to fit it.—*The Lancet*, Oct 13, 1877.—*Med. Record.*

ATROPINE IN NIGHT SWEATS OF PHTHISIS.—OETTINGER (*Wiener Med. Presse*, 1877, No. 34), employed sulphate of atropia in 45 cases of phthisis. The solution contained one and a fifth grains to the ounce of distilled water, of which 10 to 20 drops were given daily. In 12 cases the sweats disappeared with the first dose, and did not return. In 18 cases the sweats reappeared when the medicine was suspended, and he found it necessary to

renew for a long time, with care to have occasional intervals of four to eight days. The only disagreeable results were slight pruritus of the neck, and dilated pupils. He concludes the influence of sulphate of atropia on the temperature is absolutely negative. It also has no effect in checking the progress of the disease, except so far as the night sweats are lessened, and the invalid rests better.—*N. Y. Hospital Gazette.*

COLLODION FLEXILE IN CASES OF ECZEMA.—Henry Lawson, M.D. Assistant Physician to, and Lecturer on Physiology in St. Mary's Hospital, says :

In my hands, two bad cases of eczema—E. genitale and E. capitis—collodion has shown itself so valuable a remedial agent that I lose no time in publishing the result, in order that others may try it, and see what the consequences are likely to be. I shall now describe one of the cases.

The first case was one of E. genitale. The patient, M. E——, was a woman aged about forty-seven years, married, and the mother of several children. She was a florid woman, of an active temperament, well nourished, of moderate habits of life, tolerably cleanly, and with a pulse strong and full and about 74 in the minute. She had lost her courses about two years ago ; and, indeed, her general appearance was not such as led me to commiserate her very much. However, an examination of the patient showed that she had been suffering a good deal. The whole of the neighborhood of the perineum, of the parts about the vulva, and of the inner margin of both thighs, were covered with an eruption. And what was its nature? It is difficult to describe it. It had a reddish or reddish-purple aspect, which was, of course, caused by the injection of the parts with blood ; and it could be seen that certain parts were slightly raised ; while over the whole surface was a sort of semi-transparent glutinous liquid mass, with here and there some scaly particles of epidermis. It did not smell badly, though the entire amount of surface exposed must have been quite a square foot ; but it was accompanied by great pain, heat, and secretion of liquid matter. Indeed, the patient declared that it made her life a perfect misery.

Well, I first tried tar water, and with some success, but not enough, for after a fortnight she was nearly as bad as on the first day I saw her, and she had been fourteen months suffering under this disease. So I resolved to try the collodion flexile. I placed her on the sofa. And proceeded to literally cover the diseased parts with collodion, and then I put a second layer over the first. I next directed her to put on this material twice or oftener, if needful, every day, and to come to me in a week and report progress. At the same time I forbade her to take tea, coffee or malt liquors, but to substitute cocoa or milk, and to take a little whisky if she desired it. Finally, I ordered her a compound colocynth pill, with podophyllin, to be taken occasionally at night.

When, at the end of a week, this patient came to me, I was absolutely astounded at the progress she had made. There was not at all the same amount of secretion over the surface, and it seemed paler, while it had not extended in the least degree. She said she felt she was getting better, and that it was not nearly so painful as it had been. Of course I simply repeated the prescription, and when she came again in a fortnight, all appearances of liquid on the surface had disappeared. The extent of the affected parts had diminished, so had the pain, which was now nearly *nil.* In fact, the remedy had acted most satisfactorily, and there was nothing to do but repeat it. This course was followed out by the patient for about two months, at the end of which she presented herself completely cured of the painful E. genitale.—*London Lancet.*

BREECH PRESENTATIONS.—The relative proportion of breech presentations to presentations of other parts of the fœtus, varies considerably, as reported from different institutions. Scanzoni gives the number from the lying-in asylums of Prague and Wurzburg as about one in fifty-six. Grenser, in his report of the lying-in institute of Dresden for six years, one in sixty-six, while Ramsbotham, jr., from the Maternity of London, estimates them as about one in thirty-five. I have been unable to find any reliable statistics as to the proportion of still-born children in these presentations, but it is known to be large.

The progress of labor is much slower, both in the first and second stage, when the breech presents than it is when the head presents. From the nature of the presenting part dilatation is not so readily accomplished, and the parts do not adapt themselves so readily to the pelvic cavity.

The breech is more liable to be arrested in its descent than the head. The arrest of the breech, especially in a primipara, becomes the occasion of great and protracted suffering to the mother, very probable death of the child, and a source of great anxiety to the physician ; they are, in fact, formidable cases to treat, and the physician having seen one becomes very desirous to avoid another. Inasmuch as we can never tell when we are going to have trouble in these cases, it is better to prevent the breech becoming arrested if possible. The rule I have followed in my practice for many years now is, in all cases of breech presentations at full time, to bring down a foot. This allows complete control of the labor ; we can hasten it as the exigencies of the case may require. Dr. Robert Barnes, of London, adopted this mode of treatment in cases where the breech becomes arrested. Would it not be

better to do the same thing earlier, and thus prevent hours and hours of intense agony to the mother and danger to the child? I prefer to perform the operation before the first stage of labor is completed. It can be done then very easily, and without inflicting much suffering upon the mother. It is seldom necessary to give chloroform, though there is no objection to it if desired. After the foot is brought down the dilatation of the os uteri is more readily completed, and the duration of the labor much shorter.

There are some points as to the manner of performing the operation I would like to mention. The feet and legs occupy two different positions in these cases. In one, and the most common by far, the legs are flexed upon the thighs, which brings the feet very near the os uteri. In the other, the legs are extended, carrying the feet near the fundus of the uterus, by the side of the head. Of course, these last are most difficult to manage, and rarely fail to give trouble if left to themselves. I have adopted the following rules: 1. In introducing the hand into the uterus use great gentleness with firmness, and always support the fundus with the unoccupied hand. 2. Introduce the hand, the palmar surface of which will pass readily along the posterior aspect of the thigh of fœtus. 3. Choose the foot most anterior. 4. Never bring down but one foot —reason obvious—it leaves protection for cord, and gives bulk for dilatation. 5. Do not hasten the passage of the hips through the pelvis; secure all dilatation possible. 6. Guide the rotation of the child in its descent, so that the abdomen is posterior in relation to the mother. I have said nothing in regard to the diagnosis in these cases, because the points of diagnosis are so well known, and so easily made out, that a mistake can only occur through great and inexcusable carelessness. —*Dr. J. E. Clark, Proceedings Medical Society, County of Kings, N. Y.*

NUCLEI IN THE RED-CORPUSCLES.—Boeltcher, in a paper which appeared in the *Journal of Microscopical Anatomy*, seems conclusively to have established the fact that the mammalian red blood corpuscle possesses a nucleus, together with a nucleolus. Defibrinated blood is poured into an alcoholic solution of mercuric chloride, by which the hæmatin is dissolved out, whilst the albuminous body combined with it remains undissolved. If these colourless corpuscles are now stained with carmine and examined microscopically they will be seen to consist of three parts :a bright homogenlous cortical layer, a granular protoplasm, and a clear nucleus with nucleolus. The protoplasm surrounding the nucleus is frequently found mulberry-shaped, and beset with small papillæ or drawn out into processes. If the blood corpuscles of a camel are examined in the same way the only difference will be found that the processes of the protoplasm are absent.—*London Hospital Gazette.*

ANURIA LASTING TWENTY-FIVE DAYS—RECOVERY.—The following extraordinary case, occurring as a sequela of scarlet fever, is reported by Dr. Wm. Whitelaw. The subject was a healthy boy of eight. December 3rd, his urine was observed to be scantier than usual, and the amount decreased rapidly until the 7th, when only one drachm was passed, and from this date up to the 21st, not a single drop, and yet with the exception of a slight headache his general health was excellent. During this time diuretics and diaphoretics were tried without effect; on the 19th a blister was applied over the kidneys, and in twenty hours two ounces of urine were passed, when complete suppression again occurred. The blister was reapplied on the 27th, but with no success. Diaphoretics and purgatives were now discontinued in the hope of forcing the kidneys to act, but no change became apparent in the condition of the patient, who still continued in excellent health. On December 31st very slight œdema of the feet and ankles appeared; and on the morning of January 2nd, one drachm of urine was passed daily, and on the 5th, a whole pint was voided in small quantities at eight different times. Since then the kidneys have acted well, and the boy has (January 12th) recovered.—*The Lancet*, Sept. 29th.—*Med. Record.*

THE UNIVERSITY OF PENNSYLVANIA.—We are glad to learn, from the *Philadelphia Medical Times*, that the success of the new plan of teaching in this school, to which we alluded in our last issue, is fully equal to the highest expectations, the general paying class being quite as large as it was last year. One hundred and thirty first-course students have entered for the three-year term. There is said to be a marked improvement in the character of the new class.—*N. Y. Med. Jour.*

THE OBLIGATIONS OF THE RED CROSS SURGEONS.—Reports having reached this country of a serious breach of faith on the part of Mr. Douglas, one of the Red Cross surgeons, we referred to the subject in the following terms:—

"We trust there is some exaggeration about the statement that Mr. Douglas, immediately he fell into Russian hands, related stories prejudicial to the Turks. The fact has naturally caused a strong feeling at Constantinople against the Red Cross Society; and Mr. Kennett has issued a circular pointing out to the doctors that in the event of their being captured they ought on no account to give any information which could militarily or politically prejudice the army with which they have been serving."

From a letter just received from Mr. Douglas, we are glad to find that our doubts as to the correctness of these reports, were justified, and that he has completely exonerated himself from the as-

persions cast upon his conduct. We give his own explanations :—

"In justice to myself and my colleague, I beg to state that a Russian officer having made a report of the mutilation of the Russian wounded by the Turks after the battle of Teliche, we were asked if such things had come under our notice. We corroborated the statements of this officer by our evidence. *We strictly withheld every information, military or otherwise;* but I maintain that from my position as a member of a Red Cross Society, I was bound not to shield such a vile infringement of humanity and modern warfare. I may add that, having taken the opinion of English correspondents and others on the spot, they all agreed that we were perfectly justified in so doing. Nor have I met any Englishman since, either Russophile or Turcophile, who disapproved of the course we took."

Whilst upon this topic we may mention that, throughout this cruel war, British surgeons have greatly distinguished themselves by their attention to the wounded, under fire and after engagements. The latest telegram, referring to another member of the Red Cross Society, says :—"Surgeon Gill greatly distinguished himself, his horse was killed under him, and he was commended by Muchir Pacha for dressing the wounded under a heavy fire."—*Med. Press and Circular.*

RETROFLEXION WITH HYPERPLASIA OF THE UTERUS.—This patient, to whom we have but a few minutes left to devote, comes to us with a diagnosis. She was sent to me by a gynæcologist of considerable standing, who stated that she was suffering from anteflexion of the uterus and a small ovarian cyst. But even the best men are liable to mistakes, and if he had examined the case a second time no doubt he would have discovered that this diagnosis was incorrect. Of course, it makes a very great difference to the patient whether she has an ovarian cyst or some comparatively trifling affection, and we cannot be too careful in our diagnosis. On making an examination with the left forefinger in the vagina, and the fingers of the other hand pressed upon the abdomen, I failed to find anteflexion, but detected a body feeling somewhat like an orange behind and below the cervix uteri. Then placing the patient in Sim's position, and raising the side of the table on which the buttocks rest a few inches (as is now my invariable custom in making uterine examinations) so as to exaggerate the position and throw the viscera well forward, I passed the probe and found that it entered the cavity for three inches in a direction downward and backward. Then removing the probe I succeedeed in getting two fingers under the supposed ovarian cyst and without any difficulty pushed it up, when I reinserted the probe and found that it passed in the normal curve of the uterus. I now rocked the uterus gently backward and forward by means of the sound without occasioning the patient the slightest uneasiness, and thereby conclusively demonstrated the perfect mobility of the organ. The diagnosis, therefore, was retroflexion, with a hypertrophied and hyperplastic condition of the uterus.—Prof. Thomas, *Boston Med. Journal.*

TEARLESS MADNESS.—One of the most curious facts connected with madness is the utter absence of tears amidst the insane. Whatever the form of madness tears are conspicuous by their absence, as much in the depression of melancholia, or the excitement of mania, as in the utter apathy of dementia. If a patient in a lunatic asylum be discovered in tears, it will be found that it is either a patient commencing to recover, or an emotional outbreak in an epileptic who is scarcely truly insane; while actually insane patients appear to have lost the power of weeping—it is only returning reason which can once more unloose the fountains of their tears. Even when a lunatic is telling one in fervid language, how she has been deprived of her children, or the outrages that have been perpetrated on herself, her eye is never even moist. The ready gush of tears which accompanies the plaint of the sane woman contrasts with the dry-eyed appeal of the lunatic. It would, indeed, seem that tears give relief to feelings which when pent up lead to madness. It is one of the privileges of reason to be able to weep. Amidst all the misery of the insane they can find no relief in tears.—*British Med. Jour.—Med. News.*

RESIGNATION OF MR. SPENCER WELLS.—On the 12th December last, after performing ovariotomy for the the 404th time at the Samaritan Hospital, Mr. Spencer Wells said that he was now retiring from the active work of the hospital, having been elected consulting surgeon, and that he had now operated probably for the last time in the hospital. It is believed that Mr. Wells has operated in hospital and private practice more than 900 times; and in the 404 hospital cases the total number of deaths was 99, the percentage having gradually diminished from 33 to 10 per cent.—*Ibid.*

TRACHEOTOMY IN DIPHTHERIA.—Dr. A. M. Tupper, reports in the *Boston Medical and Surgical Journal*, a severe case of diphtheria, with invasion of the larynx, in a boy seven years old. Tracheotomy was performed on the eighth day, and the patient recovered. The tube was finally removed fourteen days after the operation.

LARGE STONE.—Prof. Gross, of Philadelphia, operated recently by the lateral method, removing from a boy, aged 12 years, a stone which weighed one ounce and five and three quarter drachms.

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DIPHTHERIA AND ITS TREATMENT.

Diphtheria is another instance of how the increase of knowledge robs a disease of half its terrors, and still indiscriminating minds attach great value to preconceived notions as to its contagiousness and the peculiar treatment that should be observed, notwithstanding that the treatment may have proven most unsatisfactory. A disputed point has lately arisen as to the contagiousness or non-contagiousness of diphtheria. Some assert that the original miasm giving rise to the first case in a family must be credited with being the point of origin of the others, as no time has been allowed for the stage of incubation, if we consider that several days of incubation are essential to its development.

Those theorists who hold that diphtheria is not directly contagious from patient to patient, grant on being pressed that the disease is infectious, and that coughing excretions into the mouth or face of an attendant, or by kissing or using the same spoon, through the saliva, the contamination may be introduced into the system of another, and thus the system become infected. Strictly speaking, there is no exhalation from a diphtheritic patient that, floating in the atmosphere, can be breathed so as to communicate the disease. Yet the germs of the vegetable organisms, arising as a miasm from accumulated filth deposits under peculiar circumstances—may be, and indeed are inhaled and by lodging upon the mucous membrane of the fauces and larynx sow the seeds of a very prolific harvest of young bacteria which exert a poisonous influence upon the fluids of the system. It is a disease which springs from the growth of a real fungus, plant or bacterium upon some of the mucous surfaces of the system, more generally of the throat. It may be spread by contact of the mucous surface of a diseased with those of a healthy person as in kissing, and in this limited degree epidemic. From the local parts affected it spreads to the whole body affecting the muscular and nervous systems, vitiating the lymph and nutrient fluids and inducing paralysis.

Diphtheria then must be looked upon as a disease of zymotic or miasmatic origin, becoming infectious by actual contact only, and not contagious by direct exhalations as in the case of typhoid fever, scarlet fever or cholera, and yet the manner in which it spreads often leads persons to assert its contagiousness as unquestionable. The writer in Ziemssen's Encyclopædia, page 584, asserts its contagiousness as follows:—"The fact of *contagiousness* is established, as well by actual cases which occur, as by experiment. Although it is generally admitted that when several members of a family or community are successively attacked, the disease may have developed as well through the influence of the prevailing miasm as by contact with objects infected with diphtheria, yet a series of observations have been made which shows that the disease evidently broke out, because the persons seized lived in the same house with the patients and came in direct contact with the diphtheritic matter." Diphtheria may be produced from the inhalation of its disease germ of miasmatic origin from an outside foci of disease-producing elements; but having been originated, there is no exhalation which inspired will give rise to the disease; it must be acquired by "actual contact, as in kissing, or by the patient coughing into the face of the attendant, a number of diseased germs in the shape of infected saliva or pieces of false membrane—hence it is truly a miasmatic-infectious disease, and not a miasmatic-contagious disease as it is called in Ziemssen page 582.

This however is splitting hairs and renders it none the less dangerous, or to be guarded against by isolation, for "direct contact" with the virus is very easily brought about in the same dwelling. Destruction of the original foci, with avoidance of direct contact or ingestion of the infected fluids of the patient is sufficient to avoid contracting the disease.

In regard to treatment it is now claimed by many, that this minute fungus-plant may be readily destroyed by many agents, in the incipient stage, and hence the disease may be readily con-

trolled and its fatility prevented by the use of such remedies as sulphur in the powder blown into the throat every half-hour, or by chlorine water, diluted with two to four times its bulk of water and used as a spray to the throat, or as a gargle. This fungus is of a contaminating nature and hence if allowed to develop will vitiate the secretions of the body, and if it does not accumulate in sufficient quantity to induce strangulation will prove fatal by its influence upon the nervous centres, producing paralysis.

Isolation is imperatively demanded to prevent the possibility of direct contact with the germs of the disease, cast about with the excretions, especially the saliva. So virulent is this, that a child picking up a canula which had been in another child's throat and putting it to its mouth, took the disease and died in a short time. Cases have also been known to occur from contact of the lips in kissing the corpse. In the early stages the sulphur or chlorine water is most effectual, but when the false membrane has already formed something more destructive is required, and a weak solution of carbolic or salicylic acid in glycerine is very effectual. Destructive agents in the early stages are very prejudicial to the success of the case. The chlorine water is *par excellence* the remedy for this affection in its early stages. We have not referred to the vexed question of contagion or infection to render precaution against its spread less incumbent, but to show that only by direct introduction of the *disease germs* into the system can it be spread from one to another, and this result can be prevented only by isolation.

An article on Diphtheria by Dr. Lewis Smith, of New York, will be found in this number, page 174, and is worthy of a careful perusal.

MEDICAL EDUCATION IN THE PROVINCE OF QUEBEC.

Since the inception of the present medical Bill of the Province of Quebec, matters have not been running in their usual smooth current, and at the present time—aside from the charges made against the late Registrar—there exists a bone of contention of serious import, as it affects alike all the teaching bodies in that Province unfavourably except one—that one being its promoter. A good deal of anxiety has been manifested by the medical faculties of McGill and Bishop's College Universities, with regard to a proposition of Laval to alter the duration of the course of medical lectures from six to nine months. The latter term is that of Laval at Quebec, while the six months' course is the one followed by the two English medical schools in Montreal, as well as by that of the French branch of Victoria University, and is also that established by the law of the Province. "It is also the term of the other medical faculties in the Dominion and in Great Britain, and its superiority over the nine months' course is thus generally acknowledged. The actual number of lectures given in each case is the same, only in the one they are spread over a longer period of time. Under the circumstances, it was necessary for Laval either to reduce the duration of her course to six months, or to secure a change in the law of the Province by which nine months should be made the legal term. The project to alter the law in the interests of Laval naturally meets with strong opposition on the part of the faculties of McGill and Bishop's Colleges, who claim that such a change would affect their medical schools disastrously. At present the great proportion of the students in both schools are from Ontario, the Maritime Provinces and the United States. A compulsory adoption of the nine months' course would drive all these students away to other schools where they could save three months time and attendant expenses, and would in fact completely destroy the influence of Montreal as a centre of medical education.

It was the intention of the promoters of the scheme to call a special meeting of the Provincial Medical Board in order to propose this change for adoption by the Legislature at its present session, but owing to the vigorous remonstrances of McGill and Bishop's Colleges, the matter is to be left over until the regular meeting of the Board in May next.

Some persons may be curious to know how this new movement of Laval is going to affect the French medical school affiliated to Victoria University. From all we can learn it is to be absorbed and swallowed up, although the victim has been undergoing a sort of lubricating process before it would go down. At first Laval was inclined to break bones, and only take two or three of the

professors of the French School into its Montreal *succursale*, taking it for granted that Victoria would, of course, consent to die without a murmur. But the remaining seven or eight members of the staff were not willing to be snuffed out so easily, and getting legal advice found they could retain their charter and thus continue to maintain their school in spite of Laval. Consequently, Laval had to consent to swallow the whole staff of Victoria.

It is just possible that the promoters of the scheme may get a Bill introduced during the present session of the Provincial Legislature, and after passing its second reading allow it to lie over. Should such a law be passed it would result simply in driving students away from such institutions as were compelled to adopt it, and therefore it would inevitably ruin the medical schools of McGill College and Lennoxville, as is its evident intention. It is to be hoped no such suicidal policy will prevail.

INEXPEDIENCY OF PHYSICIANS DISPENSING DRUGS.

The operation of the several pharmaceutical Acts passed by the Legislatures of Ontario and Quebec in recent years, in regard to curriculum of study and examination of druggists, has been all that could be desired. The examinations have been, year by year, made more comprehensive and searching, until they may now be considered as rapidly approaching to the high grade of the French pharmacien, and the yearly supply of passed candidates is fully equal to the requirements of the profession. With then, this advanced knowledge of pharmacy on the part of the druggists, the time has surely arrived for medical men in accessible reach of a druggist, to abandon the combination of profession and trade. This strange combination of physician and druggist in the same individual, is the principal cause of the anomalous state of the profession in Canada. Medicine is the only learned profession that has ever been associated with trade. The practitioner who dispenses medicines, has a great portion of his time occupied with matters entirely foreign to the science he professes, dissonant from the habitual tone of his mind, and hence to the last degree irksome and disgusting to him. Many a valuable hour that he would gladly devote to study, is wasted in making up medicine, not half of which will ever be swallowed, or bills, not half of which will ever be paid. He returns from visiting a difficult case,—What author does he take up to assist him in its consideration? No author, alas! but the time that he would gladly give is taken up with preparing medicines for patients he may find in his office. He returns from an interesting post-mortem, and would wish to consult Paget or Rokitansky; but, it wont do, Mrs. Gripes has just sent for a pill, and Mr. Grumble for a mixture. With such stuff as this, too much of the time is taken up, which ought to be devoted to science and letters. Is it to be wondered at that French and German physicians claim the ascendancy in scientific medicine?

In order also to raise the science of medicine to a higher level, a tariff of fees graduated according to the circumstances of patients, should be recognized by the courts. In this way the disgraceful contention for patients, by undercharging, would be in a measure diminished. The code of ethics adopted by the Canada Medical Association should also be recognized by every practitioner as his rule of professional life, and lastly the provision in the various Medical Acts for the due prosecution of quacks and impostors, in those Provinces in which the Acts are in force, should be made a fact, no longer as at present a fiction.

THE MONTREAL MEDICAL LICENSE CASE.

For some time past this *casus celebre* has been before the Courts in the City of Montreal. Dr. Gilbert, of Sherbrooke, Que., charged Drs. G. E. Fenwick, of Montreal, and E. D. Worthington, of Sherbrooke, the former the late Registrar, and the latter a Governor of the College of Physicians and Surgeons of Quebec, with "forgery" in issuing a certain license to Dr. Mines of Massawippi, Que., a graduate of McGill College, which had been antedated to 1875 instead of bearing the date of issue June 1877. Dr. Mines graduated in McGill College in 1874 and practised for some time in the Province of Ontario, but subsequently settled in Massawippi in August 1875. It appeared from the evidence that he never presented himself before

the College of Physicians and Surgeons of Quebec to obtain his license as was required by law—although he was entitled to it. The gravamen of the charge lay in the fact that Drs. Fenwick and Worthington issued a license to Dr. Mines, without his conforming to the letter of the law, in June last, which was purposely antedated to 1875, in order to secure his vote at the election of the Board of Governors.

From all that has been elicited in evidence there does not seem to have been anything more than a grave irregularity committed, and for which numerous precedents existed. The intent to commit fraud was not proven. A good deal of bitterness and ill feeling was also shown to have existed between Drs. Gilbert and Worthington for years past.

It is unfortunate that there should have been any irregularities in the conduct of the affairs of so important a body, but possibly the lesson may be salutary in its effects upon others holding offices of public trust. It often happens when men are allowed to have public affairs under their own control for too long a time, they begin to consider it their business to do as they please. This said, we trust, as no interest has seriously suffered and no harm been done to any one, that the magistrates deliberation may result, as has already been foreshadowed, in dropping the case altogether. It cannot be said however that Dr. Gilbert had no grounds for bringing the case into Court. We are glad however for the sake of the profession in Quebec, and also the medical men concerned that the case is about to be satisfactorily terminated.

ONTARIO MEDICAL BOARD.

At the last meeting of the Ontario Medical Council it was decided to hold the examinations in the latter part of the month of May—one month later than usual. It was alleged as a reason for this change that the medical students were in the habit of deserting the lecture room, (an allegation not very flattering to the lecturers) about the latter part of February, in order to cram for the examinations in April. This statement, whatever may have been the experience of those who gave utterance to it, is not generally true. Upon making careful enquiry, we find that the attendance upon lectures during the latter part of the session in the majority of the medical schools, is quite equal to that during the previous part of the session. Our object at the present is not, however, to discuss the question of attendance upon lectures, but to point out the disadvantages under which the students labor by reason of this change in the date of examination.

In the first place, the effect of the present arrangement is to prevent all students who may desire to do so, from attending any of the summer courses of lectures, either in Canada or the United States, until the sessions are far advanced. A summer course of lectures was delivered in McGill College last year, commencing on the 1st May, which was most successful in point of attendance and in the character of the instruction given. A summer course was also advertized in one of the medical schools in Toronto, but with what measure of success we are unable to state. It would almost seem, (of course we do not wish to impute motives,) as if those who secured the passage of the regulation, did not desire that the students should have an opportunity of availing themselves of any other course of instruction, except the lectures delivered during the winter session. The students are also put to greatly increased outlay for board and travelling expenses, which many of the most deserving can ill afford. The period which they should spend in the office of a medical man is also very much curtailed, and those who desire to go to Europe to complete their course of studies are detained until late in the season. We understand that the students of the different schools have sent up petitions to the executive committee, setting forth the disabilities under which they are placed, and asking to have the time of the examination changed to the month of April as heretofore.

THE GREAT WESTERN RAILWAY MEDICAL TARIFF.

[The following letter was received too late for insertion under the head of correspondence.]—Ed.

To the Editor of the CANADA LANCET.

SIR,—In your last issue, I observe a letter from Brantford signed D. L. P., in which great fault is found with the Great Western Railway Co., for the "insult offered the profession," through the arrange-

ments made for providing "medical and surgical aid" for their employees at the rate of one dollar per annum, for each employee.

Now, I fail to see the difference, between accepting the appointment from the company upon the terms offered, and accepting an appointment from a lodge of Free Masons, Foresters or Odd Fellows, upon the same terms, as I am informed is done by some members of the Brant County Medical Association—one, I regret to say, a former President of that Association.

Yours truly,
ONE WHO ACCEPTED THE APPOINTMENT.

VICTORIA COLLEGE MEDICAL DEPARTMENT.—The Montreal branch of the Medical Department of this University has lately become amalgamated with Laval University, Quebec. This robs Victoria University of half her glory, so far as the medical department is concerned. The other *half* still exists in Ontario, viz., the Toronto School of Medicine. This school is now, and has been for the past three years, advertized in the Victoria College calendar as the Medical Department of Victoria University, and intending graduates are referred for additional information to Dr. Aikins. This position is rather anomalous when it is remembered that the Faculty of this school is at particular pains to parade itself, among a certain class, as having specially close relations with the Toronto University *only*.

REPRESENTATION IN THE ONTARIO MEDICAL COUNCIL.—In reference to our remarks in the last issue regarding increased representation for the territorial divisions in the Ontario Medical Council, we might add that the Board of Governors of the College of Physicians and Surgeons of the Province of Quebec consists of *forty* members. The Ontario Medical Council at present consists of thirty members, five of whom (Eclectics) cease in 1879—so that the addition of twelve territorial representatives as proposed, would bring the total up to *thirty-seven only*. This representation for the Province of Ontario, with its much larger medical population, cannot be considered unduly large when contrasted with Quebec.

MINERAL SPRINGS OF ST. CUTHBERT, QUE.—This mineral spring has been long known to the inhabitants of St. Cuthbert, but only lately has attracted attention by the determination of the proprietor, M. Fauteaux, to bring it under the notice of the public and the profession. For this purpose he has submitted the water for analysis to Dr. Baker Edwards, who states that it contains in considerable quantities chloride of sodium and potassium; iodide of sodium and potassium; chloride of strontium and barium; calcium and magnesium; together with silica and alumina, and some carburetted hydrogen gas. It therefore appears to be a powerful saline spring, and is valuable for its iodides as well as its strontium salts. The waters are purgative, alterative and antacid. It is the intention of the proprietor to erect a commodious hotel on the property.

SUSPENSION OF THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.—The suspension of the *British and Foreign Medico-chirurgical Review and Quarterly Journal* is announced in the October number. The reason given for its discontinuance is, "that the same impatient spirit which looks for rapidly recurring issues from the secular press has spread itself among medical readers, and the acknowledgment is sadly made, that the thoughtful old quarterlies must yield to the more spirited monthlies and weeklies." It dies gracefully, after an honorable existence of thirty-eight years, during which time it has maintained a leading position in directing medical opinion and progress.

ROSIN WEED.—This is the Silphium Gummiferum which grows in the western prairies, and is the same drug that is used so largely for curing heaves in horses. It is very extensively used in medicine by some physicians as an expectorant, and is claimed to have a special action upon the liver. It is tonic, diuretic and alterative, and is largely used for intermittent and remittent fevers. We have not had sufficient experience with it to express an opinion as to its merits, but there is no question as to its diuretic properties. It has been suggested as an appropriate and valuable remedy in chronic bronchitis and asthma. The fluid extract is the form of preparation used.

POISONOUS HONEY.—It is a fact long known, but generally forgotten, that honey sometimes possesses violent poisonous properties. The war cor-

respondent of the London *News* was nearly poisoned a short time ago, by eating honey obtained from the Batoum valley where hemlock and henbane grow abundantly. After partaking of it he was seized with headache, vomiting, coldness of the extremities, and temporary blindness. The honey derived from the Azalea Pontica, an eastern plant, is said to be very poisonous.

ELECTION TO THE MEDICAL COUNCIL.—Dr. W. L. Herriman of Port Hope has been elected to represent King's and Queen's Territorial Division in the Medical Council of Ontario, *vice* Dr. Dewar deceased. Dr. Herriman will make an excellent representative and a worthy successor of the late Dr. Dewar.

GROWTH IN THE HUMAN FAMILY.—The rate of growth of the human family is curious. The most rapid increase takes place immediately after birth, the growth of an infant during the first year being about eight inches, the ratio of increase gradually decreasing until the age of three years, at which time the size attained is half that which will be reached when full grown.

CHEMISTRY OF COMMON LIFE.—*Punc'*, says a distinguished Professor of Chemistry, suggests that the nomenclature of that science might be drawn upon for a variety of pretty additions to female names. Having himself a family of five girls, he has named them respectively, *Glycerine*, *Pepsine*, *Ethyl*, *Methyl* and *Morphia*.

POISONOUS EFFECT OF EMERALD GREEN.—An English medical practitioner calls attention to the injurious effect arising from the use of colored wool—more especially that shade of color so frequently selected, and known as emerald green. He says he has lately witnessed an instance of arsenical poisoning arising from its use, and on testing a portion of the wool the lady had been using found it largely charged with arsenic.

INGLUVIN.—In our last issue we mentioned among the important new remedies, "digestin." This should have been written Ingluvin. This substance was originally called digestin, but as there was a patent medicine on the market of that name, it was changed to Ingluvin. It is much superior to the ordinary pepsin preparations.

A FORTUNATE MEDICO.—Dr. James R. Woodgate, of Granton, Ont., has lately fallen heir to a fortune of $30,000 by the death of a relative in England. He leaves shortly to claim it, and is at present receiving the congratulations of his friends.

FOUR JOURNALS FOR $8.—The following journals will be sent to any address for one year at the rates quoted, *cash in advance*:—CANADA LANCET, and *Braithwaite's Retrospect*, $5; CANADA LANCET and *Scribner's Monthly*, $5; CANADA LANCET and *New Dominion Monthly*, $4; or *all four for $8.* (See commutation rates.)

Reports of Societies.

HURON MEDICAL ASSOCIATION.

At a meeting of the above Society, held in Clinton, on the 17th of Oct., the following were appointed officers for the ensuing year:—

President—Dr. Worthington, of Clinton; Vice-President—Dr. McLean of Goderich; Secretary-Treasurer—Dr. Stewart, of Brucefield.

Dr. Sloan, of Blyth, exhibited a patient affected with exophthalmic goitre. The palpitation, thyroid enlargement, and exophthalmos were all well marked, especially the latter. The skin in this case was very dry. Urine copious, very pale, and of low specific gravity, but free from both sugar and albumen. Urine has been examined both during fasting and after a good meal. It is free from casts, but contains a large quantity of minute oxalate of lime octahedra. This patient has improved under digitalis and ergot. It is a well known fact that there is an intimate connection between Graves' disease and temporary albuminuria, and also diabetes mellitus, but we are not aware of having read of a connection between Graves' disease and diabetes insipidus.

The last meeting of this Association was held in Wingham on January 15th. The following members were present—Drs. Worthington, Bethune, Sloan, Tamblyn, Towler, McDonald, Graham, Gordon, Young, Hurlburt and Stewart. Dr. Worthington occupied the chair. Dr. Sloan showed a woman, aged 35, who has a pulsating tumor situated over the lower and anterior surface of the right femur. A soft and blowing bruit is heard over it. Pressure on the femoral immediately

below Pouparts ligament, causes the pulsation and bruit to cease. It is not distinctly limited or circumscribed. Its long diameter, which corresponds to the axis of the limb, is 4½ to 5 inches. Its transverse diameter is from 2½ to 3 inches. Its direct anatomical supply cannot be made out. It is freely movable over the bone, and has no attachment to the skin. It has no bony envelope. It is of 11 years standing, and the patient says it was caused by an injury.

Drs. Stewart and Hurlburt showed a fair haired, delicate boy, aged 6 years, who is wearing Sayre's "plaster jacket" for lateral curvature of the spine. Previous to the application of the jacket he was disinclined to move about, but since it was put on he runs about freely, and his general health is improving rapidly. He says that he is free from pain and annoyance.

Dr. Bethune read a very instructive paper on typhoid fever. He gave the details of 3 cases of this disease, which he considered occupied the borderland between well marked typhoid and the so-called simple continued fever. In two of the reported cases there seemed to be but little doubt but that the fever arose spontaneously.

Dr. Towler reported an unique case which came under his observation in obstetrics lately. As a full report of this case will shortly appear in the LANCET, it will be unnecessary to give an abstract of it here.

Drs. McDonald and Graham were appointed to read papers at the next meeting of the Association, which will be held in Clinton, on the 16th April, 1878.

TARIFF OF FEES.—The following is the tariff of fees adopted by the Huron Medical Association:

Office Consultation	$1 00 to $2 00
Ordinary Consultation with another Physician	2 00 to 4 00
Ordinary Visits during the day	1 00 to 1 50
Ordinary Visits during the Night	1 50 to 2 00
Mileage—Any distance up to two miles	2 00
Mileage—beyond two miles	50 per mile.
For Night Visits—25 to 50 per cent additional.	
Written Opinion	2 00
Passing Catheter	2 00
Extracting Teeth	50
Setting Fractures and Reducing Minor Dislocations	5 00 to 10 00
Setting Fractures and Reducing Major Dislocations	10 00 to 50 00
Administration of Chloroform, &c.	2 00 to 5 00
Natural Labor	5 00 to 10 00
Mileage over two miles	extra.
Difficult, Complicated or Instrumental Labors	10 00 to 20 00
Removal of Retained Placenta	5 00
Speculum Examination	1 00 to 2 00

Toronto Hospital Reports.

(Reported by Wm. McKay, Trinity Medical School.)

PERFORATION OF THE STOMACH.

Jane McN——, aged 22, a native of Canada. Admitted into the Hospital on the 13th of Decemuer, 1877, complaining of pain in the stomach, also in the back of the chest and shoulders. She first noticed it one night in August last when she was running for a medical man, and attributed it at the time to the exertion. The pain extended to the limbs, and has been more or less severe. For the past two weeks she has not had much appetite and has been vomiting a great deal; was able to work until four days ago; since then she has been feeling generally worse and now feels almost unable to move. Has been perspiring freely for some days past but not previously. Has been somewhat constipated habitually, and especially so within the past five days. Has had several enemata but without effect. Tongue coated brown and mouth has been thickly coated for three or four days. Pulse is wiry and quick 152; respiration is somewhat laboured and causes pain in the posterior part of the chest. "Changes" have been scanty but quite regular every three weeks for some time past. For the past few days micturition has been painful and scalding, and urine is scanty, with a dark sediment. Has had no sleep for two nights past on account of pain. For two weeks past has felt a hardness over the stomach, and the entire abdomen is now tender, causing pain on slight pressure. Was ordered repeated turpentine enemata which relieved the lower bowel. Also stimulants to support the strength, and morphia to allay pain.

Dec. 14th.—Died at one o'clock p. m.

Dec. 15th.—Post-mortem examination shows the pericardium inflamed on the outer and left surface, and containing rather more fluid than normal. Internally it is inflamed at the base. The heart weighs 10½ ounces. The right ventricle contained a small quantity of fluid blood, and a large well organized clot. The left ventricle is empty; the valves are normal. The auricles each contain a large firm clot extending to the ventricles. The lungs are emphysematous on the surface and espe-

cially on the left side. The abdomen is filled with muco-purulent fluid containing shreds of false membrane. Peritonitis is general, extending over the liver and under surface of the diaphragm, etc., and false membrane can be dissected off.

The transverse colon turns downwards and then upwards to the left hypochondriac region.

The stomach shows on its upper and posterior part, just beneath the centre of the left lobe of the liver, a small irregular perforation, also distinct marks of previous ulceration. The glands around the pylorus much enlarged, and the rugœ well marked and inflamed in patches. The intestines show true inflammation but not enough to cause obstruction. The ilium is inflamed in patches. The ileo-cæcal valve healthy. The spleen is normal. The liver weighs 3 lbs, is healthy in appearance. Ductus com. choled. is obstructed. Kidneys slightly inflamed on the surface, but otherwise normal. Uterus virgin, and normal. Cystic disease in both ovaries.

Books and Pamphlets.

THE FUNCTIONS OF THE BRAIN, by David Ferrier, M.D., F.R.S., King's College, London. Illustrated. New York: G. P. Putnam's Sons. Toronto: Willing & Williamson.

The author presents to the professional reader in this work, a systematic exposition of the bearing of his experiments on the functions of the brain and spinal cord, or the cerebro-spinal system in general. It is a work of about 300 pages octavo, and is a highly interesting resum of the knowledge so far acquired regarding this intricate subject—the function of the brain. The discovery of the electric excitability of the brain by Fritsch and Hitzig, has given a fresh impetus to researches on the function of the brain, and thrown new light on many hitherto obscure points in cerebral physiology and pathology. Much still remains to be done, and it is useful to review the knowledge so far acquired, in order to show how much yet remains to be done.

A TREATISE ON GONORRHŒA AND SYPHILIS, by Silas Durkee, M.D., Boston. Sixth edition, with eight colored illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

Dr. Durkee's work was first published as an essay on the "Constitutional treatment of Syphilis," and as such secured the Boylston Prize. This essay constitutes a large portion of the present volume. The author has had large experience, excluding over thirty years in the treatment of venereal disease in connection with the Boston City Hospital, and he has given the profession the benefit of his ripe experience in the work before us. The design of the author was, as he says, "to furnish a book that should be practically useful," and in this he has succeeded beyond a doubt. The work will be found to be a most valuable addition tothe library on venereal diseases.

THE ACTION OF MEDICINES, by Isaac Ott, A.M., M.D., formerly demonstrator of experimental physiology, University of Pennsylvania. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This is a small octavo containing about 160 pages, and it is devoted to a consideration of the physiological action of medicine upon the lower animals and man. The details of the method of experimenting upon animals are given briefly; also the results of the different experiments and the deductions to be drawn from them. The work will be chiefly serviceable to those who are engaged in experimenting. The author also mentions at the close of the work, the manufacturers from whom the instruments used in these experiments may be procured.

HOW TO USE THE OPHTHALMOSCOPE, for the use of students, by E. A. Browne, Liverpool Eye and Ear Infirmary, pp. 120. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

Birth, Marriages, Deaths.

On the 11th ult., the wife of Dr. A. H. Wright, Toronto, of a daughter.

On the 1st ult., Alexander Kennedy, M.D., M. C. P. S., of Port Perry, to Ida, only daughter of Edward Howard, Esq., of Bath.

On the 14th ult., A. J. Masecar, M. D., of Tilsonburgh, to Miss Van Patter, youngest daughter of the late A. Van Patter, Esq., Aylmer, Ont.

On the 22nd ult., at the residence of the bride's father, by the Rev. E. Hooper, assisted by the Rev. John Gilchrist, of St. George, James Sinclair, M. B., of Hastings, to Emma, youngest daughter of Cyrus Kilborne, Esq., of Beamsville.

In Dec., 1877, Frank Lawson, M. D., of Bedeque, P. E. I.

In Montreal, on the 24th ult., Hector Peltier, M.D., Prof. of Institutes of Medicine, in the Victoria Medical School.