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U. OGDEN, M.D.,

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THE "ANNUS MEDICUS," 1877.

Memorable and eventful in the history of Medicine as was the year 1876, no mean successor has been found in the twelve months which have just elapsed. Unmarked by startling discoveries, undisturbed by the fulmination of new doctrines seeking to overthrow the very basis of the Science, it has been remarkable for steady progress and advance, proceeding step by step, ever *excelsior*, guided by the light of reason and certified by the test-stone of experience, "proving all things, and holding fast to that which is good." Purposing to take a retrospective glance over the past year's contribution to our knowledge of Medical Science in its various branches, we do not forget that the subject is a long one (*ars longa, vita brevis*) and the space at our disposal necessarily restricted; we shall therefore enter on our account without further prelude or observation.

ANATOMY AND PHYSIOLOGY.

In the domain of *Anatomy* and *Physiology* advances have been made, amongst which we note: 1st. In connexion with the nervous system—the series of very laborious investigations and interesting deductions of Messrs. Charcot, Pitres, and Bourdon, of Paris, and Dr. Broadbent of London, on the subject of cerebral localizations, too long to quote. Prof. Langendorf has communicated to the new series of Dubois Reymond's *Archiv de Physiol.* an interesting account of his investigations on the subject of Inhibitory Nerves, the existence of which has been known since the observations of the brothers Weber on the Par-vagum. He establishes that the reflex inhibitory influence of each half of the brain extends over the opposite

side of the body, and that its seat is not only in the *lobi optici*, but also in the cerebral hemispheres. Dr. Tyson of Philadelphia records (*Amer. Jour. of Med. Sciences*, July, 1877) a curious case occurring in his practice, the observation of which fully confirmed the view that the cerebellum is a centre of co-ordination of muscular movement; and another case recorded in Virchow's Archives, by Dr. Kohts of Strasbourg, goes to show that the *corpora quadrigemina* must be added. Flourens' assertion that "the vestibular nerve is a completely distinct pair from the auditory nerve or the *nervus cochleæ*" has been confirmed by the results of Hortaczewski's investigations on the nerves of the internal ear. M. Luys records (*Soc. de Biol.*) a case of compensatory hypertrophy of the right hemisphere found after death in a case of right hemiplegia. During the year M. Duret presented to the *Société de Biologie* drawings and injections exhibiting the very great correlation which exists between the distribution of the arteries and the physiological regions of the brain, and shewing, amongst other things, that a special artery is given off to the third convolution. The last point in connexion with the cerebral nervous system which we have to mention is the investigation undertaken by Duke Charles, of Bavaria, M.D., to refute the assertion of Popoff that white blood corpuscles were found in the brain as the result of typhus and typhoid fevers. He examined fifty brains, and the result was "that in the cortical portion of every brain, healthy or otherwise, are found numerous white blood corpuscles." These may accumulate on account of retarded circulation combined with an increased quantity of water in the brain.

2nd. In connexion with the circulatory system—the first point to attract our attention, in the year's record, is the subject of the origin and distribution of animal heat which has been under investigation at the hands of M. Claude Bernard. This eminent physiologist has determined that the "arterial temperature remains unchanged in the aorta and large arteries, whilst that of venous blood varies considerably at different points of the venous system; at the surface of the body, near the four large joints, and at the lower part of the neck, venous blood is colder than arterial, while in the heart it is much warmer." M. Bernard concludes from his experiments "that animal heat is generated in all the tissues, in the muscles, nerves, nervous centres, glands, &c." Contraction of muscle, and secretion from glandular structure are invariably preceded by diminution of temperature, quickly followed by elevation. Mere vasomotor excitement may increase capillary circulation, but is attended with diminution of temperature, while thermic action is always attended with elevation of temperature. The influence of the spinal cord on temperature has been the subject of experiment by M. Parinaud of Paris from which he concludes that "the spinal cord influences animal heat by means of nerves distinct from the vaso-motor system." He does not, however, "invent a special system of Calorific nerves," nor any "specially localized thermic centre in the cerebro-spinal axis," nor does he deny the existence of "the moderator centres of calorification" of Tscheschichin.

M. Albertoni has shewn (*Brown-Sequard's Archiv. de Phys.*) that blood transfused from one animal to another of the same species forms living tissue and constitutes a blood-graft. That in an animal of another species the corpuscles dissolve, their colouring matter is eliminated by the urine, and their stroma blocks up the capillaries, giving rise to serious accidents or even death. The serum alone however may be transfused with impunity. On the 14th of June, before the Royal Society, Dr. Pavy described a new gravimetric method for the quantitative determination of sugar in the blood. It appears from Pavy's results that Bernard's figures are invariably too high, and that the decoloration test is radically fallacious in appli-

cation. "No material difference exists in the amount of sugar contained in arterial and venous blood," and Bernard's erroneous views to the contrary must be rescinded. M. G. Hagera presented to the *Acad. des Scienc.* a note upon the character of the blood of new-born infants. It appears from this that in them the blood leaving the capillaries is almost as dark as the venous blood; that some of the red corpuscles are larger, some smaller than those of the adult; that the number of red corpuscles per millimetre is increased on the average by 489,000, if the umbilical cord be not tied, until pulsation in it has ceased. One of the most striking features of infantile blood is the fluctuations in its anatomical composition both in the variety of corpuscles and their number. Dr. Brigidi of Florence, records (*Commentario Clinico de Pisa*) a case of persistence of the Thymus Gland in a man aged 29 who had died of Phthisis under his care. Prof. Preyer of the University of Jena promulgated at the International Medical Congress at Geneva his views upon the cause of sleep. He holds that the somnolent state is due to the accumulation in the blood of lactic acid, creatine, &c., and that awakening follows the complete oxidation of these substances. The experiments of Rosenbach of Jena upon the mechanism of Respiration go to shew that the ordinary movements of respiration are induced by the quality of the blood in the vessels of the medulla oblongata, or, as Rosenthal expressed it, by the venosity of the blood in these vessels; and that the vagus nerves are really inhibitory nerves for the acts of respiration. For the cutaneous system, B. Luksinger has experimentally shewn "the direct functional dependence of the sweat secretion on certain nerve irritations, and thus places the relation of this obscure process to the nervous system on the same footing as Ludwig, Bernard, and Heidenhain have done for other glands and secretions. On the side of the alimentary system, M. Richet's investigations in a case of gastric fistula in one of the Paris Hospitals shew that the sensation of hunger does not depend upon either the acidity of the gastric juice or emptiness of the stomach; it also appears that there is little or no free lactic acid in the gastric juice, and that the acidity of the secretion depends upon the

presence of Hydrochloric acid. With reference to the hepatic functions, M. Brouardel's labours (*Arch de Phys.*) demonstrate that urea is formed almost entirely, if not wholly, in the liver. Dr. B. F. Lautenbach narrates (*Phil. Med. Times*) the history of certain experiments which he conducted in conjunction with Prof. Schiff of Geneva, which appear to demonstrate a new function of the liver. We append his conclusions.

(1) The liver has for one of its functions the office of destroying certain of the organic poisons. (2) A poison is constantly being formed in the system of every animal which it is the office of the liver to destroy. At the International Medical Congress at Geneva, Prof. Schiff read a paper upon the function of the spleen. It appears hence that extirpation of this organ exercises no durable influence on the quantity of the white or red blood corpuscles. It also appears that during digestion the spleen prepares a ferment which enters with the blood into the pancreatic tissue, and there meets with a substance which it transforms into pancreatic pepsine, which is capable of digesting albuminoid matters. The pancreatic juice loses its property of digesting albuminoid matters after extirpation of the spleen, but its other digestive functions remain unimpaired. Dr. Chas. Kelsey, of New York, reports a case of complete transposition of the viscera making the 78th of which a record has been kept. When speaking of the circulatory system, we should have mentioned the invention by Dr. Octavius White, of New York, of an exceedingly delicate manometer, which he terms a hæmarunscope and which promises to be of much assistance in the investigation of certain points pertaining to the circulation. It has long been admitted that menstruation may occur without ovulation, but it has been reserved for M. Sinety to shew that ovulation could occur in the absence of menstruation. He described before the *Société de Biologie* the anatomical characters of the uterus and ovaries of a woman who had never menstruated. She was 38 years of age; had presented all the signs of puberty from the age of 10, but never had any catamenial flow. The cavity of the uterus was formed almost entirely by that of the neck, the cavity of the body remaining in a fœtal condition, and its mucous

membrane infantile. The ovaries presented many false *corpora lutea*. Liebig's and Voit's contradictory views as to the source of the fat in the human body have both been confirmed, and thus reconciled, by the investigations of Messrs. Lawes and Gilbert published in the *Journal of Anatomy*, from which it would appear that the fat of the body is formed from both the nitrogenous constituents and the carbohydrates of the food.

Amongst the new works, or new editions of old works, on Anatomy, Physiology and Microscopy which have appeared during the year, we may mention:—4th Edition of the *Microscope in Medicine*, by Lionel Beale; 3rd edition of "the *Microscopist*," by J. H. Wythe, A.M., M.D., Philadelphia; "An Introduction to Practical Histology," by Geo. Thin, M.D.; "A course of Practical Histology," by Albert Schaefer of University College,—an admirable guide to histological work; and a 2nd edition of Prof. A. Robin's "*Traite du Microscope et des injections et leur Emploi*,"—the completest work upon the microscope, its use, and mode of use, in any language; "A Text-book of Physiology," by Michael Foster; and a 5th edition of Carpenter's "*Manual of Physiology*;" a 5th edition of Holden's "*Human Osteology*;" and a 2nd edition of his "*Laudmarks*;" "The Student's guide to the Anatomy of the Joints," by H. Morris; Part II. of Turner's "*Introduction to Human Anatomy, including the Anatomy of the Tissues*"—part I. of his valuable work appeared in Black's *Encyclopædia Britannica* in 1875; also part 1st of an *Atlas of Human Anatomy*," by Rickman J. Godlee; and Bellamy's Edition and Translation of Wilhelm Braune's celebrated *Atlas of Topographical Anatomy*." In this latter book the plates are all taken from plane sections of the frozen body; they are taken from the original figures of life size by photography and reduced. The last work to be mentioned in this section is "*The Morphology of the Skull*" by W. K. Parker, F.R.S., in which Mr. Parker, universally admitted to be, next to his master Huxley, the most eminent living Biologist, although assiduously engaged in the cares of active practice, has yet found time to prepare the only concise, complete, and intelligible account of the struc-



ture and homologies of the vertebrate skull extant—a fit completion of the gigantic labours of Rathke and Owen.

#### MATERIA MEDICA AND THERAPEUTICS.

Although the additions to the *Materia Medica* during the year have not been many, and the armamentarium of the Therapeutist has not undergone any unusual increment of bulk, yet the importance of this department has once again asserted itself, and the twelve months' work accomplished has not been devoid of fruit. The influence of *salicin*, *salicylic acid*, and the *salicylate of soda*, so highly lauded in the previous year with all the enthusiasm of new discoveries, has been amply tested and approved by the last twelve months' experience. Since the introduction of these remedies into general use, acute rheumatism, gout, sciatica, hyperpyrexia in its various forms, &c., have lost half their terrors in losing all their pain, and having abstracted one great element of danger—excessive heat. Dr. Hermann Weber, at the Clinical Society, asserted that, as antipyretics, these remedies were not inferior to quinine, except in ague; and M. Germain Sée, at the *Académie de Médecine*, regarded them as second only to quinine and digitalis: this latter writer insists that they are rapidly eliminated from the system, and are to be found in the urine a few minutes after their ingestion, hence the necessity for small and repeated doses (8 grains per hour). Sée and other French writers, Kunge, Hoffmann, and many Germans, have strongly advocated their efficacy in gout and neuralgia, and attribute their beneficial action chiefly to what they term their *analgesic* properties; whilst they have been highly extolled in the treatment of acute and sub-acute rheumatism, and various diseases attended with hyperpyrexia, by such English writers as Sir Wm. Jenner, Drs. Maclagan, Pollock, Curnow, Ringer, Broadbent, and a host of others. Salicylate of soda has been advantageously employed by Bade in mastitis, and by several French experimenters in locomotor ataxia, for the relief of pain in the limbs. Ebstein of Göttingen, first recommended this salt in diabetes mellitus; and in two cases under the care of Warnock, of Kiel, it succeeded in en-

tirely removing the symptoms, temporarily at all events. P. K. Pel (*Deutsch Archiv. für Klin. Med.*) has found it to be a complete failure in the treatment of intermittent fever. *Jaborandi* continues to sustain its reputation as one of the most potent diaphoretics and sialogogues. It is said to afford great relief in Bright's disease by the copious diaphoresis it produces. The experiments of MM. Charcot and Bourneville, at *La Salpêtrière*, seem to establish the deterrent and even curative efficacy of the *nitrite of amyl* in attacks of epilepsy and hystero epilepsy. Several cases reported during the year also show that this remedy must be regarded as possessing a powerful antidotal effect in cases of chloroform narcosis; whilst its potency in relieving spasm and vascular tension is now placed beyond a doubt by the numerous recorded witnesses of its successful employment in cases of spasmodic asthma, uraemic asthma, hiccough, &c. The value of *ovarian compression* in certain hysterical conditions, and the use of *metallotherapy* as therapeutic measures, have during the year been abundantly testified to by Charcot, Russell Reynolds, Broadbent, Julius Althaus, &c. From the evidence of a scientific French Commission appointed to investigate the subject, it appears that the assertions made by Dr. Burg for the last thirty years, with reference to the power of restoring sensation to anaesthetic parts by the application of special metals in special cases, are fully confirmed. A new field for scientific investigation is hereby opened up. *Physostigmine*, now largely employed in the department of Ophthalmology in ulcerated abscesses of the cornea, in *ulcus serpens*, and in suppuration after operation for cataract, has lately been extolled as an antiseptic by Drs. Von Wecker and H. Schmidt Rimpler. To our French brethren we are also indebted for the introduction of the *hypodermic use of ether* in cases of collapse of all kinds. M. Verneuil and others have employed it with great success, and indeed in some cases of post partum hæmorrhage it has appeared to obviate the necessity for the transfusion of blood. From several American sources we have reports during the year of the successful employment of the *Bisulphide of Calcium* in saccharine diabetes, as originally suggested by

Ringer. The administration of this salt nullifies the value of Trommer's test, as the urine of a healthy individual who has taken several grains of the salt will throw down the suboxide of copper when examined in the usual way. Dr. Hay, of Philadelphia, has done good service by pointing out the same fact with reference to chloroform, chloral, ferruginous preparations, and several other substances. Hitherto the therapeutic value of *glycerine* has not been sufficiently appreciated. M. Catillon has shown (*Acad. des Sciences*) that it acts as a veritable tonic, promotes the appetite and the digestive functions, diminishes the combustion of fat and nitrogenized substances, and lessens the amount of urea excreted. It does not remain in the blood, and any excess is eliminated by the urine. It promises to be of special service in the treatment of diabetes mellitus. In doses of 15 to 30 grammes (3ss—ʒj.) it acts as an efficient laxative. Fifteen to 30 grammes per day is an appropriate dose; in much larger quantities it greatly irritates the kidneys, and is poisonous. French and Italian writers during the year report gratifying results from the long continued employment of minute doses of *podophyllin* in the treatment of habitual constipation and of hæmorrhoids. The treatment of psoriasis by the method recommended last year by Dr. Buck, of the Lubeck Hospital, and which consists in applying strong acetic acid to the spots after thorough removal of the scales, has been successfully followed by Dr. Jansen, of the Belgian army. *Gelsemium*, as an anti-neuralgic (more especially for the 5th pair) has fully maintained its reputation; it has also been employed successfully to promote dilatation of the rigid *os uteri*. Its mydriatic effects on the eye, as pointed out by Ringer and Murrell, have been confirmed at Moorfield's, by Mr. Tweedy. Taken internally in sufficiently large doses it contracts the pupil: a solution topically applied dilates it. Its effects are more transient than those of atropine, and the confusion of vision less (solution grs. viij. ad ʒj.). During the year many cases have been reported in which *hydrobromic acid* has proved very successful in removing tinnitus aurium not only arising from the administration of quinine but from any cause whatever. The range of its use is co-

extensive with that of bromide of potassium. The record of many cases in the last twelve months testifies to the great value of the *resin and balsam of copaiba* in cases of ascites, even in those in which all other remedies have failed to reduce the effusion. *Curare*, administered by hypodermic injection (as suggested by the late Dr. Sibson), has come to be regarded as the remedy most likely to prove of use in cases of hydrophobia. Several American cases are reported in which the remedy appeared to exercise some control over the disease, and an authenticated case of cure by its use is reported by Dr. Offenburg, of Wickrath, in Rhenish Prussia. Amongst other remedies for this fell disease which have been reported as having proved of service during the year, are the *Faradaic Current* and the *Russian Vapour Bath*. Mr. Samuel McBean, of Newcastle-on-Tyne, reports three cases of typhus and typhoid fevers in which the patients appeared to be benefitted by the use of the leaves of the *Erythroxylon Coca*. *Carbolated Camphor* has been recommended by Dr. Soulez, of Romorantin, as a dressing for wounds. It consists of carbolic acid, 15 grains, in an equal quantity of alcohol, and 37½ grains of powdered camphor; and is anodyne and antiseptic. A new remedy in skin diseases, especially inveterate tinea circinata and eczema marginatum, has been introduced from Hong Kong by Dr. J. Ivor McMurray. It is known as the fluid extract of *Tong Pang Chong*, and is said to succeed in cases in which even goa powder has failed. *Goa* or *araboa* powder (and chrysophanic acid, its active principle,) introduced by Mr. Balmanno Squire, has accomplished all its author claims for it in the treatment of inveterate psoriasis; but the indelible stain it leaves behind is an almost insuperable barrier to its general use. Faith in the purity of the chloral in our markets has been much shaken by a paper from the pen of Dr. Oscar Liebreich of Berlin, its introducer. He points out the very great danger arising from a sophistication of this drug, and asserts that that which is found in the form of the little square or oblong tablets is unfit for use. Only that occurring in the form of beads or drops should be used. The expectations formed from

the use of *croton* (or *butyl*) *chloral* in pertussis and neuralgia have not been disappointed, and great relief of suffering and distress has followed their employment. Dr. Robert Bell, by the report of a series of cases, has endeavoured to revive (or, as he supposed, introduce) the treatment of phthisis—especially in children—by the use of the *muricate of calcium* (not ordinary chloride of lime) recommended years ago by Dr. Begbie before the introduction of cod liver oil. Dr. G. A. Evans, of New York, has reported the successful use of *Cannabis Indica* in the treatment of traumatic tetanus. *Viburnum prunifolium*—the black haw—is regarded by Dr. Jenks as a useful anti-abortive; and the *grindelia robusta* has been brought forward as a potent anti-asthmatic. *Iodized chloral phenol* (resublimed iodine, ʒss.—chloral and carbolic acid—each ʒj.) is esteemed by Dr. J. P. Thomas, of Kentucky, as a valuable uterine escharotic, alterative, and local anæsthetic. A new emetic purge has been introduced by Dr. Ashburton Thompson, under the name *chrysarobin*. It is the same thing as goa powder, and from 319 observation of its action he concludes that as a prompt and thorough emetic purge it stands second to no drug or combination of drugs, a compound of tartar emetic and ipecacuanha alone excepted. *Apomorphia* has at length assumed its place as a most reliable and efficient emetic and expectorant. Dr. Lutou, of Rheims, has again directed attention to the pre-eminent value of the *Phosphate of Soda* in asthma and consumption. The last remedy we intend to notice is *Transfusion*. The excellent apparatus of Dr. Aveling and more especially of Dr. Roussel, of Geneva, has so facilitated the performance, and diminished the risk, of this operation, that, as was to be expected, the number of reported cases of its successful employment has largely increased during the year. Its use has not been confined to cases of acute anæmia, from hæmorrhage, etc., but it has been resorted to in cases of chronic anæmia with admirable results. One case of death of the donor of the blood is reported, but this was only indirectly connected with the operation. In the literature of this department we have to notice the appearance of but few books during the year,

owing, in all probability, to the fact that the previous year was so pre-eminently rich in this respect, having seen simultaneously the works of Ringer, Fothergill, Roberts Bartholow, and Wood. We have to mention, however, as specially worthy of reference, Dr. Spark's translation of "The Elements of Therapeutics," by Prof. C. Binz, of Bonn; and the Gulstonian Lectures on "Pharmacology in its relations to Therapeutics," by Dr. Lander Brunton. Regarding electricity as one of the constituents of the materia medica, we should mention in this connection Dr. Tibbits' work on "How to Use a Galvanic Battery."

In the domain of chemistry, the following works have appeared:—12th edition of Fownes' "Manual of Chemistry," Volumes I. and II.; "Chemical Tables for Lecture-room and Laboratory," by Wm. Valentine, F.C.S., Vol. I. of a "Treatise on Chemistry" by H. E. Roscoe, F.R.S., and C. Schorlemmer, F.R.S., Professors in Owen's College.

#### MEDICINE AND PATHOLOGY.

The workers in the great field of medicine and pathology have during this year, as in the past, been characterized by the patient zeal and untiring industry they have displayed in the prosecution of their labours. The results have been not unworthy of the toil. Messrs. Braidwood and Vacher, have completed their report to the British Medical Association on the subject of contagium; and Dr. Wm. Roberts' address to the meeting of the Association on the same subject ably sums up all that can be said from the standpoint of the advocates of the zymotic theory. Dr. B. W. Richardson's views as to the "glandular origin" of disease are as yet too little developed to demand notice here. Bright's Disease, of course, still continues to command a large share of the attention of pathologists; and during the year another discussion occurred at the Pathological Society on the subject of the granular kidney. The two old camps still remain, the one led by Dr. Geo. Johnson and the other by Sir Wm. Gull and Dr. Sutton. Although the Johnson party had rather the best of the argument, yet the decision of the question still remains open, and Dr. Dickinson, both at the Society and in his book lately published has taken up middle

ground between the contending parties. In *medio tutissimus ibis*. Dr. Johnson in his Lameian lectures on the structure and function of the muscular arterioles presents his case in a very favourable light, and in these he also directs attention to a form of attack heretofore barely hinted at, and which he describes under the name of uræmic asthma. Dr. Clifford Albutt, has also contributed a valuable paper on this subject. For a very ingenious hypothesis to explain the occurrence of arterial tension, &c., in chronic Bright's disease, we would refer our readers to a review of the subject at page 291 *et seq.* of the number of the *British and Foreign Medico Chir. Review* for October, 1877. The treatment of albuminuria on Donkin's plan has been successfully followed out in France by M. G. Sée and others. M. Sée gives his patients two or three litres of raw milk per diem, and continues it for months and even years. Our own experience of the milk diet is in accord with the testimony published on all sides, viz., that it greatly reduces the anasarca; the applicability of this treatment to disease is almost unlimited, and in our own restricted experience we have seen inveterate cases of chronic diarrhoea, etc., having resisted other modes of treatment, yield rapidly and surely to an exclusively milk diet. As, from the nature of things, was to be expected, the treatment of typhoid fever by Brand's system of cold bathing has met with strenuous opposition at the hands of many French physicians, among whom M. Peter and others regard it as wholly injurious; yet some among them admit that in cases judiciously selected it may be of use, while still others are warm advocates of the plan. In England and America it has been well received, and experience of it has generally proved favourable. Dr. Murphy, of the London Fever Hospital, has published a paper very favourable to the system and giving, what was a great desideratum, full details of the *minutiae* of its application. It cannot be doubted from an examination of the German statistics that they include a large number of cases of febricula along with typhoid fever. Liebermeister, like other Germans, believes that iodia and calomel exert some influence on the disease in the way of diminishing its "mortality, duration and intensity." Ch. Robin has published a valuable

*brochure* upon the urine in typhoid fever. M. Cuffer, of Paris, has directed attention to the influence of posture upon cardiac murmurs, and has pointed out that they are all (*intra* and *extra* cardiac alike) more audible when the patient is lying down than when he is standing or sitting up. Dr. Southey at the Clinical Society described his new plan of treating anasarca with tiny silver canulæ and capillary drainage tubes. A canula is thrust into the cellular tissue of each calf, and the serum is conducted through the tiny tubes to a vessel placed beneath the bed. The method cannot be too highly commended. The subject of Cheyne-Stokes-respiration has during the year again attracted considerable attention, and it appears that an adequate explanation of the phenomena is still wanting, notwithstanding the exegetical attempts of Von Dusch, Schweig, Prof. Laycock, Biot, Traube and Filehne. A discussion upon the subject of visceral syphilis this year occupied the Pathological Society during three sessions. The debates were very instructive and added much to our knowledge of the subject, whilst at the same time they taught us how much there is yet to learn. There was evinced much difference of opinion as to the genuine existence of the disease known as syphilitic phthisis; but in the face of the clinical evidence adduced, it would be difficult to deny its entity. The prevalence during the year of hydrophobia in England, France, and Scotland, is a sad commentary upon the mode of administration of the laws relating to preventable diseases. Within Registration-London alone, 14 deaths from this cause occurred during the year. From the three or four cases which came under Dr. Jos. Coats' observation as pathologist to the Glasgow Hospital he describes the pathological appearances of the disease as follows:—Veins of encephalon distended, surface of arachnoid smeared with blood-tinged fluid over hemispheres, and a few drachms of similar fluid in ventricles. Around the wound, skin, &c. infiltrated with round cells; transparent globular bodies on internal wall of blood vessels. In cord and medulla oblongata, an accumulation of round cells in the perivascular spaces and around ganglion cells. Numerous amyloid bodies throughout the nervous system. This

exactly corresponds with Prof. Maurice Benedikt's account published simultaneously in Virchow's Archives. Amongst the very various symptoms of this dire disease, a very common one is mental furor, an almost invariable one is respiratory spasm. As for treatment all remedies appear to fail. There is an almost universal *consensus* of opinion as to the propriety of immediate cauterization. After the full development of the symptoms, M. Menesson has found that faradization, by placing one pole on the back of the neck and the other on the sole of the feet, produced a calm, enabling the patient to speak and swallow liquids. Dr. Ruissou speaks highly of the Russian Vapour Bath, and to the Turkish bath some cures have been attributed. An authentic case of cure by hypodermic injection of curara has been this year recorded by Dr. Offenburg of Wickrath. Dr. Matthew Charteris of Glasgow affirms that if any more cases fall into his hands, he will bleed to the point of syncope and transfuse. Epidemics of diphtheria have raged in various places during the year, Vienna, Paris, London, &c., &c. The epidemic in Vienna was of interest as presenting the results of treatment by three new remedies, neurin, tetra-methyl-ammonium-oxide, and tetrethyl ammonium-oxide, applied locally and in a few cases hypodermically. The result upon the whole was favourable, and these substances appear to be good solvents of the membrane. English practitioners, however, will probably prefer the internal administration of iron, quinine, and chlorate of potash, with the inhalation of steam, and carbolic, lactic or sulphurous acid locally. M. Chesnet has published an important thesis upon cancer of the stomach in which he shows that this disease may remain absolutely latent, or only give rise to symptoms which are commonly attributed to other diseases. Dr. Millon (*Brit. Med. Jour.*) describes a new peculiar *râle* which he calls the *Râle Mouillé*; it denotes the passage of pneumonia from the second to the third stage. He describes it as a moist *râle*, of small bubbles, confined exclusively to inspiration, softer and smoother than mucous or cavernous râles; they are all of the same volume. As a prognostic sign it is an invariable precursor of not far distant dissolution. Dr. Macgregor of Fiji

describes a new form of paralysis observed in the Chinese, apparently of reflex origin, and associated with a liver parasite—the distoma sinense. Dr. Gowers, of University College, has also for the first time described in English the malady known as saltatoric spasm; he describes two cases which have fallen under his own observation, and the five other cases hitherto published in German—two by Bamberger, two by Paul Guttman, and one by Anton Frey. The main feature of the disease is a violent clonic spasm of the legs on attempting to stand. Dr. T. J. Griffiths of the U. S. Marine Service has had a series of eighteen cases of paralysis and five of epilepsy in hospital patients, and eight of hemiplegia in private practice, which he has treated exclusively by means of a seton at the back of the neck, and tonics, with beneficial results in every case. At the suggestion of Prof. Binz, Dr. Patton has made experiments with certain early flowering grasses, *Testuca Protensis*, *Dactylis Glomerata*, and *Secale Cereale*, which go to show that the pollen of these plants does not excite hay fever. The use of inhalations in pulmonary complaints has been steadily growing in favour. Of the two most frequently employed in phthisis, creasote appears to have more effect in relieving cough, while carbolic acid is more effectual in diminishing the expectoration. It has been claimed that the early inhalation of carbolic acid will arrest the progress of pneumonia. Dr. McCall Anderson of Glasgow, claims to have cured several cases of tubercular peritonitis and acute phthisis; and insists upon the curability of tubercular diseases. Unfortunately, however, the cases he narrates would appear to admit of a different diagnosis. Messrs. Lewis and Cunningham have this year published in the *London Lancet* an account of Oriental sore or Delhi boil; they state that it does not differ from the various forms of lupus and requires the same treatment; they propose to call it *lupus endemicus*. Hydatid tumours of the liver appear not to have been uncommon, and the Journals of the year record at least a score of cases, most of them cured by a single tapping. M. Charcot has drawn attention to the fact that in paralysis agitans (Parkinson's Disease) the head does not shake, as it does in

insular sclerosis. The trembling of the limbs may, however, be communicated to the head, but, if these be held the head will be seen not to shake. Mr. Langton exhibited at the Clinical Society a man having on his arms an eruption similar to, and running the course of, vaccinia, which had been contracted from a horse suffering from "grease," described by Jenner as producing cowpox when inoculated in the cow. A case of farcy is reported as occurring at St. George's Hospital, under Dr. Dickinson. Dr. Bradbury, of Addenbrooke's hospital, Cambridge, reports a case of slow pulse, twenty-six beats per minute, occurring in syncopal convulsions. The subject of the minute anatomy of scarlet fever has been thoroughly investigated and Dr. Klein read a paper upon the subject to the Pathological Society on the 17th of April; and at the same time communicated the result of his own, as well as Prof. Axé's, investigation into pig typhoid. Prof. Osler, of Montreal, has also been engaged upon the same subject during the year. Prof. Gairdner of Glasgow, records a case of Hammond's "athetosis" which improved upon ten to twenty grain doses of chloral hydrate. Another similar case was also brought before one of the French societies. Trichinosis broke out at Neugersdorf in Saxony; forty-five persons were attacked twenty five days after eating certain diseased pork; there was, however, no fatality. An outbreak of relapsing fever occurred at Bombay this year for the first time in its history. Dr. Wm. Whitelaw of Cupar, narrates an almost unique case of anuria lasting twenty-five days and followed by recovery. The case which was reported by Dr. Geikie of this city last year and which lasted thirty days is its only parallel.

Dr. Rhys Williams records a case of rupture of the bladder in an insane patient at the Bethlem Asylum, who survived several days without symptoms. A very rare instance of aneurism of the Hepatic Artery is this year recorded by Prof. Ross and Osler of McGill University. Dr. W. L. Kelsey, of Wellington, Ct., states that the heart of Tully Harbison, æt. 21, weighed 2lb 12oz. The largest heart on record is, we believe, the one presented by Prof. Alonzo Clark to the College of Physicians and Surgeons, N. Y.,

weighing 57oz. Dr. Buchan removed from a patient in the Toronto General Hospital in November last a heart weighing 2½lb. Dr. Geo. F. French, of Portland U.S., has invented a very simple support which promises to afford great relief to those suffering from orthopnoea; he calls it a Respiratory Brace.

In connexion with a late death from Ether, in which emphysema of lungs was found, it has been suggested that this condition of lungs may be quite as dangerous in the production of Ether Narcosis as a fatty condition of the heart. In the department of Helminthology Dr. T. Spencer Cobbold, F.R.S., has this year described a new entozoon which he has named *Filaria Bancrofti* in honour of its discoverer, and which he considers to be the sexually mature representative of the microscopic hæmatozoon named by Lewis *Filaria Sanguinis Hominis*. So far he has only been able to discover the female worm. Amongst the books which have appeared we must mention:—"The Student's Guide to the Practice of Medicine," by Charteris; "Recognizant Medicine," by Bholonoth Bose; Vol. XII. of Ziemssen's Cyclopædia Diseases of Brain; Vol. XV. of Ziemssen's Cyclopædia Diseases of Kidney; "Transactions of the International Medical Congress of 1876,"; 4th Volume of Reynold's System of Medicine; "Recherches Historiques et Critiques Sur L'Étiologie et la Prophylaxis de la Fievre Typhoïde," by N. G. DeMussy; "Traite de la Diphtherie," by A. Sanne; "Recent researches in the Treatment of Phthisis," by Burney Yeo; Lectures on Diseases of the Nervous System by Charcot, translated by Geo. Siegerson for New Syd. Soc; Lectures on diseases of the Nervous System, by Samuel Wilks; "Essai d'Urologie Clinique," by Robin; "Diseases of the Kidney," by W. Howship Dickinson; "Lancereaux's Atlas of Pathological Anatomy," by Greenfield; "Prognosis in Diseases of the Heart," by Thos. B. Peacock; 3rd edition of Habershon on "Diseases of the Abdomen"; and Geo. Johnson on the "Muscular Arterioles."

#### SURGERY.

The year's history of Surgery, like that of the sister science of medicine, has been characterized by activity and progress in all its branches. In

the important subject of the treatment of aneurism, all the new improvements of the times have been repeatedly tested and not found wanting. The use of the carbolized catgut ligature, although abandoned by Maunder, one of its earliest and most enthusiastic advocates, has on the whole made more friends than it has lost. It appears to be necessary to draw the noose with a moderate degree of tightness and to tie a third knot in order to prevent slipping, (Mr. Lane). At the Royal Medical and Chirurgical Society in November Mr. Barwell reported a cure of Aneurism of Aorta, Innominate, Subclavian and Carotid by a double distal ligature on the two last named arteries. Catgut was the material employed, antiseptic precautions were taken and an essentially dry diet enjoined. The same surgeon at the same time reported a case of ligature of the left carotid with catgut for aneurism of transverse aorta which was progressing favourably. G. Y. Heath records a successful ligature of 3rd part of left subclavian with antiseptic catgut for aneurism. Mr. Martin Coates records a case of bloodless ligature of femoral for traumatic aneurism by means of Esmarch's bandage, with recovery. Esmarch's bandage alone has been much employed during the year for the cure of aneurism—especially popliteal. Of these we may mention the case of Mr. Thos. Smith, at St. Bartholomew's, that of Staff Surgeon Reid, R. N., that of Mr. Tyrrell of Dublin, application of bandage for 50 minutes, and that of Thos. Wright of Nottingham for femoral aneurism. Dr. Alexander Patterson records a case of double popliteal aneurism cured in 21 hours by digital compression. Several other cases of the successful use of digital compression are reported during the year. In New York a new means of compression by means of a conical bag filled with shot and suspended by elastic over the artery has been introduced by Dr. Martin Burke, and several cases favourable to its use reported. Dr. Fleet Spiers' (Brooklyn,) artery constrictor has been tested in England upon the living and dead body, and found entirely satisfactory. At a meeting of the Clinical Society of London, Mr. Henry Morris spoke highly in its favour, and said "In aneurisms of the arch, innominate, carotid, sub-

clavian, and axillary arteries, torsion is impossible, Esmarch's bandage out of the question, compression is neither convenient nor safe, even when it could be borne, carbolized catgut had been proved unreliable, and galvano puncture is fraught with dangers of its own. In such cases as the above, constriction by the "artery constrictor" seemed to possess advantages over all other methods, and promised a fair amount of success." Dr. Phillipson, of Newcastle on Tyne, reports two cases of cure of aneurism of abdominal aorta, one by iodide of potash, the other by compression.

Lithotomy having already attained to a high degree of perfection, it is of course useless to look for much improvement in the operation from year to year. Dr. Macleod, of Glasgow, has written a valuable paper advocating the use of the rectangular staff in Lithotomy introduced by Dr. Andrew Buchanan in 1848, with a slight modification, for an account of which we must refer our readers to the original paper in the London Lancet for 28th April, 1877. Moreover, as the range of employment of its rival Lithotripsy is yearly increasing, the old yieldeth place to the new, and the former is gradually becoming confined to the smaller number of cases. A new means, also, introduced by Dr. Geo. C. Duncan affords foundation for the hope that we may one day see many cases of Vesical calculus disposed of by Litholysis. His apparatus is described in the Edinburgh Medical Journal for May. It consists essentially of a fenestrated catheter containing an india rubber bag which may be protruded through the fenestra at will, and is so arranged with an elliptical spring surrounding the mouth of the bag that this can be opened and closed by means of a wire running through the catheter. The object is, after the catheter has been introduced to protrude the bag in the bladder and catch the stone in it, thus isolating the calculus from the walls of the bladder, when an appropriate solvent can be introduced to act upon it. Dr. E. F. Starr, of Nacoochee, Ga. U.S., reports a successful case of Suprapubic Lithotomy during the year. The year was probably remarkable in the annals of gastrotomy. Dr. Schoenborn (Konigsberg) narrated a case, at the Congress of German Surgeons, in which he in-

roduced a little india rubber bag into the stomach and then inflated it before operating. The case was successful. Dr. Trendelenberg reported another. Mr. Lawson, of the Middlesex Hospital, performed the operation for extra-uterine fetation; but the patient was affected with tuberculosis and died. Lannelongue, of Bordeaux, reports a successful case in a man of 59. He agrees with Verneuil in insisting that the stomach should not be incised until after the walls of that viscus have been carefully united to the abdominal walls by numerous points of suture. It has been claimed that Verneuil's case, reported this year, is the first one of recovery after gastrotomy for strictured œsophagus; but in reality Mr. Sydney Jones' case operated on 18:5:75: was a case of recovery, although patient died forty days after from pneumonia or some lung affection; operation first performed by Sedillot in 1849. Mr. Callender reports an unsuccessful gastrotomy for malignant disease of œsophagus. With reference to splenotomy, Billroth thinks the operation simpler than ovariotomy. He this year records a case which would probably have been successful had not a ligature on one of the six vessels he had to tie given way during an attempt at defecation. He prefers hempen ligatures to silk or cat gut. Another case upon which he performed the operation this year did not recover from the loss of blood, the spleen weighed fourteen pounds. H. L. Browne, of the West Bromwich District Hospital reports a case of splenotomy in a man aged twenty, four large arteries were tied, the patient rallied well, but died suddenly five hours afterwards. Spencer Wells also removed the spleen in mistake while operating for ovariotomy. Pean appears to be so far the only fortunate man in this operation.

Colotomy has been several times practised during the year with fair success, and the operation has come to be regarded as thoroughly established, and in fact necessary in every case of permanent occlusion or obstruction of the large intestine from any cause, but especially carcinoma. At a Meeting of the Medical Society, Mr. Rickman J. Godlee directed attention to a fact not generally known, and which it is important to bear in mind in connexion with

this operation, *viz.*: that gas may exist in the peritoneal cavity without perforation of the bowel, probably from osmosis. He adduced three instances. Osteotomy is growing in favour, and successful cases are reported from all sides. Whether subcutaneous section of the neck of the thigh bone, &c., can be best performed by Adam's saw or by Maunder and Volkmann's chisels is still a moot question, and each side has numerous advocates. Results with either appear to be equally favourable. Mr. John Chiene secured an excellent result in knock-knee by turning up a flap of periosteum on internal condyle and cutting out with chisel a wedge-shaped piece of bone, then forcibly straightening the leg. It appears that all, or nearly all rachitic deformities of the limbs are now amenable to the surgeons skill. Subperiosteal exsections, too, are becoming common. In March, Mr. Annandale showed to one of the Societies in Edinburgh, a case in which he performed exsection of the knee, and the movements of the joints were subsequently regained. The same surgeon also reports a case in which he successfully employed Esmarch's operation for the relief of permanent closure of the jaws after several other operations had failed. The operation consisted in the removal of  $\frac{3}{4}$ th of an inch of the lower jaw immediately in front of the cicatrix, and the insertion, as suggested by Rizzoli, of a piece of guttapercha between the ends of the divided bone to prevent reunion and secure the formation of a joint. It has now been successfully performed by Esmarch, Wilms, of Berlin; Dittel, of Vienna, and Wagner of Königsberg, and amongst British surgeons by Messrs. Mitchell Henry, Christopher Heath, Bernard and Annandale. What is regarded as an improvement in the operation of tracheotomy by certain French surgeons is the use of the galyano-cautery instead of cold steel: a good many cases of its employment are reported, and it is claimed, with the effect of avoiding hæmorrhage. Mr. Wagstaffe has introduced and employed a new tracheotomy tube, composed of a single expanding outer tube capable of accommodating inner canulæ of three different sizes; it is so arranged that by a single turn of a screw in the shield, the sides



will come together, thus greatly facilitating introduction. The new india-rubber tracheotomy tubes have been extensively used, but several accidents which have occurred point out a certain danger incident to their employment, that of rotting at the curve and slipping into the bronchus; if used, they should be lubricated with glycerine which soon dissolves in the mucous and does not rot the rubber.

The unusual operation of extirpation of the larynx has this year been successfully performed by Dr. David Foulis, of Glasgow. The patient was subsequently provided with a Gussenbauer's voice apparatus, like Billroth's case in 1873. This makes the tenth time the operation has been performed, and the fourth success. Extirpation of the kidney was more than once performed in 1877. Dr. C. Langenbuch reports a successful case where the kidney formed a painful tumour on the left side. Mr. Jessop, of the Leeds Infirmary, also removed the left kidney from a child at  $2\frac{1}{4}$ —the kidney weighed 16 oz. and looked encephaloid. Another case was recorded in France, in which the kidney was drawn into an abscess cavity by contraction, and thence removed. This is the eighteenth case and the tenth recovery on record. Excision of the rectum has been successfully performed during the year. M. Koeberle, of Strasburg, records one where all the functions were regained. Dr. Briddon, of New York, and Dr. Levis, of Philadelphia, each report a successful case. The latter gentleman also reports an unsuccessful one, as does also Dr. D. Hayes Agnew, of the same city. Excision of the tongue has been frequently performed during the year, and the use of Paquelin's thermo-cautery appears to be of great service in such cases. The great advantages it possesses are facility of employment, cheapness, and the entire absence of pain after its use. It will probably supersede the *rouge fer* and the galvano-cautery altogether. Mr. Annandale records its use in three excisions of entire tongue, with two recoveries, two scirrhus breasts, with one recovery, and three epitheliomata of face recoveries in all. Dr. Ogilvie Will, of Aberdeen, records two successful cases, and Mr. Ashburton Heath, one of excision of entire tongue for epithelioma by the

method suggested by Sedillot and Syme, and perfected by Mr. Annandale, which consists in splitting the lip, dividing the symphysis of the lower jaw with a saw, separating the soft parts, pulling forward the tongue, and removing the organ slowly with an ecraseur or Paquelin's thermo-cautery. Some of the patients recovered speech. H. A. Reeves contributed an interesting account of the *immediate* cure of piles by Paquelin's thermo-cautery. Dr. Hennig, of Leipsig, records a case of excision of entire uterus for cancer, with recovery. M. Pean records an extirpation of all that portion of the scapula below the spine, for meduloma, followed by recovery. Mr. Ernest Sheaf extirpated the right submaxillary gland for lympho-sarcoma, and the patient subsequently suffered from persistent salivation.

The discussion at the late Congress of German surgeons on the subject of exsections, was on the whole, favourable to the operation. There, as well as elsewhere, it has come to be recognized that in these operations, partial are less dangerous than total resections, and that the antiseptic system renders the former feasible. Prof. Volkmann, of Halle, has performed exsection of the knee-joint twenty-one times with one death; he describes a new mode of operating. Instead of the H or U incision, he cuts straight across the joint and bisects the patella with a saw. After the removal of the diseased structures, he unites the femur and tibia with catgut ligatures, he also joins the two portions of the patella by catgut. Surgeons have not been slow to avail themselves of the information afforded by recent researches in cerebral localizations as bearing upon the point of application of the trephine, and M. Lucas Championniere records a case of immediate recovery from a brachial monoplegia with aphasia, upon the application of the trephine, although he had no external signs of fracture to guide him; Dr. Proust at the *Lariboisiere* created quite a stir by opening an abscess of the brain with the knife, affording temporary relief to the symptoms. Nerve-stretching in neuralgia and also in tetanus has been a good deal practised and with favourable results. Besides cases reported by Callender and others in England, Billroth and Nussbaum in Germany, Paul Vogt records

a case (ulna), Petersen another (posterior tibial). Each of these two also reports a case for relief of tetanus, and Kocher one for tetanus, (but this one died). In sciatica, Lister and John Chiene each a case. In tetanus it is always well to give it a trial on the principle, "*Remedium arceps melius quam nullum.*" Speaking of traumatic tetanus, we may as well record the treatment of S. Ezra Read, of Terre Haute, Ind. U.S., as he has a recovery to boast of. During his long experience forty nine cases had fallen under his care, and all died, he hence concluded that tetanus was an incurable disease. His fiftieth case, however, was treated with whiskey to the point of saturation and got well. He now thinks that so long as the good State of Kentucky "continues to manufacture her copper distilled whiskey" he will not again venture to "pronounce tetanus a mortal and incurable disease."

In the reduction of strangulated hernia, M. Phillippe, of St. Maude, recommends the hypodermic injection of morphia instead of the inhalation of chloroform, and cites two cases: Mr. Rivington, of the London Hospital, reports a case of strangulated inguinal hernia operated upon, with formation of fecal fistula and subsequent recovery. Mr. Annandale exhibited, in April, a man who suffered from a large reducible femoral hernia, in whom he made an incision somewhat above and parallel to Poupart's ligament so as to reach the neck of the sac and ligature it. This is one of the few cases of radical cure of this form of hernia. Two cases of diaphragmatic hernia are reported. The insufflation of air in intussusception, volvulus and intestinal obstruction has been several times employed during the year. M. Roger records one, a case of volvulus; M. Ransford, of Liverpool, successfully employed a pair of bellows for inflation in a case of intussusception in a child. Dr. Southey records a case of obstruction which he successfully treated by the genupectoral position, a long rectum tube and two bottles of soda water. The use of massage as a surgical remedy handed down from the Greek gymnasts is being again revived. Among the Germans, Wagner is advocating its employment in contusions, sprains, extravasations of blood, and inflammation of

joints. In America, Weir Mitchell and Sayre are the apostles of the system. M. Henriette reports a case of spontaneous elimination of a vesical calculus by the hypogastric region. Dr. Sinclair Coghill reports a case of exophthalmic goitre successfully treated by ergotine hypodermically. The subject of fat embolism is beginning to attract the attention its importance demands. Dr. Arthur Boettcher records a case of sudden death from this cause after a gun-shot wound; and Mr. J. D. Hamilton showed to the Edin. M. C. Soc., three specimens of fatty embolus of pulmonary artery taken from a boy, *æt.* 14, who died from rupture of the liver which was fatty. Similar cases are recorded by Wagner, Zenker, Czerny and Busch. Doubtless many cases of sudden death after fractures ascribed to shock, are due to this cause. Mr. Annandale records a case of penetration of brain by a knitting needle passing through the orbit. Recovery with loss of sight. M. Oulmont records a case of several spontaneous fractures occurring in a case of locomotor ataxy under Prof. Charcot. Mr. Barker (of Univ. Coll.) records a case of rare dislocation of the hip of "subspinous" or "suscotyloïdienne" variety—the seventh recorded case. Staff-Surgeon Head, R.N., records a case of dorsal dislocation of the femur with *eversion* of the foot. Mr. Henry Morris showed at the Royal M. C. Soc., that all dislocations of the hip occur when the leg is in abduction, and that whether the head will be thrown forwards or backwards depends upon the degree of flexion or extension and internal or external rotation at the time. Antiseptics in surgery are daily growing in favour, and Dr. Soulez recommends carbolated camphor as perhaps the best. Naturally the search has been for the simplest forms, and Marion Sims writes to the *British Med. Jour.*, saying that he and his colleagues in America have employed a dressing of simple cotton wool, which filters the air and prevents the access of germs. Now history repeats itself, for not only has M. Desormeaux had a favourable experience of this antiseptic dressing in the Paris Hospitals, but Mathias Mayor of Brussels, true to his principle of "*Simplex sigillum veri,*" advocated it so long ago as 1842, and his disciple Burggraeve, of

Ghent, was also a zealous partizan of the "appareil ouaté." The great drawback to the use of Esmarch's elastic bandage in amputation has been the copious capillary hæmorrhage occurring on its removal. Dr. Riedinger has found electricity successful in arresting this. One pole is applied over the nerves supplying the vessels, and the other over the wounded part. He uses the induced current and recommends it before removal of the bandage. Dr. Sayre's visit to London and his demonstrations of the use of his plaster of Paris jacket in spinal curvatures has revolutionized the treatment of these diseases in England. Dr. J. N. Hyde, of Chicago, has described (*Amer. Jour. of Med. Science*, July) an ingenious adaptation of this jacket to splints, in the treatment of hip-joint disease. The second case of scirrhus of the prostate on record occurred this year in Liverpool under Dr. Dickinson; the only other was reported by Mr. Adams in the *Lancet* in 1853. Mr. Harrison Cripps records a successful case of treatment of ozæna by the method of Rouge and Lausanne for removal of the necrotic bones by separating the nose and lip from the bone and turning them up. It has been again suggested during the year that joint grating may be best detected by means of the stethoscope. The treatment of necrosis by injecting the sinuses with sulphuric acid has been under trial. Sawdust (of Memel pine) pads introduced by Surgeon Major Porter have been tried during the year by Mr. Callender, at Bartholomew's. He highly extols them as a dressing where there is purulent discharge. Solutions of bicarbonate of soda have been revived as an application for burps. A case of fungus hæmatodes cured by chromic acid is reported.

Dr. Speare, of Rochester, has this year recommended paper splints, made with manilla paper and book-binders starch; but these were used 25 years ago by Prof. Smith, and the late Mr. Hamilton, of Dublin. Mr. Timothy Holmes places on record a case of direct wound of the ureter, an accident hitherto not mentioned in surgical works. C. H. Golding Bird, of Guys, has this year introduced a new treatment of scrofulous lymphatic glands by a painless electrolytic caustic, and narrates twelve

cases treated by it. Mr. W. D. Napier has invented a self-retaining catheter with the point of retention in the fossa navicularis, and not the bladder as in others. Two pocket surface insulated thermometers, one by Dr. Mortimer Granville, the other by Dupre. A new rectal speculum, by Dr. T. B. Reed, of Philadelphia; and a new splint for fracture of patella, by W. E. Stevenson, M.R.C.S. Amussat's filiform whalebone conductor to bougies, catheters, &c. has come into more general use, and during the year Dr. F. N. Otis, of New York, has invented a somewhat similar instrument which he calls a prostatic guide to enable an India rubber catheter to be introduced in difficult cases. Dr. E. L. Keyes, of the same city, has also introduced something similar which he denominates a cable stylet, and which, besides its other use, will likely prove to be a better flexible probe than either Dr. Sayre's or Mr. Charles Steele's. Dr. J. A. Steurer, of New York, has invented a new form of urethral dilator, in which water is made to act as the distending force. An almost identical invention, but intended as a rectal dilator and explorer, simultaneously emanated from Dr. P. S. Wales, Medical Inspector, U. S. Navy. Dr. C. F. Taylor, of New York, has invented a new osteoclast by means of which a bone may be broken at any point of selection. Dr. Richard O. Cowling, of Louisville, Ky., proposes a new method of measuring the length of the limbs. Seeing that the iliac spines and legs are parallel he measures from the centre of the umbilicus around the sole of the foot back again to the point of beginning. Of course the difference found has to be divided by 2 to give the real difference. The third case of luxation of the xiphoid appendix on record is reported by M. Polaillon. A new material for splints has been introduced by Mr. Chiene, of Edinburgh; it consists of layers of calico and shellac, such as used by wholesale hatters. It is stiff when cool, and pliable when heated, and is about twice as cheap as "poroplastic" material. Gurjun balsam has been advantageously employed in gonorrhœa. At the meeting of the medical Association in Chicago, Dr. H. A. Martin, of Boston, gave a most glowing account of the results he had obtained

in the treatment of ulcers of the leg by a special India rubber bandage.

Amongst the surgical literature of the year we must notice, the 7th edition of Erichsen's "Science and Art of Surgery," "The Student's Manual of Venereal Diseases," by Berkeley Hill, and Arthur Cooper (both dualists); E. L. Keyes on the "Tonic Treatment of Syphilis," "Atlas of Skin Diseases," by Tilbury Fox; "The Harveian Lectures on Syphilis," by James Lane; "A practical Treatise on Diseases of the Skin," by L. A. Duhring; "Clinical Records of Diseases and Injuries of the Genito Urinary Organs," by Charles Fleming; "Traite des Maladies de la Prostate," Par. Henri Picard; "Surgery—Past, Present and Future;" and "Excessive Mortality after Surgical operations," by Spencer Wells; Francis Mason on "Harelip and Cleft Palate;" further parts of Jonathan Hutchinson's "Illustrations of Clinical Surgery," and Christopher Heath's "Operative Surgery" now completed. Last, but not least, we would refer to a study of the life of the greatest surgeon of a former day by the greatest surgeon of the present—we mean the "Hunterian Oration," by Sir James Paget.

#### OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Obstetrics can no longer be regarded as playing the part of Cinderella, as lately depicted, by Dr. Robert Barnes, in comparison with her older and more favoured sisters, medicine and surgery. The day has at length arrived in which this branch of the healing art has assumed its rightful place as a most conspicuous and important part of the Æsculapian edifice. Its study and practice fully engage the highest faculties and most assiduous attention of some of the ablest minds in the profession, and the assistance it alone affords in unravelling many of the mysteries of nature as observed in other departments of medical science renders an intimate acquaintance with it indispensable for the accurate comprehension of the whole. In midwifery and the diseases of women and children, the past year has not been uneventful. The never absent subject of post-partum hæmorrhage has necessarily attracted much attention. The value of ergot, in restraining

this, has been much questioned, yet the general opinion, as expressed during the year, would appear to be that, if a reliable preparation of the fluid extract, or a freshly prepared infusion be employed, the drug is still worthy of our confidence. Dr. Gordon, of Hannibal, Mo., has found the tincture of *Hydrastis Canadensis* in twenty to thirty minim doses, very useful in such cases. Dr. Runge has this year stated that he has found intra-uterine injections of hot water (117°—124° Fahr.) to succeed where ergot, ice, and external manipulation had failed. He also cites Windelbänd, Jakoch and Landan's experience in its favour, but he does not appear to have been aware that it has been long practised in America by Fordyce Barker, Emmet and others. The majority of the records of the year are, perhaps, in favour of the tincture of iodine or the perchloride of iron. In the Practitioner for March, Dr. Griffiths reports favorably upon the use of ether spray. Several cases of rupture of the uterus have been recorded with unusually favorable results. Dr. Hart, of Amsterdam, relates one case in which the fœtus was delivered by gastrotomy and the life of the mother saved. Mr. Richmond Leigh, of the Liverpool Lying-in-Hospital, records the occurrence of a case of rupture without symptoms; labour was terminated naturally and the placenta came away easily. Collapse was absent. She lived six days, and apparently died from hæmorrhage. The rent was found at the junction of the lower  $\frac{1}{3}$  with the upper  $\frac{2}{3}$  of the uterus. Dr. Rose, of West Winfield, N. Y., reports the case of an Irishwoman who has undergone four successive ruptures of uterus, and is still living. Gastrotomy in obstetric practice has not been without its successes during the year. Dr. Buckell, of Winchester, records a case where the life of the fœtus was saved by Caesarian section performed between twenty and thirty minutes after the death of the mother. Dr. Kœberle, of Nancy, performed gastrotomy for an irreducible retroversion of uterus producing intestinal obstruction; the uterus was restored to position, one of its ligaments fastened in the wound and recovery ensued. As mentioned in the surgical section, Mr. Lawson performed gastrotomy in a case of

extra uterine foetation, but owing to the existence of tuberculosis, the patient did not recover. From the discussion at the American Gynecological Society this year it appears that dilatation of the cervix must be credited with a real potency in the arrest of uterine hæmorrhage, whether the explanation that it relieves congestion above the internal os by removing the constriction at that point be received or not. The subject of placenta prævia and its treatment by the induction of premature labour has been fully discussed during the year. Dr. Thomas, of New York, reported an additional successful case in support of this, his mode of treatment, making in all, in his experience, eleven cases with two deaths (neither directly due to the placenta prævia.) These statistics make the future of these cases as bright and promising as the past has been gloomy and foreboding. That the condition of pregnancy is not a necessary bar to the performance of major operations the statistics this year brought forward at a meeting of the Obstetrical Society of London, by Mr. Spencer Wells, amply testify. Out of nine cases of ovariectomy eight mothers recovered, seven children were born naturally, one foetus was removed at time of operation, and one was expelled twenty-five days after. The induction of premature labour in these cases cannot compare with this result. Dr. Fritz Benicke also reports five cases of successful removal of malignant disease of the cervix uteri during pregnancy.

Prof. Tarnier, of Paris, has this year described a new form of midwifery forceps which he has invented, and for which he claims certain advantages not possessed by any in common use. These are that (1) it admits of traction, being made in the axis of that portion of the pelvic cavity which the foetal head at the moment occupies. (2) It possesses an indicator capable of pointing out the direction in which the traction should be made. (3) It permits the head to rotate as it descends. There are also certain disadvantages it possesses, and these, together with its price, will prevent its becoming popular. Dr. Marcy, of Cape May, places on record a case in which the placenta was retained for over eighteen months.

At the Havre Congress, for the advancement of science, M. Massart, of Honfleur, communicated a remarkable case of retroversion of the gravid uterus which was reduced by a method borrowed from the old Norman bonesetters; a "pot de chambre" was applied to the belly as a cupping glass so as to diminish the pressure of the intestinal loops on the displaced organ. In the treatment of retroversio uteri much success has attended the assumption several times during the day of the genu-pectoral position as suggested by Dr. Arthur W. Edis. The journals of the year record numerous cases. As narrated above gastrotony was successfully resorted to for the relief of one case of retroversion. M. Gallard and others record the further successful employment of the curette in the treatment of intra-uterine vegetations. Dr. Guichard relates a case of cure of epithelioma of the cervix by parenchymatous-injections of a solution of chloride of zinc (1 in 5.) Dr. Galabin, of Guys, has, several times during the year, employed Esmarch's elastic constrictor in amputations of the hypertrophied cervix uteri. Paquelin's thermo cautery also has been much employed in obstetric surgery, by Dr. Heywood Smith and others. Dr. John G. Blake, of Boston, records a case of inversion of the uterus which he saw a month or six weeks after its occurrence. It was reduced in about twenty-five minutes by manual pressure. Dr. J. C. Reeve, of Dayton, Ohio, records a case of acute complete inversion of uterus which he also succeeded in reducing in the same manner. Inversion of the uterus has been seen but once at the Rotunda hospital since its foundation in 1745 out of 190,800 deliveries. Dr. LeDibarder relates a case (Obst. JI., G. B., June) of chronic partial inversio uteri cured by pregnancy. There occurred in the Queen's Hospital, Birmingham, this year, a curious case with double uterus and fibroid tumours, two vaginæ and only one kidney. A case of ruptured vagina from coitus entered the Montreal General Hospital; the woman's age was sixty. Dr. Craig, of Hudson, reports a case of menstruation at four years of age, and another at seventy-three. A case of loosening of the pelvic symphysis persisting over two years after parturition is recorded by

Dr. Basham, of the Westminster Hospital; it improved upon rest, and the use of a strong pelvic binder. Dr. Johannsen, of St. Petersburg relates the case of a young married woman in whom he found a new cause of vaginismus, viz.: two small fistulæ in the urethra; the larger one was split and the smaller canterized and the spasm disappeared. The conclusions of M. Gubler's examinations of glycosuria in the puerperal state are that glycosuria is not a normal phenomenon of lactation, and that it appears on the suspension or premature suppression of suckling. As a contribution to the diagnosis of Ovarian disease Prof. Guido Baccelli, of Rome, points out that percussion of the ilium may elicit information. Prof. Olshausen remarked during the year that his and Volkmann's experience of Marion Sims' method of drainage in ovariectomy through Douglas' cul-de-sac into vagina had at first been favourable, but he believed the recent use of Lister's antiseptic method would entirely supersede it. Prof. Hildebrandt, on the other hand, recommends ligaturing the pedicle with stout silk, dropping it into abdominal cavity and passing a small drainage tube through Douglas space. Professor Schatz thinks drainage unnecessary except there be much bleeding or serous extravasation, and advocates antiseptic treatment. He uses the carbolic spray. Prof. Hegar prefers immediate closure of the abdomen in the great majority of cases; thinks that when drainage is necessary one opening is not sufficient; uses silk for all ligatures and avoids the carbolic spray for fear of poisoning. The value of the ice cap introduced by Mr. Knowsley Thornton in cases of headache and fever after ovariectomy, has been amply attested this year by the cases of that surgeon, Mr. Spencer Wells and others. Mr. Wells at a meeting of the Royal M. C. Society during the year announced the result of his last 300 cases of ovariectomy. He remarked that in the majority of cases drainage was unnecessary and should not be used. With regard to the use of antiseptics he was not altogether convinced of their value; had not often used the cautery in the treatment of the pedicle, but thought the clamp or ligature was to be preferred. Dr. Thomas Keith, of Edinburgh, records

successful ovariectomy in a case of burst ovarian cyst; most distressing vomiting was present, bile and albumen in the urine; temp. 103°.5, pulse 122, very feeble; the temp. a day or two previous to the operation had reached 106°. He has now operated fourteen times in cases of suppurating or putrid ovarian cysts with twelve recoveries. In last 107 operations has had only ten deaths. Mr. Thomas Browne, of Chelsea Hospital for Women, records a case of ovariectomy in which the bowel was wounded; it was sewn up with a continuous catgut ligature and a good recovery ensued. Dr. Robert Barnes reports an exactly similar case Billroth, of Vienna, lately operated on his 100th case. Mr. Thornton has this year related three cases illustrating some of the various results of rotation of ovarian tumours, and he suggests as an explanation of this rotation that it may be brought about by the peristaltic action of the intestines; he also thinks that tapping by rendering the cyst flaccid may assist in producing it. Dr. Stilling, of Cassel, is a thorough convert to the Lister method in ovariectomy, and he thinks the pedicle should be tied in several thin cylindrical bundles with carbolized catgut. He also closes the abdominal wall with this material. Mr. W. Makeig Jones records a case of congenital hernia of both ovaries. At the New York Obstetrical Society great difference of opinion was manifested as to whether narcotics and other drugs administered to the mother affected the fœtus in utero; but at the meeting of the British Medical Association, Dr. McClintock, of Dublin, and others strongly insisted upon the great value of fœtal therapeutics. In his hands a combination of tincture of perchloride of iron and chlorate of potash had been singularly successful in saving the life of the fœtus and prolonging gestation to full term. At the same meeting the stomach of an infant five weeks old was exhibited affected with cancer. M. Redou has called attention to the fact that diabetes is much more common in children than has been supposed; it is however less fatal and more amenable to treatment. The therapeutics is the same as for the adult. The peculiar and shocking mortality resulting from the aggregation of lying-in women has again been

amply attested on all sides during the year. The only text-book on midwifery proper which has appeared during the year is that of Otto Spiegelberg, the young professor of Breslau, but which, as an eminent reviewer has said, "far surpasses any work hitherto published on Midwifery." Amongst diseases of women and children we notice a "Handbook of Uterine Therapeutics," by E. J. Tilt; "Diseases of Women," by Lloyd Roberts; "Practical Gynæcology" by Heywood Smith; Second Edition of Barnes' "Medical and Surgical Diseases of Women"; Second Edition of Day on "Diseases of Children;" Third Edition of "A Practical Manual of Diseases of Children," by Edward Ellis; Sixth Edition of Meigs and Pepper on "Diseases of Children;" and a "Manual Pratique des Maladies de l'Enfance," par A. D'Espine and C. Picot.

#### OPHTHALMOLOGY AND OTOLGY.

We shall only glance at the subject of Ophthalmology and Otolgy in so far as the general practitioner may be therein concerned. Under the rather startling caption of "Shut Your Mouth and Save your Life" Dr. J. G. Cassells contributed to the Glasgow M. C. Society a very interesting and useful communication demonstrating the evil consequences which so frequently ensue to the general health, and more especially to the auditory apparatus, from the habit of breathing through the mouth. He believes left-sided deafness to be more frequent on account of the comparative smallness of the left nostril. Zarefal has asserted during the year that the dangers of fluid entering the Eustachian tube while practising nasal irrigation, which has proved so beneficial in catarrh, may be entirely avoided by the surgeon standing behind the patient and making firm pressure with two fingers on the soft palate, pushing it up against the tubal orifices. This pressure is not painful if it be firm and persistent. A new dilating aural speculum, on the principle of Mr. Wagstaffe's tracheotomy tube, has been introduced. Dr. Priestly Smith has had constructed a new, simple, and very useful eye-douche, by Messrs. Arnold and Son, on the principle of their simple enema syringe. M. Teillais, of Nantes,

reports a remarkable case of diabetic cataract in a young woman, aged 23, in whom both eyes were operated upon, with an interval of ten days, with very satisfactory results. Chemical examination of the crystalline lens demonstrated the presence of sugar. Dr. Zimmerman, of this city, met with an enchondroma of the eye-ball which had been removed by Dr. Rosebrugh. The year's history of this department has been by no means barren in literature. We notice the appearance of a report of a most admirable lecture delivered before the Medical Society of London by Dr. Hughlings Jackson, on "Ophthalmology in its Relations to General Medicine"; an "Aural Atlas," by K. McNaughton Jones, of Cork; "The Ear: its Anatomy, Physiology, and Diseases," by C. A. Burnett, of Philadelphia; "How to use the Ophthalmoscope," by Edgar A. Brown; the Third Edition of "Diseases and Injuries of the Eye," by George Lawson; and two very excellent treatises which we suppose we may include here, Spencer Watson on "Diseases of the Nose and its Accessory Cavities"; and a "Manual of Diseases of the Throat and Nose," by Morell MacKenzie.

#### MEDICAL JURISPRUDENCE AND HYGIENE.

Medical Jurisprudence and Hygiene have not been standing still, but we must confine our remarks to an enumeration of the works which have appeared upon these subjects. In the former must be mentioned the admirable lectures of the Ogstons on Medical Jurisprudence at Aberdeen; "A Handy Book of Forensic Medicine and Toxicology," by Bathurst Woodman, and C. Meymott Tidy; "Civil Malpractice—a Treatise on Surgical Jurisprudence," by Milo A. McClelland; "The Student's Handbook of Forensic Medicine and Medical Police," by H. Aubrey Husband; and W. W. Ireland on "Idiocy and Imbecility." In the latter we observe a Fifth Edition of Parkes' "Manual of Practical Hygiene," edited by Prof. F. de Chaumont; "Domestic Hygiene," by George Wilson; and "Dust to Dust—or Sanitary Burial," by S. Phillips Day. The accident to the miners at Pont-y-Pridd, whereby nine men were imprisoned in a chamber of compressed air for nine days, without any food

whatever, but with water, shows how long life may be maintained under such circumstances. M. Tarchini Bonfanti records two remarkable cases of retarded putrefaction and prolonged rigor-mortis lasting four and a-half days; these are important as indicating the care which should be observed in judging of the time of death from these signs. Dr. K. N. MacDonald reports a case of infanticide by asphyxia (*Edin. Med. Jnl.*, July) in which the four cavities of the heart were found empty. H. Schinaltz regards the presence of air in the Eustachian tube and tympanum as evidence of live birth. M. L. Cazeneuve has introduced a new test for blood which consists in observing the action of the hydro-sulphite of soda upon the hæmatosine of the blood. Place in a vessel suited for spectroscopic investigation an alkaline solution of blood, and you will find the characteristic band of hæmatosine; put in one or two drops of hydrosulphite of soda, and the dichroic tint is immediately replaced by a crimson one like a solution of oxyhæmoglobine. Cases of carbolic acid poisoning continue to be reported—seventy are now on record. Castor oil seeds are exceedingly poisonous, one seed has killed a child. Poisoning by santonin has been reported; the only treatment Binz has found of any service is chloral-hydrate, chloroform, and ether, with artificial respiration. Prof. Petersen, of Kiel, records a case of acute poisoning by salicylate of sodium. Dr. Attilio Lelli has found coffee to be an efficient antidote to strychnia. Prof. Valentin has found that 0.00037 of a gramme ( $\frac{1}{270000}$  grains) of the poison of the viper aspera of Linnæus (the aspis echidna of Risse) was capable, when inserted beneath the skin of a frog, of producing symptoms of poisoning, and death in thirteen days. Knott reports (*Phil. Med. and Surg. Rep.*) two cases of rattlesnake bite cured by intravenous injection of carbonate of ammonia. Among the changes in the occupancy of the chairs in the Universities of Great Britain, which are of interest to the world at large, we may enumerate resignation of the chair of Materia Medica in the University of Edinburgh by its venerable occupant Sir. Robert Christison, and the installation in it of his old pupil Dr. T. R. Fraser. Prof. Lister leaves

Edina for King's College, London, and Mr. Annandale succeeds him. Dr. Matthews Duncan too seeks the Metropolis of the World, and supersedes Dr. Greenhalgh at St. Bartholomew's. Prof. Dickie has retired from the chair of Botany in Aberdeen. Dr. Ogilvie Forbes resigned the chair of physiology in Aberdeen, and Dr. William Stirling has been appointed to the vacancy. Prof. Allen Thomson has resigned the chair of anatomy in Glasgow so long filled by him, and Dr. Cleland, of Galway, succeeds him.

We have a few words to add upon topics of general application. The accumulation of evidence of another year goes to confirm the view that anæsthesia, the greatest boon as yet vouchsafed to suffering humanity, is not an unmixed blessing; and that temporary obliviscence of excessive pain can only be purchased at the price of a risk in every case, a risk which in the few is a forfeit of life. Several deaths from chloroform have been recorded in the past twelve months, several (but not so many) from the effects of ether; at the Manchester meeting of the British Medical Association, Mr. Spencer Wells strongly advocated the claims of the Bichloride of Methylene, and asserted that, if mixed with a sufficient quantity of air, its use as an anæsthetic would be perfectly devoid of danger. Nevertheless, the year's testimony presents two fatal cases, one in September at the Radcliffe Infirmary, Oxford, and the other in the East Suffolk Hospital. One more case of death from nitrous oxide is also placed on record. During the year a new anæsthetic agent has been introduced under the name of hydrobromic ether: its properties appear to be intermediate between chloroform, bromoform, and ether. It is curious that almost simultaneously and from antipodal quarters should arise two new claimants to the honour of discovering anæsthesia, the one by ether, the other by chloroform. Dr. C. W. Long, of Athens, Ga., U. S., this year puts forward his claim to the title of discoverer of the anæsthetic properties of ether, and he finds himself supported by the weighty authority of Dr. J. Marion Sims.

It appears, too, after all, that Sir James Simpson was not the first (in November, 1847)



to make use of chloroform as an anæsthetic agent, for Sir Robert Christison bears witness that in the summer of 1847, four or five months before, Mr. Lawrence and Holmes Cootes produced surgical anæsthesia by chloric ether (spirits of chloroform) at the suggestion of a pupil of Lawrence's—M. C. Furnell, now M.D., F.R.C.S., Surgeon Major in H. M.'s Indian service, and Principal of the Madras Medical College—who discovered its properties accidentally upon himself; but they all appear to have been put on a wrong scent by the fact of the bottles being labelled "chloric ether." Although no one would wish to detract from Prof. Simpson's fame in this connexion, yet "Bart's" men will be glad to learn that Furnell is "one of them."

Dr. Benjamin Howard, of New York, has been giving demonstrations of the superiority of his "direct method" of artificial respiration over the plans of Sylvester and Marshall Hall, both at King's College Hospital, London, and before the British Medical Association at Manchester. It will doubtless supersede the older methods. Cremation, as the most-sanitary method of disposal of the dead is gaining ground, though slowly; doubtless, in the day to come, for we are only "in the morning of the times," it will prevail. On the 9th of October, at Milan, Prof. Gorini made a new trial of the crematory apparatus invented by himself. The body of a man, 62 years of age, weighing forty-two chilogrammes, was introduced at 1 p.m., and at 3 p.m. only 5 per cent. of its original weight remained. Not the slightest fetor or disagreeable sensation was experienced by the bystanders. Prof. Tyndall and Dr. Charlton Bastian continued their discussion upon the *quaestio vœcata* of spontaneous generation, and neither party seemed disposed to acknowledge itself as worsted; but when the challenge came across the channel from Pasteur to Dr. Bastian to repeat his experiments with him before a commission from the *Académie des Sciences* and establish his position, the world eagerly looked forward to a settlement of the matter; but our French cousins, it appears, treated the learned Englishman with but scant courtesy and consideration when he went to Paris, and the commission was dissolved. The

subject, therefore, remains still *sub judice*. The International Medical Congress met this year at Geneva, on the 9th of September, under the Presidency of Dr. Carl Vogt; anything of special interest which occurred there we have signalized elsewhere. The meeting of the British Medical Association took place at Manchester and was an almost unparalleled success, some 1,200 members being in attendance. A very large and successful gathering of the American Medical Association was held this year in Chicago. The Canada Medical Association met in Montreal on the 12th of September, under the Presidency of Dr. Hingston; the meeting was one of the best in its history, and a volume of its transactions is this year, for the first time, published. A congress of German surgeons met in Berlin, on the 4th of April, under the Presidency of Prof. Von Langenbeck. One of the remarkable features of this meeting was the advocacy by Dr. Busch, of Bonn, of alkaline washes—solutions of soda—in the treatment of cancer of the face. Prof. Lucke brought before the meeting the subject of the percussion of bone in the diagnosis of its diseases. The memory of Chelius, Fergusson, Stromeyer and Simon, who had died during the year, was impressively honoured by the assemblage rising *en masse* at the mention of their names.

The Turco-Russian war, which has been waging throughout the year, will teach the world a lesson in sanitary matters. The contrast between the admirable sanitary arrangements in connection with the troops of the Czar, and the utter disregard of all such matters on the part of the Moslem with its inevitable consequences preach a more potent sermon than "a thousand homilies." The crying evil of the abuse of medical charities has been earnestly engaging the attention, not only of the profession in the old country, but also of all true philanthropists. The outcome of the agitation is the birth of Provident dispensaries in all sections of the country. This is an example which we in Canada especially should not be slow to follow, and all interested in the subject would do well to read the very important pamphlet of Mr. Sampson Gamgee, of Birmingham. The Homœopathic schism in Lon-

don, and the overtures of Dr. Wyld (Vice-Pres.) to gain re-admittance to the general profession, ought not to be overlooked as "signs of the times."

Upon the great question of Temperance during the year the profession, as a body, has given forth no "uncertain sound." The advocacy of the establishment of "coffee" and "milk taverns" for the people has been a rational step in the right direction, but we must go further; we believe, with Dr. Dyce Duckworth, that it is absolutely necessary to contend against "the intricate social habits of the present day, the sadly increased facilities for drinking which spread around us, and the ignorance and merely nominal Christian lives which are led by many of our countrymen. These are the roots of the upas tree, and to these must the axe be laid." The past year witnessed the demise of an old, and true, and tried friend to medical science—the "British and Foreign Medico-Chirurgical Review." To this journal all men looked for fair and unbiassed judgment, and truthful as well as learned criticism of whatever works appeared. That after thirty-eight years of continuous publication the publishers should be obliged to draw its labours to a close for want of *pecuniary* support does not speak well for the appreciation of scientific effort when the pocket is called upon for a response. But the publishers add another reason; they say that in these times of telegraphy and telephony, when the transport of news and opinion is "*ocior fulminis alis*," people will not wait three months, even for scientific information, and that consequently the day of Quarterly Reviews has gone by for ever. Our penultimate section belongs to the illustrious dead. It is no pleasant part of the duty of retrospection to contemplate the losses the profession has sustained. The year's obituary list contains, amongst many others less known, such names as these: Albrecht Erlenmeyer, the German alienist; John Gairdner, of Edinburgh (æ. 87); Sir. Wm. Fergusson (æ. 68), Dr. Tettes (æ. 80), Prof. Henri Ferdinand Dolbeau, the eminent Paris surgeon, author of the use of alcohol in surgical dressings, and of the "lithotrite perineale;" Alexander Eugene McKay, the statistician of the Royal Navy;

Dr. Basham, of the Westminster Hospital; Daniel Donovan, of Cork, of Irish famine fame; Peter Brotherston, of Alloa; Dr. Robert Lee, an Edinburgh Graduate of 1814; Guiseppe de Notaris, the eminent Italian Botanist (æ. 72); John Adams (72), Peter Marshall (68), Dr. Wm. Morris (æ. 85), James Baker (æ. 26), the promising medical orator of the future; Wm. Coulson (75), Ed. Coupland (83), C. W. M. S. Graham, of Dalkeith (80); Henry Wilson, the celebrated Dublin oculist (40); John Cronyn (51), John Richard Carmichael, who fell a victim to typhus at Chefoo, while attending the Chinese poor; Henri Conneau (æ. 74), body physician to Nap. III.; Evasio Adami, of Turin, first body physician to Victor Emmanuel; Volkmann, Isambert, Ricord, Caventou, Bourrier, Chas. Mayo, Prof. C. VonHeine, the surgeon of Prague; Prof. A. R. Crosby, of New York; S. Bathurst Woodman, Wm. E. H. Post, Nathan R. Smith, of Baltimore, aged 80; Prof. Chas. A. Budd, of New York; Gurdon Buck, Herman Althof, Prof. Joseph Carson, of Philadelphia; Joseph Freer, of Chicago; Paul F. Eve, of Nashville; Wunderlich, of Leipsig; Dr. Henry Lawson, Editor of the monthly Microscopical Journal of G. B.; and Samuel Warren, author of a "Diary of a late physician," and "10,000 a year;" more immediately connected with ourselves, Dr. Hamilton, of Dundas, and Dr. Dewar, of Port Hope. Several French physicians died during the year, from diphtheria, contracted in attendance upon patients during the Paris epidemic, and Dr. Cline, of the Montreal General Hospital, perished from a similar cause. Of these, some had overpassed the limit of man's three score years and ten, others had not yet reached it; some cut off in the heyday of life and usefulness, others just entering on their career, but all died in harness, verifying Vaughan's description, as far as the physician is concerned, at all events, "Man is the shuttle to whose winding quest and passage through these looms, God ordered motion but ordained no rest;" but if, as we believe, as the sequel of "life well spent, and work well done," "there remaineth a rest," then, on behalf of those whose names are set down above, it will be superfluous to add "Requiescant in pace!"

Last, but, we trust, not least in the estimation of our readers, comes the subject on which we intend to say a parting word—ourselves. During the two years of our existence it has been our single aim and earnest endeavour to reproduce in our columns, for the benefit of Canadian practitioners, the best part of the medical periodical literature of the world. Although, looking with a fond and favourable eye upon every home communication, and giving it publicity if equal to foreign articles, we have invariably sacrificed all personal and national vanity to the true interests of our patrons, notwithstanding the demand from many of original communications. Our object has never been to parade Canadian practice to the world, but rather to make the advance and practice of the world subservient to the interests of the Canadian practitioner. That our endeavour has not been devoid of either appreciation or success an ever-growing subscription list will amply testify.

Not discouraged by the issues of the past and with "large faith in Time." we enter on another year animated by the same spirit and desire of usefulness in our day and generation, and in full assurance that "exitus acta probabat."

**OVARIAN DYSPEPSIA.**—Dr. Fothergill describes a form of dyspepsia combined with leucorrhœa, and commonly too with menorrhagia, which depends on morbid conditions of one or both ovaries. This form of dyspepsia is very intractable unless its causal relationships are remembered. Blisters over the ovary, with bromide of potassium and sulphate of magnesia internally, are more effective than bismuth and hydrocyanic acid.

**REMOVAL OF MOLES ON THE FACE.**—Remove by two slightly curved incisions; then unite the cut edges with a wire serrefine, and cover over the incision and teeth of the serrefine with scraped lint soaked in collodion. Remove the serrefine on the third day and drop collodion into the holes it has left on the now dried lint. Peel off the lint on the fifth or sixth day. Usually no mark is left, or only the faintest possible line of a cicatrix.

## Selections: Medicine.

### THE INTERNAL COMPLICATIONS OF ACUTE ERYSIPELAS.

BY J. M. DA COSTA, M.D.

The first of the internal complications which I shall describe is the *kidney disorder*. It is very common, indeed so common that I dislike to call it a complication; it seems rather an essential part of the disease. The affection shows itself chiefly by the presence of albumen in the urine; and the occurrence of albuminuria in erysipelas is a matter that has been noticed by several recent observers. But what has not been noticed is, that albuminuria is the rule, not a mere accident in erysipelas; that it happens with quite as great or even greater frequency as in diphtheria or in scarlet fever. I have been studying this subject for a number of years, and now know that I am correct in deducing from many observations the rule that albuminuria is present in every case of marked erysipelas; even in light cases it will exist as a transitory phenomenon, perhaps for a day. As regards the time at which the albumen appears in the urine, it is not generally found the first few days—though Case XVII. proves that decided renal trouble may be present early—but as the disease has reached its height, or as desquamation is beginning. The albuminuria passes away as a rule with the acute disorder, at least I have never known a permanent renal difficulty result from the derangement of the kidney that occasions it, though I have known it to be present long after convalescence. During those temperature rises above described, following the first outbreak, it may reappear in the urine in small quantity, but usually does not, while in the course of a regular relapse it is much more common, particularly if the relapse be of any duration. Yet, generally speaking, it is not so marked nor so constant in the relapse as in the first outbreak.

The amount of albumen present in the scanty urine is not large, and in light cases very slight. When decided, we are apt to find also slightly granular renal epithelium, and epithelial or fibrinous casts and an excess of urates. Blood casts, like those in the urine of acute

Bright's disease or of scarlet fever, I have most rarely encountered; but free blood corpuscles and leucocytes are not infrequent.

I believe the truth to be that, while albuminuria does occasionally happen in traumatic erysipelas about the head and face, it is less constant and marked than in the idiopathic variety.

The question just raised requires further elucidation; and I venture to call the attention of surgeons to the matter, as needing determination not only in traumatic erysipelas of the face and neck, but in all other kinds of erysipelas. To recur, however, to the albuminuria of idiopathic erysipelas. What is its cause? The fact just stated, of the occasional presence of albuminuria in traumatic erysipelas; the circumstance that after extensive burns it may be noticed; the well-known close physiological connection between the skin and the kidneys, might prompt the explanation that the renal trouble is a secondary result of a local skin disorder. I cannot think it is so. Considering its constant, I might say almost invariable, occurrence; that it makes its appearance at a fixed time in the affection; that while a purely local damage, such as a burn, may cause albumen in the urine, it yet requires to produce it a very extensive surface injury—very different from the comparatively slight extent of skin involved in idiopathic erysipelas—I am led to the conclusion that the renal disturbance forms part of the general morbid process, which, perhaps on account of the close sympathy between skin and kidneys, attacks these by preference next to the skin. Another explanation might be, that, like the albuminuria of low fevers and occasionally of rheumatism, it is the result of the blood changes, and of the altered circulation and nutrition which take place in the kidneys. This may be true; yet the constancy of the phenomenon, the regularity of its course, and the relation in time it evidently bears to certain changes in the skin, make the former explanation seem the more correct. But I cannot see any inconsistency in, to a certain extent, adopting both of these views. They both presume general causes at work rather than an indirect result of mere local alteration.

Next to the kidney affection in frequency,

and presenting far graver issues as to recovery, is the *cerebral disturbance*. This manifests itself in restlessness, disturbed sleep, headache, giddiness, but especially in delirium. This symptom is far more common than is usually supposed. In truth, in marked cases it is, I think, the rule to meet at the height of the disease with a certain amount of nocturnal delirium. Generally the mental wandering is mild; but it may be the reverse; and some epidemics are characterized by the occurrence of early and wild delirium. In instances in which the cerebral disorder, especially the delirium, is very decided, it has been supposed to be due to an extension of the erysipelatous inflammation to the brain. Let us see what its cause really is.

An obvious suggestion, other than the one just alluded to, and one that after the investigation into the condition of the urine we have just been making seems very likely, is, that the cerebral symptoms may be due to uræmia. I do not think that they are. Stupor, coma, or convulsions, rather than mental wandering, are the usual features of uræmic poisoning; and though I believe that the want of full action in the clogged kidneys will keep the blood impure and aggravate the cerebral disturbance, it does not seem sufficient to cause it. Then I have met with instances in which the kidney affection was decided, and even renal casts were found, without delirium or any other sign of brain distress being present.

Is the brain disturbance due to the high temperature; is it merely another sign of the intensity and gravity of the fever process? Now, here it must be stated that as a rule the cases that present high temperature have more or less prominent brain symptoms, and the reverse is true. Yet it is because they are bad cases, and suffering from intensity of the poison and of the local affection, that they are apt to have alike the cerebral disorder and the high temperature, and not because one depends on the other. For I have known on the one hand a high temperature to exist without delirium or other signs of brain annoyance, and on the other hand marked delirium to be present without high temperature.

The brain symptoms of erysipelas have been, as already stated, generally attributed to an ex-

tension of the inflammation to the brain. And this view, not long since the only one, and ably advocated by such writers as Sir Thomas Watson and Trousseau, as at least of frequent occurrence, is still very prevalent, as may be judged, for instance, by the statement in Niemeyer's well-known text-book: "A far more serious but less common complication is the extension of the inflammation from the scalp to the meninges." Now, not wishing to be biased by my own observations, which had given me a very opposite result, and to which I shall presently refer, and desiring to ascertain on what this commonly-received dogma, repeated by author after author, was based, I have searched in numerous publications in the hope of coming across some well attested case of this erysipelatous inflammation of the brain or its membranes. But all in vain have long lists of hospital reports, of journals, and of monographs been examined. I find, indeed, cases in which local trouble about the bones of the head has been attended both by meningeal thickening and by erysipelatous inflammation of the scalp and face; I have found thrombosis of the sinuses alluded to rather than described; I find instances where extravasations of blood have taken place near the cranial bones, and there has been very considerable hyperamia of the membranes; but I have sought in vain for such a post-mortem record of meningitis or cerebritis, or even of thrombosis, as would fairly satisfy the requirements of modern pathology.

The treatment I pursue in most cases of erysipelas is, as may be readily gathered by the records in this paper, a local treatment with some mild demulcent, very often with infusion of slippery elm, while, internally, the tincture of iron with or without quinia is freely used, and in some instances the latter alone is resorted to. Now is it necessary to stop this treatment in cases with cerebral symptoms? It is not. I have had the best results by continuing it. I certainly advise quinia to be used. But I also generally resort to stimulants, give an occasional saline purge, and, remembering the state of the kidneys, see that the urinary secretion is freely kept up. Where the sleeplessness is very marked, opium or chloral may be employed.

Before dismissing the subject of the cerebral

symptoms in erysipelas, let me mention a few points of purely clinical interest. One is, that the delirium may really be the outbreak of mania-a-potu, and appear at any time in the malady.

Another feature I may mention about the delirium is, that it, in fact that all the cerebral symptoms, may be passing away, and the erysipelas break out in fresh directions, and lead by its local extension to fatal issue.

There are other internal affections we meet with in erysipelas which may be alluded to. Some are the direct result of the extension of the morbid process to the mucous membrane; in others the trouble originates within, or leads to remote complications. The *throat* is often attacked by a spreading of the inflammation; and it is common to find the palate and fauces, and even the tonsils, red and swollen, and occasioning difficulty in swallowing. Pharyngitis is very usual, and will be generally seen if looked for. At times the erysipelatous inflammation begins in the throat and works its way outwards; or starts in an old nasal catarrh, passes to the throat, and thence to the face. I have seen several instances of both of these forms of erysipelas. Further, it may happen that the throat is red and shining, and fluid collects in little bags, and that there is great difficulty in swallowing. The trouble is chiefly in the palate, half-arches, and posterior wall of the pharynx; the glands of the neck are but slightly or not at all swollen. The whole appearance is decidedly that of erysipelas, and the affection has been described as erysipelas of the fauces. Its tendency is to spread downwards, not to show itself on the face. Of course, in default of erysipelas appearing there, the diagnosis remains doubtful. I have seen at different times in consultation three cases of this throat trouble. I regret that the urine was not examined. From my present knowledge of its being so commonly albuminous in erysipelas, I suspect that it will be found so in cases of the kind, and that thus their nature may be ascertained.

In its progress downwards, erysipelas, starting on the face, may spread to the larynx, producing laryngitis and œdema of the glottis, and may pass on into the *lungs*. Several instances of the kind are recorded in this paper: (Cases

IV., XV. ; in Case XIII. there was a marked pulmonary complication, although the evidence that it was due to extension is not clear.) Of true pneumonia thus arising I have never seen an example, though such cases have been described. The lesion I have met with is a bronchitis of the finer tubes with considerable pulmonary congestion. One instance of pleurisy, complicated with pericarditis (Case XVII.), has come under my observation.

Diarrhoea is an occasional symptom, and lesions of the solitary glands and of Peyer's patches, enteritis, especially duodenitis, intestinal hæmorrhages and ulcers in the duodenum, have been recorded as *enteric complications* of idiopathic erysipelas. *Enlargement of the spleen* is stated by Friederich to be an almost constant accompaniment of facial erysipelas, and often to reach such a degree that the organ projects from under the rib. *Peritonitis* as an attendant upon erysipelas I met with in one instance. It occurred in a young man just recovering from facial erysipelas, and the tenderness, abdominal pain and distension were such as to leave no doubt in my mind of the nature of the trouble. The patient recovered ; but recovered slowly,

That *pycemia* and *metastatic abscesses* follow erysipelas is a common belief. I have not myself met with any cases, probably because my experience is derived from medical cases. And as regards less clearly defined conditions of blood poisoning, very likely many of the obscure symptoms of depression and ill health and general disorder that we observe after attacks in some persons may be due to impure blood. On this point, however, we cannot speculate with any certainty. We do not know enough of the condition of the blood in erysipelas. Virchow states that the fibrin is increased ; Walter Moxon and Goodhart confirm the opinion that there is an excess of white cells in the blood of erysipelas. "In one case as many as sixty leucocytes in the field were found, the average being twenty-five ;" Bristowe writes "that in the early stages of the disease the blood contains an excess of fibrin and of white corpuscles, but subsequently tends to assume the characters commonly observed in the later stages of febrile disorders." Yet a good many of these observations were evidently made on the

blood in surgical erysipelas, complicated, as this often is, with the history of all kinds of injuries and accidents, and we need further knowledge before we can attempt to draw fixed conclusions as to the blood and the result of its changes in idiopathic erysipelas.

One of the most important of the internal complications of erysipelas is found in the state of the *heart*. It consists in a granular degeneration, like that we observe in idiopathic fevers. The organ is flabby ; the impulse is not well-marked ; the first sound becomes defective, and is sometimes replaced by a short murmur ; the second sound is distinct. In a number of the cases reported in this paper this state of the heart is mentioned, and the autopsy in several showed what the condition of the organ was.

Now the condition of the heart referred to is one that easily becomes complicated with a short mitral murmur due to functional disturbance of the valve, and which is the more readily produced on account of the altered condition of the blood. It is not difficult to understand how this state of things may be mistaken for endocarditis. Still I do not deny the occurrence of endocarditis and kindred alterations ; I merely deny the frequency, and explain differently the signs by which the disease is supposed to be indicated. It cannot, I think, be gainsaid in the face of the statement of Sevestre that at the autopsy the lesions of endocarditis have, at times, been detected, attended with swelling of the valves and with degeneration of the myocardium ; or, that he has occasionally known the lesion persist and be accompanied by grave disorder of the circulation. Nor can the possibility of its existence be questioned when Jaccoud tells us that he has seen an instance in which a man, dying on the ninth day of an idiopathic erysipelas, was found to have myocarditis, with a slight inflammation of the mitral valve. Pericarditis he also mentions as happening.—*Condensed from The American Jour. Med. Sciences.*

INFLATION OF THE URETHRA either by injecting a solution of carbonate of soda, and followed by one of tartaric acid, or else by means of a Politzer's bag, has been successfully used as an aid to catheterism in urethral stricture.

## Surgery.

### ON SURGICAL USES OF THE STRONG ELASTIC BANDAGE OTHER THAN HÆMOSTATIC.

BY HENRY A. MARTIN, M.D., BV'T LT. COL. AND  
LATE SURGEON U. S. VOLTS.

For over twenty-five years I have made use of a strong bandage of India rubber, for the treatment and cure of all ulcers of the lower extremity of a non-specific character, coming at all within the category of curable, and as a most efficient aid to treatment and palliation in those of a specific character and those incapable of perfect cure by any method of treatment; and I may here say that a very large proportion of ulcers of the lower extremities practically incurable by other methods are capable of easy and permanent cure by this.\*

\* I use such a bandage in the treatment palliative and curative of many other diseases and injuries, principally of the lower extremities; but of these I will, at the present time, give only a partial list, reserving a detailed account of its application to such cases for a future paper. The present writing will refer exclusively to the treatment of ulcers of the lower extremity. The principal cases, other than these, in which I have found such bandages eminently useful are, (and I mention them in the order of their importance, and the perfect applicability of this method to their treatment); (1.) Acute and chronic synovitis and consequent effusion in the joints, particularly of the knee, ankle, and elbow. (2.) Subluxations of those joints to which the bandage can be applied, both in their acute and chronic stages. (3.) Morbid effusion in the bursa mucosa, especially, after evacuation by aspiration, of the bursa developed over the patellæ, and known as "housemaid's-knee," and by other names. (4.) Œdema and anasarca, whether due to local or general causes, and occurring in either the lower or upper extremity, but chiefly, of course, the former. (5.) As an admirable palliative, and even in some instances, to a certain degree, means of curing varicose veins of the lower extremity, occurring either with or without ulcers. (6.) As a most efficient adjunct to treatment of erysipelas of either the legs or arms, whether traumatic or idiopathic, and, in very many cases, capable, without other means, of entirely curing, and, as it were, *extinguishing* that so called "*ignis sancti Antonii*." (7.) As a very valuable adjunct to the treatment of many cutaneous diseases, particularly when affecting the lower extremity, and as, without any other means whatever, local or general, absolutely and completely curative of many of these affections and their consequences. (8.) As a very useful surgi-

The bandage which I use in the treatment of ulcers of the leg, is made of what is technically called "pure rubber," i.e., the best "Para" rubber, combined with the smallest possible mixture of sulphur, and subjected to the minimum of heat necessary to "cure" the gum and ensure it from the destructive changes which rapidly take place in bandages made of pure uncured caoutchouc. The bandage is ten and

cal dressing after dislocation of any joint to which it can be applied, but particularly those of the knee elbow and ankle. (9.) As an extremely useful surgical dressing for some cases of that form of lesion entitled "green-stick-fracture," in which a gradual, continually exercised, gentle pressure accomplishes that perfect "reduction" which cannot always be accomplished at once even by painful and unduly violent manipulation. Also in cases of deformity of bones from improper co-aptation of fracture, where the "callus" is too firm to admit of immediate bending, this sort of bandage, properly applied, has been found quite capable, by the constant, steady pressure which it exercises, of correcting deformity in fractured bones, even so long after injury as to be generally supposed capable of such correction by no means save that of re-fracture. (10.) As a most useful appliance eminently palliative, and sometimes even to a great degree rapidly and completely curative of injury of the ligamentous and other tissues of joints, resulting from contusion or other injury, or from relaxation of ligaments from disease. (11.) As a most efficient palliative of, and often decided means of remedying chronic and acute inflammation of and about the joints or other parts of a limb; in phlebitis; as a preventive when abscess is threatened, or, in such cases, when too far advanced for prevention, as a means to hasten forward the process of suppuration. This enumeration of cases in which the strong elastic bandage has been found, *in actual practice*, very decidedly useful, although somewhat extended is, by no means, exhaustive. When the intelligent practitioner becomes familiar with, and reflects upon, the phenomena observed after the bandage has been applied the effect of continuous, gentle, equable pressure, of perfect exclusion from air and light, of the constant moisture and equal warmth of the part involved in the bandage, of the constant support afforded to distended and weakened vessels, the relief of congestions by the mechanical expulsion of blood from the overloaded veins and capillaries, he will have little difficulty in perceiving the value of this method of treatment in the cases I have mentioned, and many others. I shall, at some future time, write a paper or two based on my personal experience in the use of the bandage for other cases besides those of ulcers of the lower extremity. At present I only wish to intimate what some of these are.

a half ( $10\frac{1}{2}$ ) feet in length; three (3) inches wide, and of the thickness of no. twenty-one (21) of Stub's wire gauge. In about two inches of one end a piece of strong linen cloth is inserted. To this is strongly sewed a stout double tape of eighteen (18) inches in length. It is important that the edges of the bandages should be perfectly even, and this can only be accomplished by cutting them by machinery. The bandages I now use, are, with the single exception of attaching the tapes, prepared at the factory in which the sheet rubber is manufactured. In my first experiments, I attempted to make the bandages by cutting them, with strong, sharp shears, from the rubber sheet; but in this way it was impossible to produce a bandage that would wear for any great length of time. If there is the slightest notch in the edge, at that point, sooner or later, generally very soon, the bandage will tear, and become useless, while the machine-cut, perfectly even-edged bandage will bear continued and indefinitely repeated traction without any danger of such an accident. It is really astonishing how long such a bandage will wear. Many of my patients are wearing those, which have been in constant daily use for two, three, and even four years; and I have cured several successive poor patients with bandages which still remain serviceable. The length and width stated are those I have found suited to the vast majority of cases. In a few instances of extraordinary size of a limb, a width of three and a half, or even four inches, and two or three feet of additional length may be desirable. In cases where the leg is very slender, the length I mention will be more than is needed, but the superfluous bandage may be wound round the leg under the knee, or, of course, cut off to suit the exact requirements of the case.

I need not relate how I gradually came to the conclusion that such a bandage as I have described, *without any other means or appliance whatever*, is all that is necessary for the perfect and *permanent* cure of all curable non-specific ulcers of the leg. Such is the fact, and I have no hesitation whatever in asserting that all former other methods of treating such ulcers may and should be abandoned entirely, no matter how illustrious their authors. The method

I advocate is so easily tested, a case of ulcer of the leg carefully observed will demonstrate its advantages clearly and perfectly, and as people with uncured ulcers of the leg abound everywhere, I cannot help hoping that, although I am unknown in every way as an authority, the method will be fairly tried, and win by its intrinsic and evident merit, a permanent place in surgical practice.

The bandage is to be applied by taking one turn just above the ankle, then one over the instep, round the sole of the foot, then round the ankle and, spirally, up over the leg, to the knee, at which point what remains unapplied should be wound round the limb, and the tapes firmly tied. Each turn should overlap that before it from  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch. No skill whatever is requisite, as the bandage is simply carried round and round, without any of the nice reduplication which is necessary for the proper and useful application of the ordinary bandage. The best time to apply it is the first thing in the morning, before the veins of the leg have become distended from the impeded column of blood. The very best way is for the patient to apply it in bed, before assuming the upright position. If, in these circumstances, the bandage is applied with just enough snugness not to slip down, it will, at once, on the patient standing up, become exactly of the right degree of closeness of application. This is all that need be said in regard to the application of the bandage. Thus applied, it will remain unmoved the whole day, no matter how active and continual the exercise or labour of the patient. A theoretical objection to be met is that that portion of the foot below the bandage must become œdematous. Such certainly would be the effect of an ordinary bandage, applied with sufficient tightness to be of any use, but the fact is, that no œdema follows the proper use of the rubber bandage. Indeed, in some cases of ulcer of the leg, a certain degree of œdema of the foot is found, due to the weakened and distended veins, and consequent impediment to the circulation. This œdema is rapidly removed by the use of the strong elastic bandage. These facts are illustrative of the reasons why its application alone is so entirely sufficient for the best possible treatment of the varicose ulcer. That sort



of ulcer and the œdema accompanying it, are due to the too great quantity of blood in the limb. The bandage expels the superfluous blood, and while it supports the weakened walls of the distended veins, does not stop, but really facilitates the circulation through them. The pressure exercised by the bandage is a very efficient means towards the absorption of interstitial deposits, serous or fibrinous, effused among the tissues of ulcerated legs.

The patient wears the bandage all day. At bed-time it is to be removed. When this is done, its inner surface and the skin, which it had covered, will be found bathed in profuse sweat; this is to be wiped from the limb with a dry cloth. A bit or bits of thin, soft, old linen, moistened with castor or sweet oil, is to be laid on the ulcerated spots, and kept in place by a few turns of cotton roller bandage. This is the treatment, with recumbent position all night, and the bandage and the erect position all day. The bandage should be wiped with a wet sponge, and hung up to dry, or, of course, it may be wiped dry at once, and rolled up, with the tapes inside, for use on the following morning. This is the whole treatment I have employed for the permanent and solid cure of many hundreds of ulcerated legs, during the past twenty-five years. Now and then, a peculiarly diseased condition of the skin has led me to recommend a daily or less frequent washing with Packer's tar soap\*, and occasionally a carbolized, or other solution where there was an intensely itching condition of the surface. As I am writing for physicians, I need not enter into details of treatment of exceptional cases. What is required by the peculiar complications of certain cases will suggest itself to the intelligent practitioner. For ulcer of the leg, *uncomplicated* by other disease of the skin, the bandage alone is all that is needed.

\* I have found "tar soap," which contains a large amount of tar, properly saponified, of very great value in certain diseased conditions of the skin, and rectal and vaginal mucous membranes. A great deal, however, of so-called tar soap is so merely in name, and intended for toilet use. I formerly used the Hamburg Thev Seife, which answers very well, but is absurdly expensive. For two or three years, I have made use exclusively of Packer's tar soap, an American product, far superior to even that from Hamburg, and sold at a very reasonable price.

During the first two or even three weeks that the bandage is used, a more or less numerous crop of papules will appear on the skin to which it is applied. These run, rapidly, into suppuration, discharge their contents and disappear. Generally they are small, but occasionally larger, and now and then of the character of small boils. Whatever their size or number, the best possible treatment for their resolution is by the bandage. This is practically the best possible poultice. In a wonderfully short time these little pustules run their course in the warm moist atmosphere under the bandage. Each of these pimples or pustules represents an obstructed follicle or duct. After they have ceased to appear, the skin becomes and remains entirely unobstructed, no matter how long the bandage is worn. A few patients cannot, or *think* they cannot bear the rubber next the skin. In many hundreds of cases, I have met but three or four in whom there was a want of perfect and easy tolerance. In these exceptional cases I was obliged to wind the limb with a linen bandage, over which I applied the rubber. Only one of these exceptional cases was of ulcer of the leg; the others were cases in which the bandage was applied for disease or result of injury of the knee joint. I have said that the strong bandage *alone* is all that is needed for the successful treatment of all non-specific ulcers of the lower extremity. I repeat it with the utmost confidence based on a very large and long experience. One and the chief reason that I have so long foreborne to communicate to the profession a method which I consider so valuable was that I wished to accumulate such a number and variety of cases in which it had been successfully employed as would leave no room for doubt, and, being quite without the vast facilities afforded by hospital practice, such accumulation was a gradual process. The form of ulcer which yields most readily; with a rapidity which is sometimes really wonderful, is that most common of all, the varicose ulcer. The reasons for this are obvious. That sort of ulcer is caused and maintained by mal-nutrition of the skin from the engorged, impeded circulation, which is at once relieved by the bandage. In those cases caused by a languor and imperfection of circula-

tion in the legs, from deficiency in quality or quantity of blood, or feebleness of the heart's action, the bandage accomplishes a cure by the warmth and moisture it secures, favouring the circulation in the cutaneous capillaries and inducing a *removal* of blood to the surface. In these cases, familiar to all surgeons for their obstinate resistance to treatment and the imperfection and unreliability of their cicatrization, the ulcers called by Hippocrates, and the classic surgeons "Chironian,"—round or roundish, with perpendicular sides, as if punched out of the whole thickness of the much-thickened skin, with hard, white, scathing, often almost cartilaginous edges, yield to the bandage and to that alone, and with far more perfect and stable results than by other methods of treatment, but they are cured much more slowly than any other variety of non-specific ulcer. Before anything like *reliable* cicatrization of these ulcers can occur, the hard edges must be entirely got rid of. The constant pressure of the strong elastic bandage is an efficient agent in promoting the absorption of the impediment to cure; but it is a slow process. In such cases I recommend that the patient should wear the bandage night as well as day, while in the very large class of ulcers caused and maintained by a varicose condition of the veins, I direct the bandage to be worn only during the day, as before stated.

In, perhaps, the worst *curable* case I ever saw of this inveterate sort of ulcer, in an old, feeble, ill-nurtured patient who had been, off and on, under treatment for nearly nine years, whose ulcer had been nominally "cured" again and again, and in each instance, almost immediately on resuming labour, the cicatrix had broken down, I used the bandage alone as a test case. Of course I could have much expedited the cure by removing the gristly border of the ulcer by caustic, or the knife, but I depended on the bandage only, and in four months, during which the patient continued to labour without any intermission, his ulcer was solidly and well healed, and has now, for nearly five years, remained so. I may say here that not only with this method is the patient *allowed* to continue his ordinary avocations, however laborious, but is much better able to work while

wearing the bandage than he would be without it. This is particularly to be noticed in all varicose conditions of the leg. I have had many cases in which it was only by wearing such a bandage that a patient could do his daily work. I shall refer to this point again in a future paper, in which I hope to demonstrate the extreme value of these bandages as a palliative in cases of varicose veins of the leg, *uncomplicated* with ulcer. I am aware how hastily and roughly this paper has been thrown together, but I believe it indicates pretty clearly my method of treating ulcers by the strong elastic bandages, and my perfect confidence in that method, and that is its entire end and object.

*Postscript.*—Since my return from Chicago, and as a result of my remarks at the meeting there, I received very numerous applications for bandages, and for the address of a dealer from whom they could be obtained. To meet the requirements of the profession I have made arrangements with Messrs. T. Metcalf & Co., 39 Tremont St., and Messrs. Leach & Greene, 1 Hamilton Place, Boston, who will, in future, have always on hand an ample supply of bandages for the leg, made under my direction and inspected by myself.—*Chicago Med. and Surg. Journal.*

MINUTE STRUCTURAL RELATIONS OF THE RED BLOOD CORPUSCLES.—Prof. Böttcher, of Dorpat, communicates the fact that a nucleus can be demonstrated in the red blood cells of mammals by treating them with a solution of corrosive sublimate in alcohol. Treated in this way the blood corpuscles can be arranged in several groups. 1st. Those which appear homogeneous and shining. 2nd. Those with a homogenous shining cortical layer and a granular mass in the interior, which last is more darkly stained by carmine and eosine. These are by far the most numerous. 3rd. Blood corpuscles in which three parts can be distinguished; (a) a bright homogeneous cortical layer; (b) the granular protoplasm; (c) a clear nucleus inclosed in the latter and containing a bright nucleolus. In the case of a man who died from drinking corrosive sublimate, the corpuscles presented the character, recounted above.

## Original Communications.

### POST-PARTUM HÆMORRHAGE.

BY J. H. BURNS, M.B., TORONTO.

The following cases occurred in my practice recently :—

No. 1. Mrs. N—, *primipara*. The labour concluded satisfactorily in about four hours. An hour afterwards the uterus was well contracted, and I had taken my departure; but when a short distance away was hurriedly summoned to return.

On examination found the womb quite relaxed, much blood having already been lost and still flowing profusely. Without trying any more simple remedy, great weakness being apparent in the woman, I injected, through the vaginal nozzle of an enema syringe, a solution containing equal parts of whiskey and water. The result being immediate and continued contraction, after which the patient progressed without an untoward symptom.

No. 2. Mrs. M—, aged about 42, seventh confinement. Previous history such as to excite apprehension, she having suffered from alarming hæmorrhage after her two last confinements, and in the seventh month of this pregnancy having had hæmaturia. Added to these circumstances was a general account of such symptoms as might bring her under the class of people known as "bleeders." The labour, in this case, was concluded in about three hours, and to all appearances the dreaded flooding was not to take place.

The result, however, proved otherwise, for before leaving the house, I was called from another room to the patient's bedside by the nurse saying, "Mrs. M. is dying." Upon raising the bed coverings I was surprised at the amount of hæmorrhage which had taken place, and was still continuing.

The patient was pale, cold and pulseless, unable to articulate, and apparently lifeless. No time was lost in using the syringe, and brandy and water in equal parts, with the gratifying result of bringing on immediate and permanent contraction. For four or five hours the prospect of restoring animation seemed very gloomy; but after frequent doses of

brandy and milk, warmth and strength returned, and convalescence went on most favorably.

I am led to publish these two cases because it does not appear, from the writings in current literature, that the means above resorted to are well known, at least, they do not seem to be generally practised.

For the above method, I am indebted to my friend Dr. Jukes, of St. Catharines, who published an essay on the subject, about ten years ago, giving cases as evidence of the utility and safety of the procedure.

That it possesses elements of safety over injection of perchloride of iron, there can be no doubt, from the fact that since iron acts as an instantaneous coagulator, some clots may be taken into circulation and produce embolism. or they may remain in utero, and give rise to septicæmia.

The *modus operandi* of spirit (it makes no difference if it be whisky, brandy, gin, or pure alcohol) appears to be that of producing, perhaps by irritation, immediate contraction, and in my experience the contraction so produced has been very forcible and permanent.

Dr. Brisbane, in a late number of the *London Lancet*, has advocated carrying a small bottle of perchloride of iron to obstetric cases with the same faithfulness that he would a preparation of ergot, and in post-partum hæmorrhage has successfully employed this agent, topically applied with a piece of sponge or lint. This would appear to me *prima facie* evidence that the iron injection is not required on account of its power to produce coagulation; since the small quantity that a bit of sponge could contain would not seem sufficient to constrict a bleeding sinus as large as those in a non-contracted uterus, but rather that its effect is that of an irritant productive of contraction. If such is the fact, is not the danger less when contraction, without blood coagulation, is produced as with the spirit injection?

The hypodermic injection of ergotine would appear to possess very valuable qualities in this form of hæmorrhage, and no doubt will be commonly used, it being spoken of as an excellent measure; but the intra uterine injection of spirit in this alarming condition, I believe, deserves a high place on account of safety, rapidity, both in execution, and result cleanliness and convenience.

## Translations.

From *Le Progres Medical*.

### GASTROSTOMY.

At a meeting of the *Académie de Médecine* in April, M. Lannelongue (of Bordeaux) read a communication on a case of gastrostomy. A man 59 years of age, without previous history, and of good health up to time of seizure, was suddenly attacked with difficulty of deglutition, which grew progressively worse to such an extent that at the time of his entrance into the hospital Saint Andre, six months after the onset of the trouble, a few spoonfuls of milk could scarcely be swallowed. There was discovered about the middle of the thoracic portion of the œsophagus a very resistant and impassable obstacle (stricture.) Emaciation was extreme, but there was no cachectic tint; all the other organs were healthy.

There remained but one last resource, *ultima ratio*, to succour the patient from death by starvation, and that was gastrostomy. It was practised with all the operative precautions pointed out by Prof. Verneuil, in his interesting communication to the *Académie de Médecine*, on the 31st of October, 1876. The consequences of the operation were very simple; there was neither pain nor inflammatory action. Alimentation was being regularly performed through the fistula, which, however, allowed a notable quantity of liquid to escape, when thoracic symptoms supervened, and carried off the patient on the 26th day from the operation. At the autopsy it was found that the primary lesion of the œsophagus (epithelioma) had produced perforation of a bronchus from which the symptoms of asphyxia resulted and produced the fatal termination. But the stomach was solidly adherent to the abdominal wall, the gastric fistula was well formed, and the success of the operation was complete.

The author finished with the following conclusions: 1st. Gastrostomy is a rational operation, founded upon the history of gastric wounds and fistula, created experimentally in animals, or accidentally produced in man.

2nd. It is at all times indicated when aphagia renders death from inanition imminent.

3rd. The operative procedures ought to be exactly conformed to the rules laid down by Prof. Verneuil, and of which one of the principal consists in only opening the stomach after having solidly fixed it to the abdominal wall by the very careful application of numerous points of suture, so as to avoid all immediate or subsequent effusion into the peritoneal cavity. Some modifications of detail might here be inserted; they would consist:

4th. In not passing lower, in the incision through the integuments, than the level of the lower border of the eighth left costal cartilage, in order to strike more directly upon the anterior wall of the stomach, which is always shrunken and drawn up towards the diaphragm, in consequence of the long abstinence, in patients suitable for gastrostomy.

5th. In opening the anterior wall in the vicinity of the lesser curvature, so that liquids secreted or injected, finding at a depressed point a sufficient space in which to accumulate, may not flow out.

6th. In not applying upon the edges of the gastric orifice either hæmostatic forceps or retaining threads for the bougie which is left in situ. Such means favour fissures and mortification, from which subsequent enlargement of the fistula results, and facilitates the escape of liquids.

From *Revista Clinica di Bologna*.

### ELIOTROPINA.

The eliotropium europæum is an indigenous plant, and grows in sterile places and amongst stones. This plant contains a rather sour and corrosive juice which was once used for corns and warts, and also as a detersive in carcinomatous ulcers and old wounds. It has been lauded as an anthelmintic, emmenagogue, diuretic and purgative, but fell into complete disuse. Nevertheless, Ballardier, a French chemist, a short time since discovered in it an alkaloid, possessing a febrifuge action very similar to that of quinine. He called it *eliotropina*. It is easily soluble in acidulated water, and also in simple water, and presents astonishingly all the reaction of the alkaloids. It has a bitterness equal to that of quinine, and a very pronounced febrifuge effect.

From *Rivista Clinica di Bologna*.

TIMOLO.

Belongs to the carbolic series and possesses an energetic antiseptic action, according to Husemann, superior to that of carbolic acid. Upon skin and mucous membrane it has a slightly caustic effect, and internally it acts especially upon the nervous system, producing a fall of temperature, moderating respiration, and reducing the pulse. If the dose be toxic it produces death by adynamia, but without coma or anæsthesia. It then produces special anatomical lesions, which are: Pulmonary congestion, renal hyperæmia, hepatic steatosis, albuminuria and epithelial casts in the urine, &c. For its antiseptic action Lewin prefers it to any other antiputrescent. In cases in which the dilated stomach becomes the seat of abnormal fermentation, Timolo administered at such time controls the vomiting and causes the viscus to contract. Lewin believes that Timolo will also prove useful in diphtheria, and in parasitic diseases in general. As an astringent it is exceedingly useful in hypersecretions from mucous membranes. For internal use it is convenient to employ at first a solution of  $\frac{1}{2}$  per 100, afterwards increased to 1 per 100, of which two or three teaspoonfuls may be administered per day. With 120 grammes (ʒiij. ʒvi) of this solution, 20 grammes (ʒv.) of sweet almonds and 25 grammes (ʒvi. gr. xv) of syrup, we can form an emulsion, of which 5 to 6 teaspoonfuls may be daily given. Lastly, as an application to wounds, the solution of 1 in 100 will suffice, but we may also employ 2-4 grammes (ʒss. ʒi) of Timolo in 100 grammes ʒiij. ʒi) of alcohol mixed with a litre of distilled water.

From *L'Union Medicale*.

Among the general conclusions which complete the volume of "Memoires de Physiologie," by M. Paul Bert, the author promulgates the view that at the beginning of life upon our globe, oxygen was more abundant than it now is. It is then probable that the first beings were bacteria, which can exist in an excess of oxygen. The time will come when the only beings which will exist will be those which, in the absence of free oxygen, can borrow this gas

from bodies which have been organized, and these are the vibriones. Thus, life commenced upon our globe with bacteria, and will end with vibriones. "These last, said M. Dumas, we shall not see;" but we see them now. They are they which shall see us no more. At a late session of the *Academie de Sciences*, M. Cailletet announced that he had succeeded in liquefying one of the four gases which hitherto had resisted all tentative efforts to obtain this result. There remain still unreduced only hydrogen, oxygen, and marsh gas; the fourth, nitrous deutoxide, has been liquefied under a pressure of 104 atmospheres, at a temperature of less than 11 degrees. This gas, at a temperature of 3 degrees below zero, had resisted a pressure of 270 atmospheres. The difference of temperature is then, in this case, much more important than the pressure, since a difference of 8 degrees is more efficacious than a difference of 166 atmospheres. We may venture to hope that the other gases which we have named will not be long before being likewise reduced to the liquid state.

ON THE EXTIRPATION OF THE GRAVID UTERUS AS A SUBSTITUTE FOR CÆSAREAN SECTION.

It occurred to Dr. Rein on account of the great success of laparotomy in fibroid tumours of the uterus to try the same operation as a substitute for Cæsarean section. He extirpated the uterus in thirteen cases of cats and rabbits which were with young. At first the operations were unsuccessful on account of their not being properly performed. The walls of the abdomen were opened in the middle line, and the neck of the womb ligatured in various ways. The uterus was then drawn out of the wound, opened and emptied of its contents, then separated from the neck above the ligature. The neck of the womb was attached to the wall of the abdomen in the same way as a pedicle. The fetal animals were extracted also, and some of the rabbits survived.

From these experiments, Dr. Rein concluded that the operation might be performed in a similar way on the human subject. Extirpation of the womb has the advantage over Cæsarean section that the bleeding can be easily controlled, and that no wounded organ is

allowed to remain in the abdomen. Moreover, it prevents pregnancy at any future time in a crippled woman.

Lately the operation has been twice performed by Prof. Spath. In the first the mother and child survived, but the second was unsuccessful, as also was a third performed by Prof. Bran, except that the child was saved.

From *Lyon Medical*.

#### USEFULNESS OF THE HOT BATH IN METRORRHAGIA.

The first conception of this method of treating metrorrhagia belongs to a Dijon professor, Dr. Salgues, and its popularization is due to M. Tarnier. The baths should be of a temperature of 33° to 35° centigrade (91.4 to 95° Fahr.) and of from twenty to thirty minutes' duration. They should be repeated every day until the hæmorrhage no longer recurs. Their action is moreover very rapid, and oftentimes one or two baths will suffice to put an end to fluxes which, up to that time, had resisted all known hæmostatics. M. Tarnier, and after him, Prof. Bailly, have employed this means, especially in the metrorrhagias which occur as sequels of accouchement. M. Bailly does not resort to them during the first few days after labour; but beginning on the 10th day he thinks their employment rational, and he adduces, in support of his opinions, two very interesting observations. He attributes the efficacy of the hot bath under such circumstances to the fluxion which the application of the moist heat produces on the cutaneous surface; this fluxion having as a necessary consequence the relief of the congestion, and the rendering anæmic, the internal organs.—*Bull. Gen. de Therap.*

#### OVARIOTOMY, BY KARL V. ROKITANSKY, JUN.

Karl v. Rokitsansky, Jun., of Vienna, takes the following precautions:—Before the operation the room is thoroughly aired for at least two days. The patients take several warm baths to excite the cutaneous functions, and the bowels are regulated. Some hours before the operation the rectum is emptied by an injection. Relative to the instruments and utensils, the most scrupulous care is exercised

as to cleanliness. The instruments are dipped in carbolized oil 5% before use. The sponges, which are used solely for these operations, are kept in a covered jar filled with 5% carbolic solution from one ovariectomy to another. A quarter of an hour before anæsthesia, which is always done with pure chloroform, a subcutaneous injection of atropine sulph. 0.005, morph. muriat. 0.07 is given. Before the operation the abdomen is washed with carbolized lotion 2%. The wound being closed with sutures is dressed with lint soaked in 2% carbolized oil, carbolized tow and a flannel bandage. The dressing is changed on the second to the fifth day. The first two weeks the patient has a room to herself; and the first five days has a special nurse. The three or four first days liquid nourishment—soup, milk, rice or barley water,—forms the diet. After the fourth day roast meat; after the ninth or tenth day gradually the usual diet is resumed.—(*Wiener Med. Presse.*)

#### EXPERIMENTS ON THE PRODUCTION OF SUGAR IN THE LIVER.

BY CLAUDE BERNARD.

A stream of water is caused to pass through the vena porta until the sugar and the glyucose are completely washed out of the liver. The ferment, which is still present in large quantity, is obtained by cutting the liver into small pieces and pouring on it five times its weight of glycerine, macerating it for two or three hours, and filtering. The glycerine will contain the ferment from which it can be separated by alcohol. Claude Bernard was convinced by experiment that this ferment had the same properties as the diastase of barley.

From *Lyon Medical*.

#### A VERY SIMPLE MEANS OF CARRYING NITRATE OF SILVER INTO THE UTERINE CAVITY.

Prof. Pajot says:—I take a piece of lamina about two millimetres in diameter, dip it into a very concentrated solution of gumarabic, roll it in a very fine powder of melted nitrate of silver and allow it to dry. I thus obtain an unbreakable pencil of the ordinary size, which may be carried as deeply as there can be any need, and in all directions. It is mounted on the ordinary caustic holder.

## Book Notices.

*Virus of Venereal Sores.* Its unity or duality. By Freeman J. Bumstead, M.D.

*Clinical Lectures, Surgery—Lecture I.* By J. H. POOLEY, M.D., Columbus, Ohio.

*Ninety-Fifth Annual Catalogue* of the Medical School, Boston, of Harvard University. 1877-78.

*Physicians' Handy Ledger: A Companion to Walsh's Physician's Combined Call-Book and Tablet.* Published by RALPH WALSH, M.D., 326, C St. Northwest, Washington, U.S.

This is a very convenient ledger, small, complete, simple and cheap. It saves much time in booking, and answers every purpose of a ledger. Price \$2 50.

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*Transactions of the International Medical Congress of Philadelphia, 1876*, edited by JOHN ASHURST, jun., A.M., M.D., Philadelphia: Printed for the Congress, 1877. 8vo. pp. 1153. Price \$6.

The benefit that results from cosmopolitan gatherings of the leading men of medical science is amply shown in the published record of the proceedings of the International Medical Congress that met in Philadelphia in 1876. Although but little that is really new to the well read man may be contained in the scientific part of this work, still the reviewer can, with sincerity, congratulate the Centennial medical commission on the outcome of their project, as here exemplified by the efforts of the Publica-

tion Committee and their editor, Dr. Ashurst, jun. The large amount of work done by the Congress made it impossible to report the interesting discussions on the papers, but in many cases, we have an abstract of these discussions, and where these are wanting the conclusions of the sections on the subject of the papers are given. As an interesting addition to our medical literature, and as a memorial of a century of American medicine, these transactions will be prized.

*A Compend of Diagnosis in Pathological Anatomy with directions for making post-mortem examinations.* By DR. JOHANNES Orth, First Assistant in Anatomy at the Pathological Institute, Berlin. Translated by F. C. Shattuck, M.D., and G. K. Sabine, M.D. Revised by R. H. Fitz, M.D., Cambridge: *The Riverside Press*, 1877. New York: Hurd and Houghton.

This work, written by the First Assistant of the eminent pathologists, Virchow and Rindfleisch, representing, as it does, their teaching, is a most valuable addition to our literature. A thorough and practical knowledge of pathology is now recognized to be of vital importance to the physician who aspires to be anything more than an empiric; and it is with a view to direct and assist the student in acquiring such knowledge that the above work has been written and translated. Full directions are given for making *post-mortem* examinations, and for recognizing pathological changes in the fresh organs. The gross and microscopical appearances of the changes met with in the organs and tissues of the body are fully described, and the method of examining each part and the order of examination carefully pointed out. The book supplies a *want long felt*, for though good works on pathological anatomy are numerous, we know of none in our language, with the exception of that of Dr. Delafield, that deals with the practical study of the subject in the way this one does. It will be read, or rather studied, by those desirous of perfecting themselves in morbid anatomy, with pleasure and profit. We recommend it to all, and especially to students who now have, or ought to have in the *post-mortem* rooms of our hospitals, some facilities for pursuing so important a subject. The translation has been carefully made, and the publisher has done his work well.

*Transactions of the Tenth Annual Meeting of the Canada Medical Association held at Montreal, September 12th and 13th, 1877: Lovell Printing & Publishing Co., Montreal.*

We welcome the first volume of these transactions with pleasure, and trust, year by year, to see the work so well begun continue without a break, satisfied that great good will accrue to the Association and its members by the publication of papers read at the annual gatherings. Not the least important advantage that will follow will be the improvement that we look for, and know that we shall find in the character of the papers prepared by the members; for we regard the main object of the Association as one of mutual improvement, and without a full recognition of this opportunity of improving oneself and others, there would be no medical associations in existence. The present volume contains the report of the proceedings, the President's address, four reports of committees appointed at the previous meeting, and fifteen papers on various subjects.

We hope that our readers will send for the volume, as it will amply repay perusal, and apart from the literary value of the papers which should be sufficient to command the pecuniary success of the undertaking, our thanks are due the publication Committee for the way in which they have completed their work, and nothing, we are sure, will be more gratifying to them than a fair appreciation of their efforts, shown by a large subscription list. Names should be sent to Dr. Osler, 1351, St. Catharine Street, Montreal. We append a list of the papers: On Crime and Insanity, by Joseph Workman, M.D., Toronto; Plea of Insanity in Courts of Law, by Edward Hornbrook, M.D., Mitchell, Ont.; Two Cases of Stenosis of Tricuspid Orifice, with Observations (Illustrated), by R. P. Howard, M.D., Montreal; Typical Case of Addison's Disease, by George Ross, A.M., M.D., Montreal; Case of Progressive Pernicious Anæmia, by John Bell, A.M., M.D., and William Osler, M.D., Montreal; Case of Supposed Gummy Tumour of the Brain, by A. Proudfoot, M.D., Montreal; On the Use of Acetate of Lead, in large doses, in Post-Partum and other Hæmorrhages, by Joseph Workman, M.D., Toronto; On

Vital Statistics, by A. B. Larocque, M.D., Health Officer, Montreal; Various Wounds and their Treatment, by William Canniff, M.D., Toronto; On Ovariectomy, by E. Robillard, M.D., Montreal; On Vesico-Vaginal Fistula, by E. H. Trenholme, M.D., B.C.L., Montreal; Embolism of the Arteria Centralis Retinæ, by Frank Buller, M.D., Montreal; On the Origin and Development of the Epithelial Tumours of the Anterior Third of the Eye-ball, with some General Remarks, by Adolf Alt, M.D., Toronto; Optical Defects, by R. A. Reeve, B.A., M.D. Toronto; Excision of the Knee Joint, by George E. Fenwick, M.D., Montreal, (Illustrated)

*Physician's Office Case-Record and Prescription Blank Book.* Price \$1 50; and the *Physician's Pocket Case Record and Prescription Blank Book with Visiting List.* Price 35 cents each. Published by ROBERT CLARKE & Co., Cincinnati.

These books are useful aids to the busy practitioner, enabling him to make a daily record of the prominent symptoms in each case, at the same time as he is prescribing. For physicians dispensing, the office case-record is very convenient.

#### WYETH'S PHARMACEUTICAL PREPARATIONS.—

For elegant preparations of the pharmacopœal medicines, this celebrated Philadelphia firm is unrivalled. Their elixirs make the most nauseous drugs palatable and even pleasant to take. Their compressed pills, or rather powders, are efficient and readily administered; they are made from the purest drugs, and containing neither gum nor mucilage, being coated with neither sugar, starch nor gelatine, are not apt to harden and become inert.

Wyeth and Brothers' name has become so identified with *Dialyzed Iron*, now so largely used throughout Canada, that it is almost superfluous to refer to it in favourable terms, as a tasteless, innocuous, but still most efficient hæmatinic preparation. We have examined their preparations of cod-liver oil with hypophosphites and with phosphate of lime. The former contains twelve grains, the latter sixteen grains of the lime salt to the ounce, dissolved in an agreeable emulsion of cod-liver oil, which can be readily taken by the most fastidious and irritable stomachs. Messrs. Perry Davis, Son and Lawrence, of Montreal, are the wholesale agents for Canada.



### Miscellaneous.

Dr. Burdou Sanderson will deliver the Harveian Oration for 1878.

Dr. Stokes, F.R.S., the eminent Dublin physician, has had an attack of paralysis.

Dr. Handsel Griffiths, of Dublin, died on Nov. 16th, at the early age of 32.

TRINITY COLLEGE.—W. W. Geikie, C. F. Patten and W. G. Stark, received the degree of M.D., at the Convocation.

Drs. Kennedy, Robertson, Stuart, Teskey and D. B. Fraser have been appointed examiners in Medicine for Trinity University.

Dr. Graily Hewitt delivered the Harveian Lectures on the evenings of Dec. 5th, 12th and 20th. His subject was "The Mechanical System of Uterine Pathology."

DR. E. L. GRIFFIN'S PURE ANIMAL VACCINE VIRUS.—Having thoroughly tried the vaccine points advertised by Dr. Griffin, of Fond-du-lac, we can with pleasure testify to their efficiency, and commend them to our readers. In all cases in which we have used them we have had successful results, and no untoward symptoms.

The by-laws of the College of Physicians and Surgeons of the Province of Quebec, including the medical tariff of fees adopted at the meeting of the College held on the 27th of September last at Laval University, have been approved and sanctioned by the Lieutenant-Governor in Council, and are now law.

In connection with Trinity Medical College and the Toronto School of Medicine an association has been formed under the name of "The Medical Students' Christian Association," whose officers for the present are:—President, D. Lowrey; Vice-President, J. W. Bremner; Secretary-Treasurer, W. H. Burton; Executive Committee, the above officers, Captain Teevan, and Mr. Dunfield.

INTRA-OCULAR ENCHONDROMA.—Dr. Rosebrugh, of Toronto, lately removed an eye from a patient suffering from intra-ocular tumor. The specimen was examined, microscopically, by Dr. Zimmerman, and found to be a sarcoma with typical enchondromatous nodules in its interior. This is, we believe, the second case of enchondroma of the eye on record.

TRINITY MEDICAL SCHOOL ANNUAL DINNER.—The first annual dinner of Trinity Medical School was held on November 22nd, at the Queen's Hotel. The chair was occupied by Mr. Charles Sheard, and the Vice chairs by Messrs. W. H. Doupe and B. Spencer.

Among those present were: The members of the Faculty, Mr. Justice Morrison, Senator Campbell, Hon. W. Macdougall, Hon. M. C. Cameron, Dr. Workman, Dr. Clark, Dr. Henderson, of Halifax; the Mayor, &c. Letters of apology were read from Sir John A. Macdonald, Mr. Justice Gwynne, Hon. O. Mowat, Hon. A. Crooks, Hon. Geo. Brown, Dean Grasett, and others.

The usual loyal toasts having been duly honored, the toast of the Faculty was received with great applause, and suitably acknowledged by Drs. Hodder, Bethune, Geikie and Fulton. Dr. Workman replied for "The Canada Medical Association," Dr. Geikie for "The Ontario Medical Council," Hon. M. C. Cameron for "The Learned Professions," Dr. O'Rielly and Mr. McCrosson for the "General Hospital." During the evening music was furnished by the 10th Royals band, and singing by Dr. Kennedy, Mr. Eccles and others.

### Births, Marriages, and Deaths.

#### BIRTH.

At Woodbridge, on Monday, the 19th inst., the wife of John Wilkinson, M.D., of a daughter.

#### MARRIAGES.

At St. George, on the 19th inst., Mr. James L. Baugh, of Ingersoll, to Florence, only daughter of N. E. Manwaring, M.D.

On the 18th inst., at St. Andrew's Church, Grimsby, R. A. Alexander, M.D., of Grimsby, to Sarah Harriet, eldest daughter of the late Alfred Booker, Esq., of Montreal.

In St. Mark's church, Niagara, Ont., on Tuesday evening, November 20th, by the Rev. Archdeacon McMurray, William Travers, of the Merchants Bank, St. Thomas, only son of the late Richard Walsh Travers, Esq., M.D., of Fingal, Ont., and step-son of Pr. Justin, St Thomas, to Fannie D., fourth daughter of the late Albert Sawin, Esq., Attorney, &c., Buffalo, N. Y.