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The Canada Medical Record.

MONTREAL, MAY, 1879.

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Original Communications.

Valedictory Address on Behalf of the Graduating Class in Medicine, delivered at the Ninth Annual Convocation of the Medical Department of the University of Bishop's College. By James F. T. Jenkins, C.M., M.D.

Mr. Chancellor, Members of the University, Ladies and Gentlemen,—It is a paradox that there is nothing new to be said since the time of Plato. There is certainly, little original or brilliant to be adduced in a valedictory address, the ground having been gone over so often and ably before. Still, it is with pleasure and with due appreciation of the great honor conferred upon me, that I address you on behalf of the graduating class which have just received the degrees of C.M., M.D.

We have just emerged from one of the first Universities in the Dominion, so aptly styled "*the Oxford of Canada,*" and the Medical Department, though quite in its infancy, has, in less than a decade, worked itself to the front rank. The waves of trial, which have so long and fiercely beaten upon her walls, are now fast fading into obscurity, and her brightening prospects foreshadow a brilliant future.

This is an occasion both of joy and of sadness—joy, because we have reached the goal for which we have labored so long and so faithfully; sadness, because we have met for the last time to bid adieu to our friends, our honored Faculty, and to each other. Our paths, hitherto lying so pleasantly together, now diverge. A new era dawns upon our existence, and we enter the domain of professional life. On such an occasion, nothing seems more appropriate than for us to pause and consider what will be expected of us in this new capacity.

We have a high and holy mission to accomplish. From an intellectual standpoint towering above the non-professional world, we command admiration and respect from the masses. We must climb the vantage grounds of knowledge, be actuated by exalted aspirations, cling to thoughts and conscience, renounce subterfuge and repudiate avarice; our motives must be above suspicion, our characters an impenetrable shield to the shafts of calumny.

It will be our duty to face the great enemy—Disease. From the cradle to the grave, from the lowly hut to the palace of the rich, from the fireside of the merchant prince to the death-bed of the pauper, our mission of mercy will extend.

When pestilence stalks abroad and epidemics devastate the country, when those around us are falling like leaves, nipped by death's untimely frost, and, though our post be the post of danger, still we must stand like the heroes of Thermopylæ, preferring to face death rather than flee. 'Twill be ours to succor the weak and receive the blessings of the strong. 'Twill be ours to deliver the last sad announcement, "no hope," as we watch the faint glimmerings of life fading from the eye of the loved one.

"Glorious our aim! To ease the laboring heart,
To war with Death, and stop his flying dart;
To mark the source whence the fierce contest grew,

And Life's short lease on easier terms renew;
To calm the frenzy of the burning brain,
To heal the tortures of imploring pain;
Or, where more powerful ills all efforts brave,
To soothe the victim, no device can save,
And smooth the stormy passage to the grave."

In this age, blessed above all others with brilliant intellects, we may justly anticipate serious competition in the avenues to fame—those avenues through which Hunter, Jenner and Simpson struggled to gain their immortal names. In all ages, the brightest stars that have illumined our professional sky, have risen to such eminence only by their own exertions. Let us, therefore, put forth the effort and, ere many years shall have passed over the roof of Bishop's College, many of these names, now so humbly reposing on the pages of its register, will be proudly flaunting from the banners of its outer wall.

The profession of the nineteenth century begins where their predecessors left off. It was their task to lay down general principles and establish facts for our guidance. It is ours to build upon these and extend our search into the broad ramifications of science. Their achievements were great, but there are still new fields to conquer. Gynecology and Hygiene offer special inducements for investigation. Less than a century ago, Gynecology and its sister branch stood merely as shoots which struggled with adverse circumstances for existence. It is true these branches were practiced to some extent, but the people were ignorant of their great value, and, as a result, this most essential and important branch of medical knowledge lay uncultivated; of late years, however, these branches have been taken up by many of the ablest and best of our profession. To-day the results of their labors are realized; the bloom of health and beauty encircles the brow of woman, and her life, as it were, is increased many years.

As sanitarians we are aware that strict obedience to the laws of health will enable us to resist disease. To prevent disease and prolong life is the grand drift of hygienic thought. Hygeia is a goddess whose truths are golden. Her influence is lifting medicine out of its old ruts, and establishing it upon a higher plane. Wise men are handling it and elaborating a philosophy of medicine for us as unlike any of the old-time theories, and as superior to them as astronomy is to astrology. Doctors of the present day are working under a brighter sun than fell to the lot of their ancestors; they are rising above the mists, and bravely struggling to reach the heights beyond. Let us pause for a moment to consider this doctrine of preventible disease. The idea that man's surroundings and habits must influence his health, and thereby affect his longevity, must appeal to the common sense of all. And therefore we have springing up a growing and wide-spread public sentiment which cannot be resisted, and the time is coming when the wise of all nations will array themselves on the side of sanitary reform. It was the aim of our departed brothers to cure disease; it is our nobler aim to prevent it. Man's physical structure fits him to realize the promised three-score years and ten, and if he but subject himself to sanitary law he may reach even more, and from his pathway toward it preventive medicine will sweep away much disease and pain which blight his life of to-day. Much, I say, but not all. We cannot claim an absolute physical millennium as the outgrowth of sanitary science, as, no matter how far-reaching and comprehensive these laws, human nature forbids exact obedience to them; but still we must strive for their achievement, and true to our mission, must step up in line and march shoulder to shoulder with sanitary teaching till preventible disease is swept from the pathway of man and preventive medicine has secured to him a *long* lease of life. The world at the present time calls loudly for men who shall be strong exponents of sanitary science and indefatigable workers in its cause. The progress of the day, if properly understood, foretells that, great as is the advancement in the art of curing, the time is at hand when that of preventing will far outstrip it. If out of the many useful servants this University is preparing for every day work, but *one* be inspired to find a path through the darkness which surrounds the causation and prevention of disease, it would be "more than armies to the public weal." Surely the hope is not vain if we keep ever before us the motto, "*Sanos Sospitare Ægrosque Sanare*," expressing the double aim of our efforts.

Modern surgery opens up another field. Its valuable achievements of late years have conferred untold blessings on mankind. The dis-

covery of anæsthetics marked an era in its history.

The application of the ligature brought with it incalculable benefit, doing away with the *actual cautery* for the arrest of hemorrhage, and making it no longer necessary to perform operations with *red hot knives, molten lead and boiling pitch.*

Only a few years ago, Esmarch, the German surgeon, stepping into the arena, astonished the world with his bloodless bandage. By this bandage we are enabled to amputate limbs and perform many of the most difficult and perilous operations without the stain of blood upon the hands or knife of the operator.

It is useless to attempt an enumeration of the many and varied discoveries which have of late added such lustre to our calling, and still the march is onward.

There are yet unexplored and hidden depths that must be reached, but to enter we must be willing to carve our way.

There are dark pits along our pathway that but require illumination from intellect's light to reveal their hidden treasures.

There are grand fields spread out in richest beauty before us, but to reach them we must struggle.

Many are the trials we will have to encounter, many the temptations to overcome, but with truth, honor and justice inscribed upon our banners, with the fear of God and love of man implanted deeply within our hearts, we must stand firmly by our post, and grasp the responsibilities so voluntarily assumed.

In speaking of these serious matters, I had almost forgotten to address a word of encouragement and bestow our parting blessing on the jolly undergraduates; we assure you with all solemnity that if you only persevere you will receive many a hard tumble while grasping and wrestling with the problems of disease. These, as has probably been hinted to you before, are the happiest days of your lives. Where save in Bishop's College could you enjoy the privilege of a dozen or more written examinations a week? Where save in our splendid reading room could one secure the exquisite bliss of perfect quiet for hours together? And then, look at your pleasures in anticipation,—only a few thousand interesting lectures to attend and you will stand where we do to-day, robed in the habiliments of your greatness. I fear, dear undergraduates, you do not appreciate your glorious advantages and pleasant prospect, but you will when you have gained the age and experience of *finals.* But I cease—it were ungenerous, weakened as you are by a year of uninterrupted study, thus to "harrow up your thoughts and cause each particular hair to rise on end;" and though your college days cannot be spoken of as "The days of Auld Lang Syne," let me beg of you as I leave your number, be earnest and industrious to the end.

On behalf of the present graduating class allow me to extend most heartfelt thanks to the ladies for their kind presence on this occasion. The lapse of years will bury many fond recollections, but the consideration, regard and hospitality you have shown us will ever hold a fond place in our memories.

Though our paths may lie among the snow-capped hills and icy plains of the North, or in the land of sunshine and flowers, the magnolia groves and cotton fields of the South, still wherever we roam, from the lethean waves, our grateful hearts will rescue many a cherished name around which will cluster the sweetest reminiscences. To you, representatives of the beauty and talent of Canada's metropolis, we must now bid an affectionate farewell,—

> "Farewell! a word that must be, and hath been—
> Around which makes us linger;—yet—farewell!"

Respected Dean and Professors,—By a decision of your honorable body, with the approval of the Censors appointed by the College of Physicians and Surgeons of the Province of Quebec, we are made disciples of the noblest art of man. We appreciate the duty entailed, the honor conferred, and the great task we undertake. The college which you represent shall ever hold a fond place in our affections; we, as her foster sons, feel deeply interested in her success, and, as we leave her halls, we can only rejoice with you in her increasing sphere of usefulness and influence. Rest assured that an institution founded and run upon the high principles you have enunciated, with the superior advantages you offer, must, by the force of ability and progress, succeed, and in the near future, send out yearly many Alumni to labor in the vineyard of humanity and strive for garlands of fame with which to deck their young *Alma Mater.*

As her Alumni we shall guard well the credentials she has given us, and labor at all times to prove ourselves worthy of them, and transmit to posterity fair and unsullied records.

As Valedictorian it becomes my pleasing duty to thank you for your kind attention at all times. Language cannot adequately express the gratitude we feel, or the deep reverence we shall ever cherish for your memory. You have equipped us from the laboratory of science with the burnished armor of our warfare, and entwined within our mind chains of gemmed thought culled from the harvest of your experience. When our missions here on earth are finished, may the ties which are to-day broken be more firmly united in that "beautiful land of rest!"

Fellow-students, when I realize that this may, perchance, be our last meeting on earth, it is with sadness that I would sever the ties which have bound us so closely and pleasantly to each other, but that sadness brings with it to me a valued pleasure, for, by the confidence you have placed in me, *this mark of your esteem in unanimously electing me to the high and unexpected honor of delivering this address*, poor poor as it may be in comparison with those of my predecessors, shall ever be remembered as one of the brightest events of my college career. To-day is certainly one of the most important and eventful of our lives. As we part, and go forth to seek our fortunes amid the ever changing scenes of life, let us not attempt to penetrate the mystic vail of futurity lest we transform prospects now so bright, but with brave hearts let us launch our barks upon the uncertain seas. If, perchance, the scene should change, and the tempests of life bear us roughly upon the waves of adversity, we must never falter, but strive to achieve some noble end. When the bloom of youth and fire of early life have faded from our cheeks, and the frosts of many winters hang heavily upon our brows, may the savory halo of a well-spent life cast a radiance around our declining age, and let us

"So live, that when the summons comes to join
The innumerable caravan that moves
To the pale realms of shade, where each shall take
His chamber in the silent halls of death,
Thou go not, like the quarry-slave at night,
Scourged to his dungeon, but, sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

"For the boast of heraldry, the pomp of power,
And all that beauty, that wealth e'er gave,
Await alike the inevitable hour,—
The paths of glory lead but to the grave."

Chorea; Pathology and Treatment. By ARTHUR LAPTHORN SMITH, B.A., M.D., Member of the Royal College of Surgeons, England; Fellow of the Obstetrical Society of London; late House Surgeon to the East London (England) Children's Hospital; Lecturer on Minor Surgery, Medical Faculty, University of Bishops' College. (Read before the Medico-Chirurgical Society of Montreal, 16th May, 1879.)

MR. PRESIDENT AND GENTLEMEN,—In the few remarks which I have the honor to make before you this evening, I had intended only to speak of the treatment of that combination of symptoms known as chorea; but as I got deeper into the subject I found it necessary to include in my paper a few words upon its etiology and pathology.

The first thing which strikes me in this regard is the marked variance in the opinions held by the principal writers on the subject; thus Sturges considers it to be a disease of the nervous system alone, and that it is almost always due to fright. Russel Reynolds holds that it is an affection of the sensori motor ganglia at the base of the brain, the corpora striata and the optic thalami. Hughlings Jackson has come to the same conclusion, and he is, moreover, convinced of the truth of the theory of Dr. Kirkes, viz: that this lesion of the ganglia is due to embolism of their vessels. Trousseau described it as the expression of a special diathesis, in much the same way that rheumatism is. Some hold that chorea is due to functional irritation of the nervous system by blood containing some morbid element. Others maintain that it is the result of weakness and loss of tone of the nerve centres owing to the absence of the necessary nutritive qualities in their blood supply. During my short professional career, I have been a firm believer in each of these theories in succession, as I listened in turn to the convincing arguments of each of their able exponents. But now, in the light of their experience and my own, reviewed with

an impartial eye, for I have no hobby as most of them had, I have come to the conclusion that I may find a safe and lasting refuge in the belief that chorea is to be regarded, not as a disease, but as a symptom of defective nutrition of a certain well defined part of the brain, which may be caused by many different diseases, and is therefore not to be referred to any single pathological condition.

I did not jump from one conclusion to the other without some good reasons. These reasons were facts illustrated by cases. Perhaps it would be interesting to some of the younger members to hear some brief notes of these cases, which are, of course, quite familiar to the older gentlemen present.

Case I. A young man aged 19, exceedingly anæmic looking and exhausted, was admitted into the Hotel Dieu, Quebec, in April, 1874. He was very emaciated, and the skin over the bony prominences was much abraded. He was in constant motion, and never slept from the time of his admission until relieved by death, which took place next day. No organic lesion discovered at the post mortem. I only saw the case casually, and merely mention it as being one of the two cases in which I have seen death occur.

Case II. A pale, thin, ill-fed little girl of twelve came under my own care at the Marine Hospital, Quebec, in 1875. All her limbs, her face and tongue were affected, and she staggered so much that she had great difficulty in walking to the hospital. When she sat down one leg was thrown violently over the other. She had a mitral systolic murmur, but had never had rheumatic fever. I gave her three grains of citrate of iron and strychnine and a drachm of cod liver oil three times a day, and I arranged to have her better fed. When she returned at the end of a week, only the left hand was affected, and the murmur had disappeared, while at the end of a fortnight, the movements were hardly noticeable.

Case III. C. G., 14 years old, small for her age, daughter of a wealthy merchant, under care of Dr. B. She had never had rheumatism, but had always been nervous and delicate, and decidedly anæmic. Was obliged to leave school on account of chorea. She took citrate of iron and quinine during six weeks, at the end of which time the movements had quite disappeared.

Case IV. A sister of case II, aged 13, and with a similar history, became affected soon after her sister's recovery. Put on the same treatment, viz., strychnine and cod liver oil. Improved steadily, and menstruated for the first time after three weeks treatment. But chorea did not entirely disappear until the end of the sixth week. This was the sum of my experience when I went to London, and I concluded that chorea was due to anæmia, and, therefore, always to be cured with iron.

In the immense Out Patient Department of the London Hospital I saw a great many cases which, by their symptoms, and the result of ferruginous treatment, strongly tended to confirm that conclusion. But by and by my belief began to be shaken by one of the physicians, Dr. Stephen Mackenzie, again and again calling my attention to cases which had previously suffered from rheumatic fever, who had marked valvular disease, and in whom the choreic movements were almost limited to one side. Here is one of many such cases:—

Case V. Fanny G., æt. 12; had rheumatic fever a year ago; has had valvular disease ever since. Her mother had had valvular disease followed by hemiplegia, which was thought to be due to embolism of the middle cerebral artery. The mother died, and the emotion which her death entailed was followed by an attack of hemichorea in the child. This Dr. Mackenzie explained by the vascular excitement causing vegetations and coagula to be swept off from the valves, which, entering one of the carotids, were carried upwards till they stuck in the middle cerebral artery. The muscular area affected by the choreic movements was the same as that affected by the mother's paralysis, viz., the area of distribution of the middle cerebral artery. Why should the same cause in the one case produce hemiplegia and in the other hemichorea? This is answered by the probability that in one case a large artery was plugged and the nutrition of the nervous matter was so seriously affected as to completely deprive it of its functions; while, in the other case, only the smaller branches or arterioles were blocked, no necrosis of nervous matter ensuing, but merely impaired or altered nutrition, leaving an unstable condition of the

nerve matter and its result—disordered function.

Here are two cases analogous to those of the mother and child, but occurring under my own immediate care at the East London Children's Hospital.

Case VI. Molly —, a little girl about 8 years old, whom I found in the corner of Enfield Ward when I took charge of the surgical patients; had been admitted some weeks before on account of an ulcer of the cornea. In the course of a general examination I came upon an aortic systolic murmur, and, on enquiry, I found that she had had rheumatic fever. The ulcer gradually yielded to appropriate treatment, and she used to play about the ward almost well, until about a month after I first saw her, when the nurse one morning informed me that she would not get up, that she refused her food, and that she thought she was sulking. I soon found that she had complete hemiplegia. She was transferred to the medical side; her strength was kept up by judicious feeding, and her muscles were prevented from undergoing fatty degeneration, by means of a daily exercise with electricity; she was able to walk in two or three months.

Case VII. A fine healthy looking boy of five years, good family history, never had rheumatism. A year ago mother noticed one morning that his left leg and hand were paralysed. In a short time, however, the paralysis was replaced by chorea, and he was able to walk, though his gait was staggering. On admission there was no chorea but his left hand and leg were very weak, and he had a peculiar staring gaze, as though he were looking into space. But he otherwise appeared so well and he fretted so much for his mother, that Dr. Eustace Smith, at his next visit, told me that I might discharge him. That night I examined his eyes and found the veins large and tortuous and the retinal fibres were so clouded that the usual distinct margin of the disc could not be seen. Double optic neuritis was sufficient evidence to diagnose a tumor of the brain, and I therefore kept him. Next day the symptoms of tubucular meningitis began to appear, and two or three days later he died. The post mortem showed a large tubercular mass the size of two walnuts, involving the right corpus striatum and optic thalamus, and a few tubercles and some recent lymph about the base of the brain. Of course in cases like this no amount of arsenic, or valerianate of zinc or any other specific anti-choreic treatment would have had the slightest effect. These, as well as the large number of Hughlings Jackson's brain tumor cases at the London Hospital, in which choreic movements were a frequent symptom, convinced me that chorea was the result of defective nutrition of the motor ganglia of the base of the brain, and that this defective nutrition might be due either to pressure from a morbid growth or to embolism of one or more of its nutrient arteries.

I give the next two cases, selected from a great many similar ones, to show that the plugging of the artery may be due to another cause, viz., thrombosis, owing to disease of the vessel, at the place itself where the obstruction takes place.

Case VIII. A girl aged 13, with a distinct history of hereditary syphilis, prominent forehead, depressed nose, notched, chisel-shaped upper incisor teeth; mental condition last few years very defective. Since six months before admission her left leg has been paralysed, and her left hand and arm have been more or less in constant motion. Sleeps very little. No optic neuritis. She was treated with iodide of potassium without avail, and she died two months later. Post mortem showed extensive syphilitic disease of the vessels, especially of the brain; probably leading to thrombosis.

Case IX. From *American Journal Medical Sciences.* E. M., æt 7, contracted syphilis from her mother's nipples while nursing, and had a distinct rash; afterwards colds (snuffles?) and sore throat. When 7 years old had a slight but distinct attack of right hemiplegia, face included. Treated with mercury and iodide of potassium combined, and speedily recovered. Two weeks later she fell, receiving a wound over the right eyebrow, without losing consciousness. This caused her great pain, which went on increasing until a fortnight later, when the mouth was noticed to be drawn to the right, and the left arm slightly paralysed. This improved under iodide and electricity. Nine months later marked choreic movements of the right arm and leg were noticed, and soon after there was complete right hemiplegia, followed by coma and death.

A syphilitic history, positive successive

group of symptoms, and among them chorea, which yield as if by magic to special treatment, show that there was an organic lesion, and make it highly probable that this lesion was vascular. And this vascular lesion, in turn, was most probably occlusion of the minute vessels of the corpus striatum and neighborhood by inflammatory and degenerative changes, which are among the most common forms of developments due to syphilis; while the progress of the disease strongly favors the view that it was due to syphilitic thrombosis.

With regard to Dr. Sturges' theory, that chorea is due to a shock of the whole nervous system brought on by fright, I must say that although I regarded it at one time with feelings of derision, I afterwards met with so many cases in which the chorea came on suddenly after fright, that I am forced to admit that it is a frequent cause. Here are two such cases from the East London Children's Hospital.

Case X. A chubby rosy-faced little boy of 6, while sailing his boat in the pond at Victoria Park, fell into the water. He was immediately rescued and conveyed home. He remained pale and unconscious for several hours, and next morning he was noticed to be the subject of choreic movements in *all* his limbs. Before this accident he had never had a day's illness.

Case XI. Somewhat similar. A little girl who had always previously enjoyed good health was running down the street towards home, when a big dog ran out from a neighboring court, caught her by the dress and shook her. A woman who had witnessed the occurrence picked her up and tried to stand her on her feet. But though apparently conscious and crying, she was unable to stand. That evening she was noticed to be choreic on *both sides equally;* and she was brought to the hospital next day. In neither of these cases was any medicine given, and they both recovered within a couple of weeks.

Although as far as I am aware Dr. Sturges does not explain his theory, I may venture to say that it is evident to me that the shock to the sympathetic caused a spasm of all the vessels in whose walls the muscular element predominates; hence the pallor of the skin and the anæmia of the brain; which, immediately after the fright, was so great as to entirely deprive it of function, but which, as it passed off, allowed the brain ganglia to send out only weak and inco-ordinated impulses. The cause being general, the chorea was bilateral. Such cases do not require much treatment. Those medicines which increase the vascular supply of the brain, such as opium and stimulants, are rationally indicated. But with rest and quiet the spasmodic condition of the vaso-motor nerve naturally passes off in the course of a few weeks.

There are cases of chorea, however, which are not so easily explained by the theory of defective nutrition of the motor ganglia. There was one such in the East London Children's Hospital nearly all last summer. She was a girl 13 years old, so well developed that she looked more like 16. She had never had rheumatism, she had never been frightened, she was fat, full blooded and had rosy cheeks, the picture of health. All the usual anti-choreic medicines were tried upon her, but in vain. The only thing which quieted her was a six-drachm dose of succuscioni repeated every four hours, but the funds of the hospital not permitting such large quantities of the drug to be used for an indefinite period, that plan was abandoned. She had breasts that would have looked well on a married woman, but she had never menstruated. Although it did not strike me then, I now believe that this latter fact was the key-note to the tune of her movements. Knowing as we do the intimate connection between the sympathetic nerves and the generative system, might not the irritation caused by suppressed menstruation to the ovarian and uterine branches of the former be sufficient to produce spasmodic impulses in the branches of the carotid plexus, which, as you are aware, regulate the blood supply of the area of distribution of the middle cerebral artery.

Finally there are cases of what the Germans call chorea major. In the receiving rooms of the London Hospitals they are called emotional attacks. I have frequently seen one of the fair and gentle sex borne in by four stalwart policemen, who tottered like nine pins in attempting to restrain her wild movements. The breath of such patients frequently exhales a strong odour of gin. I need hardly say such movements are not choreic at all, as the infallibility of the following treatment proves. Tell the bystanders that you can surely cure her in a very short time. Then squeeze a small stream of water from a sponge into the nostrils, at the

same time remarking that it has a peculiar effect upon the nerves, and that you must continue it until she is perfectly quiet. She generally becomes so immediately, at the same time drawing a deep sigh as much as to say, "You have got the better of me this time." They occasionally use bad language when going out.

I have seen frequent cases of chorea breaking out in schools by imitation. I do not regard them as true chorea, because they are not due to any brain lesion; they are merely a vicious habit to be cured as any other childish vice by appropriate moral or physical influence.

Broadbent, the best living authority on the subject, considers that the morbid processes in chorea are always such as merely weaken the force of the nervous apparatus without destroying its structure. Hence the weakness of the muscular force and the diminution of sensibility, so common in chorea; hence the frequent termination in paralysis. He gives to the condition of the system the name of delirium of the sensori motor ganglia of the brain. In ordinary delirium imperfect ideas are rapidly evolved, and there is no control over the mental processes; in chorea the control over the motor apparatus is wanting. The movements are excessive in number and extent, but without force or precision.

Time does not allow me to do more than mention those interesting cases of chorea in pregnant women, which generally begin at the fourth or fifth month and cease at delivery. Are they due to general anæmia, from poverty of the whole volume of the blood, or are they due to local anæmia of the brain ganglia, brought on by reflex irritation of the sympathetic? I think the latter, for, during the latter half of pregnancy, the uterus is a shut sac, whose walls, containing a close net-work of sympathetic nerves, are subject to a continually increasing distension.

There are cases again, such as the chorea of pneumonia, typhus, and other diseases, with which are associated profound exhaustion; in them the whole volume of the blood is probably at fault.

In either case the immediate exhibition of large doses of dialysed iron combined with stimulants is of the utmost importance, as such exhaustion as chorea is a symptom of must soon lead to death.

As chorea, to whatever cause it may be due, is a symptom of defective central nervous nutrition, and as sleep affords that rest so necessary for the repair of the nervous structures, I cannot insist too strongly upon the importance of administering chloral in those cases in which the movements are so severe as to deprive the patient of nature's great restorative.

The proximate object of this paper has been to prove that chorea is not a vague and mysterious disease, about whose pathology nothing is known, but that, on the contrary, it is a symptom of a well-known condition of the motor ganglia due to many diseases.

The ultimate object is to prove that the symptom is amenable to treatment, just inasmuch as, and not more than, the cause of the disease may be removed; and that, instead of commencing the treatment at the beginning of the pharmacopœia, as I believe is frequently done, and trying every medicine in turn until the case gets well itself, or dies, and then coming to the unsatisfactory conclusion that the last drug killed or cured it; we should rather search for the cause at the outset, and, having found it to be a subject for treatment, to treat it rationally from the very beginning.

Correspondence.

MONTREAL, May 10, 1879.

To the Editor *Canada Medical Record.*

DEAR SIR,—Your article on "Inquests," in March number of *Canada Medical Record*, contains much with which I heartily agree, but the comments on a recent poisoning case, if you refer to the Gillespie case, require correction. You write: "it was stated under oath that a certain bottle contained enough poison in the dose prescribed to produce death."

My evidence was as follows, taken from the *Post* of March 11: "The quantity removed from this bottle, assuming it in accordance with the label, I do not consider sufficient to cause death. * * * * * * * * Of the contents of this vial, I know nothing further than what is written on the label. It would require a chemical analysis to determine how much morphia it contained. If two ounces of solution of morphia had been used instead of two drachms, even then

the written dose I do not consider would be fatal."

You further say: "We learn that an ordinary dose of morphia is quite sufficient to cause death."

Evidence given by the second medical witness:

"Supposing the bottle to have contained two ounces of solution of morphia, I believe the quantity taken out sufficient to have caused death, providing the bottle was quite full. That quantity must have contained one grain of morphia, sufficient to destroy life under certain conditions of health."

By inserting the above corrections you will oblige the writer, and improve your otherwise excellent article.

T. D. REED.

Progress of Medical Science.

DRUG SMOKING.

In the *Practitioner*, for April, Dr. Reginald R. Thompson has an interesting and suggestive paper on the "Therapeutical Value of Drug-smoking." The subject is one that should interest every medical man engaged in the practice of his profession. For, just as the hypodermic injection of medicines has been found to be a valuable therapeutical innovation, so the day may come when the lungs will be found a common and useful medium by which drugs may be made to enter the system.

It is somewhat remarkable that although there are five or six methods by which medicines may be introduced into the circulation, it is only recently that any other channel than those of the stomach and rectum has been generally selected. Even the practice of administering drugs per rectum has fallen into unmerited neglect, notwithstanding the distinguished therapeutist, Graves, used to show in his "Clinical Lectures" what advantages may be obtained by giving remedies in this way. As for administering medicines externally, through the medium of the skin, it has scarcely been thought of in modern times; yet, whoever is acquainted with the writings of the ancients must have been struck with the frequency with which they ordered certain drugs to be applied to the skin, in order to secure their constitutional effects upon the system. Virtually, therefore, there remain at the present time but two channels by which medicines are made to enter the system, namely, the stomach and the subcutaneous cellular tissue; and therefore it becomes a question whether the extensive and vascular surface offered by the bronchi and vesicles of the lungs might not be put into requisition for the administration of many drugs that are now nearly always given by the stomach. The less the tissue intervening between the channel of introduction and the blood-vessels, the more rapid will be the absorption, the more intense the effect, and consequently the smaller will be the requisite dose. Considering then, observes Dr. Thompson, the special arrangement of the blood-vessels in the lungs as so disposed that the interchange of gases should take place freely, with as little let and hindrance as possible, it might be fairly conjectured that absorption through the air passages would more closely approximate to the immediate introduction into the blood-vessel in rate of absorption and intensity of effect than any of the other modes of administration.

There are several ways in which medicines may be administered into the lungs—by inhalation with steam, as atomized fluids; by insufflation, or by fumigation with powders, prepared so as to burn freely in the air, or, lastly, by smoking. The simplest and surest method is, in the opinion of Dr. Thompson, the use of paper soaked in a weak solution of nitre to make it burn continuously, and dipped afterwards in the tinctures or solutions of the drugs to be tested, the paper being rolled into cigarettes of uniform size. In order, however, to disguise the odour of burnt paper, a little tincture of tobacco is used, as in the following formula, which represents the basis for each cigarette:—Swedish filtering paper, size 4 in. by 2½ in.; potassæ nitratis, ¼ gr.; tinct. tabaci, ℥x.; olei anisi., ℥ ⅛ (tincture of tobacco made with 2½ ozs. of the leaf to a pint of spirit). A solution of any drug can then be prepared, and the paper having been floated through the solution, in a flat dish, when dry can be cut into a certain size, and the dose thus accurately measured. Opium was the first drug experimented with, and one-eighth of a grain of the drug the dose at first tried; but it was soon found that the effects produced by smoking this quantity were too intense, and it was at last discovered that one-sixty-fourth of a grain of the extract of opium was sufficient for an initial dose. Cigarettes with this quantity of opium were smoked by Dr. Thompson and three other healthy men, and in a few minutes a decided effect of dizziness was produced. The cigarettes were smoked in the ordinary way, the smoke being partly rejected, but if the full effect of the dose be disired, the smoker should be instructed to expand the lungs with full inspiration and retain the smoke in the lungs. In the case of one healthy man the dose was increased to one-thirty-second of a grain of the extract, but this, together with the same dose of stramonium caused too much and too prolonged dizziness. Dr. Thompson cites several cases in which the smoking of these cigarettes appeared to have been followed by the most satisfactory results. In one case so small a dose as the two-hundreth of a grain of opium procured many hours of sleep, a result which far surpasses that obtained from the subcutaneous injection, a mode of administration which has hitherto been looked upon as likely to give the most concentrated results.

Such are the chief facts and recommendations contained in Dr. Thompson's paper, the highly suggestive character of which cannot, in our opinion, be

overrated. We say this advisedly, for, unless we are too sanguine, several great advantages may in some cases result from smoking medicated cigarettes. "Drug Smoking" may secure the speedy and successful action of medicine in cases in which its ordinary mode of administration has proved a failure. In asthma we may look forward to very good results from the smoking from certain drugs; for hitherto chloroform, stramonium, and the datura satula have been almost the only drugs the inhalation of which has been generally employed in this disease. Even the fact of it furnishing a means of giving drugs in a convenient and agreeable form is a strong recommendation for drug-smoking. How many patients there are who would prefer smoking a cigarette to drinking a nauseous mixture or swallowing a bulky pill! Besides, as Dr. Thompson says, the few vapours that are on the list of the British Pharmacopœia are of modern date, and there is a total omission of any means for the pulmonary introduction of drugs by smoking. We, therefore, hope that Dr. Thompson and other observers will continue their investigations into this method of administering drugs, for it aims at making some of our standard medicines both more powerful, more efficacious, and more palatable, than they are at present.—*Dub. Med. Press, May* 7, 1879.

PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.

By James L. Tyson, M.D.

This alkaloid (trimethylamine C_3H_9N) has long been employed in Continental Europe, and enjoyed a high reputation for every form of rheumatism, but I am not aware of its very extended use in this country. Professor Bartholow speaks of it, in his Materia Medica and Therapeutics, as moderating the fever and joint-pain, and "very decidely shortening the duration of the disease;" and Dr. Gaston, in the *Indiana Journal of Medicine*, extols it as a prompt and efficient remedy in all uncomplicated cases, "subduing pain and soreness in from twenty-four to forty-eight hours." That its efficiency in the treatment of acute articular rheumatism has not been overestimated will scarcely admit of a doubt, in view of results where I have recently employed it. More extended observation and repeated trial, I am inclined to believe, will fully justify the merits ascribed to and the encomiums awarded it in this complaint, and would commend it to the earnest consideration of those whose prejudices excludes salicin and its compounds from their materia armamentaria. An important prerequisite is, that the alkaloid and its chloride be *pure*, which is not always the case. The best which I have seen were from the laboratory of the Messrs. Nichols & Co., of Boston, and that of the Messrs. Rosengarten, of Philadelphia, both being perfectly reliable preparations.

It would appear to be a settled conviction in the minds of some medical authors, for the past thirty years, and even of the present day, —men whose authority on many medical topics is unquestioned and unquestionable,—and enunciated as an aphorism with singular unanimity from which there was no appeal, that this distressing and painful affection *must run its course*, will *yield to no treatment* but *palliative*, and cannot be "stopped." If one cultivates the impression that this malady is beyond his control, that its arrest is impossible, would it not be well to cease his visits to a patient laboring under it, for the latter's benefit? Facts may resolve and dispel this enigmatical fatuity. I would record my unqualified dissent from such oracular teaching, with the explicit declaration that it can be and has been "cut short" time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionnally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium or vinous tincture of colchicum, separately or in combination. Under this treatment, patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with where these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperasthenia, and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded. Such instances have happened in my own practice, two of which I refer to more particularly as exemplifying the advantages we possess in propylamine. The patients where females, between 20 and 30 years of age, and each was attacked, at different periods of time, with pain and swelling of the wrists, and in one the phalangeal and metacarrpal articulations were swollen and sensitive. From thence the pain radiated to the elbows, the shoulders, the sterno-clavicular articulations, the chest walls, involving the intercostals (pleurodynia), causing considerable dyspnœa, wandering to the hips, sacrum, femoral fasciæ, knees, ankles, and feet, including the aponeurotic expansion on the sole and dorsum of each foot. The fever was intense, the pulse ranging from eighty-five to ninty, accompanied by redness and swelling in all the parts implicated, with a hot, moist, perspirable skin. This was very nearly the condition of each. Finding that neither could tolerate any preparation of salicin or of colchicum, I resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid rendering it objectionable to some; the latter being equally potential in this complaint, its slightly

saline character leaving a not unpleasant impression on the mouth. It was combined as follows:

℞ Propylaminæ chloridi, gr. xxiv;
Aq. menthæ piperitæ,
Aquæ, āā f℥ iij.

M. Sig.—A tablespoonful every two or three hours.

The dose of propylamine is six drops, similarly prepared and administered. Giving the chloride as above, two grains every two hours, and swathing all the joints in cotton batting, benefit was apparent in the first twenty-four hours. For the pleurodynia a weak sinapism was applied to the chest for fifteen or twenty minutes, followed by a warm mush cataplasm. These were alternated occasionally through the day. In the one case ten days elapsed, when I could pronounce my patient well; in the other, five days passed, when she was entirely convalescent. A tonic of quinia is advisable when rheumatic symptons have subsided. No disturbance or appreciable influence was manifested in the therapeutic action of the propylamine, other than a gradual abatement of fever, pain, swelling, and all the distressing nervous concomitants of acute articular rheumatism.

Would it have been a wise practice to abandon such cases to *palliatives and nature*, and allow them to run on indefinitely for weeks or months, terminating, in all probability, after a uselessly protracted suffering, by leaving the system more liable to renewed attacks, and the wretched accompaniment or prospective of valvular lesion of the heart, involving hypertrophy of that organ, with its fleshy columns and tendinous cords, and possible dilatation, often vaguely recognized, but not inaccurately designated, a rheumatic heart?

The good old Spanish maxim may convey a hint for some therapeutists to ponder: Ciencia es locura si buen senso no la cura.

Shadyside (Penllyn P. O.), Montgomery Co., Pa.—*Phil. Med. Times*, May, 1879.

HOW TO MAKE TROUSSEAU'S CATAPLASM.

Dr. Dieulafoy (*Lyon Méd.*, January 26, 1879), who has frequently applied this cataplasm with much success, gives the following directions for its preparation: Take, according to the size of the affected articulation, three or four pounds of bread—four pounds are sufficient for the knee-joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied into a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist, but not too wet. It is then put into a steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. This dough is then kneaded for about five minutes, till it is of the consistence of plum pudding. This is the most delicate point in the making of the cataplasm, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasm must, therefore, be very carefully supervised, because, unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, it is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture: camphor, seven grammes; extr. op., five grammes; extra. bellad., five grammes; alcohol, q. s.

This being done, it is applied by being put over the affected joint, and covered by non-evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable; the compression, although firm, must not cause the underlying parts to become œdematous; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be fresh and moist as if it had been just applied; it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it may appear too expensive for poorer patients, because the cost of the material amounts to from two-and-sixpence to five shillings, if the appliance is made in a hospital. If, however, we consider that the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given, we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammations of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.—*London Med. Record*, March 15, 1879.

CASE OF GESTATION PROLONGED TO FIFTEEN MONTHS

Dr. Henderson reported (*Am. Journal of Obstetries*, April, 1879) the following case in which the duration of pregnancy is said to have been prolonged to fifteen months:

He was called in the latter part of January, 1860, to see a lady about 35 years of age, who was the mother of several children, and quite healthy. Her previous confinements were in no particular remarkable. She had menstruated regularly until the previous December, which period she missed, making the flow in the early part of November the last previous to the time he was called. She had a slight hemorrhage from the uterus, associated with more or less pain in the lower part of the abdomen. The womb upon examination was found enlarged to about the size that we would expect to find it at the period of two or two and a half months' gestation. The patient expressed herself well satisfied that she was pregnant, and feared very much that she would have an abortion. He prescribed sulph. morphia and enjoined rest which soon relieved her.

She continued to develop until about the proper time, when she quickened, which led her to suppose that she would be delivered about the middle of August following. He said that he saw the patient frequently from the time he had been called, and believed from her appearance that she would be confined at about the anticipated time. She, however, continued for a month of more over the expected period, and becoming uneasy again, sent for him. He made an examination and found the uterus to all appearance at the full period of gestation, but the os was not in the least dilated.

The patient said to him that she had felt the movement of the child from the period of quickening up to that time, and that the motion, so far as she could remember, was just the same as in her former pregnancies. She continued in this condition until about the first of November, at which time he made another examination, and found the uterus apparently larger, but in every respect about the same as it was at the last examination.

He now left the patient in the care of another physician, as he expected to be absent for a few months. About the middle of February, 1861, he was sent for again, as both patient and physican were becoming quite uneasy. Before leaving the city, he consulted Prof. M. B. Wright, concerning the case, who expressed himself quite hopefully as to the final result, saying that he had seen cases of prolonged gestation, but that they had all terminated favourably, although he admitted that he had never seen one quite so prolonged as this one seemed to be.

Dr. H. again visited his patient in consultation with the physician with whom he had left the case. Found the patient apparently, in good health, but with the abdomen enormously extended. She had not had labour pains up to this time, which was the 15th of February, 1861, making in all fifteen months since she supposed herself to be pregnant. The os was considerable dilated and dilatable. A suspensory bandage was improvised and the weight of the abdomen suspended from her shoulders.

In a day or two labour came on, and after a tedious and painful labour, they were compelled to deliver her with the forceps.

The child, weighing *sixteen pounds and a half*, was still born, having evidently died during the labour, as was clearly proven from the fact that the movements of the child were distinctly felt up to within three hours of its delivery.

Dr. H. then said that, although he had given a faithful history of the case, yet he could not help feeling that there would be in the minds of many, if not all, who heard his remarks, serious apprehensions after all that there must have been some mistake about the case. He, however, felt it to be his duty to narrate the circumstances, notwithstanding the serious doubts to which it might give rise.

CONTRIBUTION TO THE KNOWLEDGE OF PERNICIOUS PROGRESSIVE ANŒMIA.

C. M. Söreusen, Copenhagen ("Allg. med. Centr. Ztg.," No. 54), from observations of eleven cases of progressive excessive oligocythæmia, concludes that the etiology of this always fatal disease is still unknown and mode of origin generally spontaneous. The blood was first examined and found to be pale and transparent. A mixture of blood from such patients with artificial serum was always so pale that from this alone the disease could be diagnosticated. The number of blood-corpuscles counted according to Malassez's method was only one-fourth to one-twelfth of the normal number. As soon as the number had become reduced to about half a million, death ensued; it must, therefore, be assumed that this quantity is necessary for the preservation of life. The red corpuscles were also abnormal as regards size, form, and color. The serum had an alkaline reaction, and did not dissolve the red corpuscles of a healthy subject. The disease developed in a latent manner; in no case could its commencement be determined. The symptoms consisted in gastric derangements, anæmic symptoms, pale-yellowish but icteric color of the skin, a certain *embonpoint* in spite of great debility, bellows murmur over the heart and neck vessels, constant hæmorrhages on the retina, irregular febrile attacks without ascertainable cause. Death was sure to ensue after a longer or shorter course. Of the eleven cases, nine were examined *post mortem*, and the following condition was found: thinness of the blood; granular degeneration of the glandular tissue of the liver, kidneys, and supra-renal capsules, and of the heart; the internal coat of the aorta had undergone fatty degeneration; capillary hæmorrhages were found in the tissues, arising from degeneration of the capillary wall. Aside from lesions ascribable to faulty nutrition and mal-assimilation, no other pathological changes of etiological value were noticed. The above eleven cases were observed in the course of a year and a half in the hospital. Seven of them were men, four

women. In the latter no connection with pregnancy or parturition could be found, as was stated to be in Gusserow's case. Nor could the cause in any case be ascribable to unhealthy occupations, privations as Biermer believes, nor to hereditary disposition. One patient only stated that the exertions during vigils with a sick sister and grief over her decease were the probable cause. The author conjectures the origin of the disease to be in a faulty formation of the red corpuscles, and opposes the hypothesis that their mere transformation is the cause; for in this disease the nutrition of the tissues is rather increased than diminished. For the purpose of exact diagnosis the author emphasizes the counting of the red corpuscles and by differential diagnosis between it and other oligocythæmic conditions, severe cases of chlorosis. In one case transfusion, but without success, was tried, nor did other methods of treatment avail. The prognosis is, therefore, most unfavorable.

A CASE OF PUERPERAL FEVER CURED BY BENZOATE OF SODA.*

Centralblatt March, by Dr. Petesen in Gravenstein.—As there is no case known to me in medical literature of puerperal fever treated by benzoate of soda I send the following short account of one: A primipara, æt. 25, twelve days after confinement was taken with puerperal fever. There was severe perimetritis on right side and slight at the fundus uteri with great pain and meteorismus. Diarrhœa, pulse 140-150, temperature 104. After use of 15.0 (℥ ss) salicylate soda, temperature came down to 101.4, but followed by dangerous collapse, great dyspnœa, and increased meteorismus. After diligent use of wine and strong beer the pulse returned and then quinine was ordered every two hours. This was followed by such ringing in the ears it was changed to 7.5 (ʒ ij) salicylate soda in two evening doses. Then as an experiment only 15 grains was given and the temperature again reached 104, while the pulse was not lessened in frequency, Then 5.0 (ʒ j gr. 15) salicylate soda was ordered in a single dose and next morning there was again collapse, and again life was saved by wine. Then I ordered, upon Schüllers' recommendation of benzoate of soda in septic infection of all kinds, a solution having the strength of 10.0 to 200.0 (ʒ 2½ to f ʒ 6½) a tablespoonful to be given every hour. The pulse sunk to 130, the temperature still 104, but the dyspnœa had disappeared and the general condition of patient was better. The meteorismus had gone, perhaps from the application of 30.0 (℥ j) unguentum mercuriale made in three days, probably however from the effects of the benzoate soda. The temperature fell then to 103.7, the pulse to 120, and the patient slept. I must here add that before the use of the benzoate soda, quantities of sordes were developed on the lips and tongue and decubitus had set in. These complications began to heal immediately upon beginning the benzoate soda, and entirely disappeared upon continuing the same with the conjoined use of borax and ungt. plumbi as an application. I increased the dose of the benzoate to 15.0 to 200.0 (ʒ ½ to f ʒ 6½) which caused the temperature to fall to 101.3 and the pulse to 104 while the patient suffered no inconvenience. I should not like to draw conclusions from one almost hopeless case although it turned out so well, but I should like to recommend a more extended trial of the benzoate of soda in "lying in" troubles.

* Benzoate of Soda comes in needle shaped crystals soluble in water and of a sweet, penetrating taste. Benzoic acid and its salts change uric into hippuric acid and the union of the latter with inorganic bases is soluble. Therefore Benzoate of Soda has been recommended in uric acid diatheses.—[Translator]

LOCAL USES OF TANNIN.

Dr. G. P. Hachenberg, *New York Medical Record*, reports several cases of the use of this remedy in prolapsus uteri, where other means had failed to afford relief. His method is as follows: A glass speculum is introduced into the vagina, so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston the tannin is pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed with a dry probang, around the mouth and neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured, and the instrument removed.

The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first the application may be made weekly; finally, but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb, or within the vagina, it actually gives speedy relief. The doctor also reports a case of chronic ulceration of the rectum which was cured after a few weekly packings of tannin. He has found, moreover, that, in affections of the throat, direct applications of tannin to the diseased parts gives satisfactory results. In a case of extraordinary hypertrophy of the tonsils, preparatory to the operation of extirpation, tannin mixed with tincture of iodine to the consistency of syrup, was applied with the effect of so diminishing the hypertrophy that a surgical operation will, in all probability, not be necessary.

No remedy has given such satisfactory results in certain forms of chronic ophthalmia

and opacity of the cornea, as tannin once a week placed under the eyelids—pure well triturated tannin. An aged lady, who had chronic ophthalmia, was relieved by one application; anthoer, who was blind from opacity of the cornea and chronic ophthalmia, recovered her sight mainly from the local use of powdered tannin. —*Boston Med. and Surg. Journal.*

TREATMENT OF SCARLET FEVER.

The late Prof. George T. Elliot, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive state, and only the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc are beneficial. As a palliative to the throat, the vapor from slacked lime can be recommended. Strong beef tea with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diptheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show, by peræmia, desquamation, or transitory albuminuria, then there is a two-fold danger. Always examine the urine when the patient has kidney disease; the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics.

To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience they can not be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*N. Y. Medical Record.*

COFFEE AND EGG FOR SICK PERSONS.

It is said that life can be substained by the following when nothing else can be taken. Make a strong cup of coffee, adding boiling milk as usual, only sweetening rather more; take an egg, beat yolk and white together thoroughly, boil the coffee, milk, and sugar together, and pour it over the beaten egg in the cup you are going to serve it in.

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TO OUR SUBSCRIBERS.

We enclose accounts in this present issue to all our subscribers outside of Montreal. We would ask them as a *very special favor* if they would promptly remit the amount, as we have a heavy payment to make about the middle of June. To show how necessary it is to pay the subscription promptly, we might add that our first year's expenses were about $600, this year they will amount to over $1,300, this increase being due to several causes: first, by adding four pages more of reading matter; secondly, by a marked increase in the quality of the paper; and, thirdly, by an increased number printed to supply new subscribers (many of whom have only partially paid their subscriptions); and, lastly, by a large increase in the number of pages devoted to advertising. We try to give a good and a *cheap* journal,—show your appreciation of our efforts by prompt payment.

The recent death of an infant in one of the villages on the outskirts of Montreal, from an overdose of a narcotic syrup, known and sold to the public under the name of "Dr. Coderre's Infant's Syrup," brings prominently before the profession the position occupied in connection with this nostrum by an exceedingly respectable and influential body of medical gentlemen. We do not propose to criticise the action of Dr. Coderre in introducing this nostrum for general sale among the public, simply, because it is beneath criticism. The act carries with it its own condemnation. But we do propose to enter our earnest protest against the respectability which is thrown around this preparation by its being advertised as being prepared with the approbation of the Professors of the School of Medicine and Surgery of Montreal, Medical Faculty of Victoria University. These gentlemen, at this moment, are the representative men of the French medical profession in the western portion of the province of Quebec; they are, in many ways, or should be, the guardians of its interests. How can they expect to receive

the respect to which their position entitles them when they allow the influence of their names and their school to recommend to the public a preparation which, among the great bulk of the profession in this city, is looked upon not only as a quack medicine, but one of a highly dangerous character? We can but think that in this matter they have allowed themselves, out of pure good nature doubtless, to be placed in a position which is not a worthy one for them to occupy. The longer they continue to fill it the more will be the responsibility which will rest upon their shoulders for having committed, what is generally considered to have been a grave error. We feel that the position of Dr. Coderre, as Professor of Materia Medica in the Faculty of the School of Medicine, under the circumstances of his advertising two quack remedies,—for any remedy recommended to cure so many diseases as is Dr. Coderre's Tonic Elixir is certainly a quack remedy—is a most extraordinary one. It certainly cannot impress students with an exalted estimation of the profession they are striving to enter, when one of those, who is their teacher, is found advertising remedies—in exactly the same style as those who are known throughout the world as "quack medicine vendors." The "School" should at once withdraw their endorsation of his remedies, or if this was done he should be asked to conduct himself as a regular practitioner; if he does not, in our opinion, he should not occupy the position he now fills.

A correspondent, who does not append his name, or sign it, save by two * *, writing from Boston to the *Chicago Medical Journal and Examiner* for May, 1879, says: "The fixed rule of every physician should be to visit his scarlet-fever patients last of all. Upon reaching his house he should take a bath and change his outer garments, hanging in the open air for several hours those he has just put off. He should likewise quarantine himself in his office, and take his meals and sleep there until he has done with scarlet fever." While we endorse the necessity of taking every possible precaution, while attending *all* contagious diseases, we yet think that * *, while desiring to be very careful, has made himself ridiculous. Would he like to be quarantined in the fashion he recommends? We doubt it.

COMPLIMENTARY DINNER TO PROF. GROSS.

On the 10th of April, the medical profession of Philadelphia tendered to Prof. S. D. Gross a complimentary dinner on the occassion of the fifty-first anniversary of his doctorate. In memory of the occasion Dr. Gross was decorated with a gold medal, set with diamonds, and bearing on its reverse this inscription: "Presented to Dr. S. D. Gross by his medical friends in commemoration of his fifty-first year in the profession, April 10, 1879." A number of distinguished members of the profession from distant cities were present, the occasion passed off with great *éclat*, and Dr. Gross was the recipient of congratulations on every hand.

BELLADONNA IN THE TREATMENT OF INTESTINAL OBSTRUCTION.

Dr. Norman Kerr, of London, reports five cases of intestinal obstruction which have been cured by the administration of large doses of belladonna. One or two grains were given every hour, together with warm opiate fomentations to the abdomen. The cause of the obstruction is not stated, but all the patients are described as being in a dangerous condition, but were entirely cured—the remedy taking effect in six or nine hours. It is to be regretted that in these cases the cause of the obstruction is not, when it can be ascertained, carefully noted, or at least, the clinical history of the case, as, by such omission, the reader has no guide as to the peculiar conditions in which the belladonna treatment is likely to be serviceable. From our own experience of this drug we should strongly recommend the reader to use it in many cases of intestinal obstruction, for, if it does nothing more, it often, as Dr. Brinton said long ago, relieves the tormina and tenesmus with which this affection is generally accompanied.—*Philadelphia Reporter.*

PERSONAL.

At the grand review held in Montreal on the 24th of May (Queen's birthday) the following volunteer militia medical officers, from places outside of Montreal, were present on the field with their respective corps:—Surgeon Olcott, 13th Regt., Brooklyn, N.Y.; Assistant Surgeon Watt, 13th Regt., Brooklyn, N.Y.; Surgeon Thorburn, 2nd Batt. (Queen's Own), Toronto; Surgeon Bell and Assistant Sur-

geon Malloch, Governor's Foot Guards, Ottawa; Surgeon Wilson, Ottawa Field Battery; Surgeon Gilmour, Shefford Field Battery; Surgeon Neilson, "B" Battery, Quebec; Surgeon Parke, 8th Batt., Quebec.

Dr. G. P. Girdwood, of Montreal, has been appointed Lecturer on Chemistry in the Medical Faculty of the University of McGill College, vice Dr. Craik, resigned.

Dr. J. W. Pickup (M.D., McGill College, 1860) has just removed from Pakenham, Ont., to Brockville, Ont., where he will in future reside. Dr. Pickup, during his somewhat long residence in Pakenham, had obtained the esteem and affection of its inhabitants, and his departure was a cause of deep regret to them all. He was the recipient of an address from the Masonic Lodge of the town, he having occupied the position of W.M.; also that of Deputy District Grand Master (Masonic) of the Ottawa District. He was also entertained at a complimentary supper, at which the kindest expressions with regard to his future were uttered by all present. Dr. Pickup, we were pleased to notice, was at the last meeting of the College of Physicians and Surgeons of Ontario the examiner on Physiology and Histology. Dr. Pickup has many friends in Montreal, and all will unite in wishing him every possible success in his new sphere.

OBITUARY.

DR. CHARLES MURCHISON, F.R.S.

It is with great regret that we record the sudden death of Dr. Murchison. Dr. Murchison, who had been twice a victim to scarlet fever, had suffered somewhat severely from aortic disease of the heart for some six or seven years past, a sequel upon the fever. He often referred to his death in conversation, remarking that his disease was such as to lead him to anticipate that he would one day be driven home lifeless from his daily round of visits. On Wednesday, April 23rd, after parting with a patient he stooped to open a lower drawer in his consulting-room, and, without any immediate premonitory symptom, his heart ceased to act, and within a few minutes he was found dead.

Dr. Isaac Hays, of Philadelphia, the well known physician, and senior editor of the American Journal of the Medical Sciences, died at his home April 13, 1879, after a brief illness, in his eighty-third year. Although an eminent practitioner, Dr. Hays's reputation has come principally from his connection with medical periodicals and his numerous contributions to learned societies. He was one of the charter members of the American Medical Association, its first treasurer, and the author of the Code of Ethics.

REVIEWS.

A Practical Treatise on the Medical and Surgical uses of Electricity, including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. By GEORGE M. BEARD, A.M., M.D., Physician to Demilt Dispensary, New York, and A. D. Rockwell, A.M., M.D., Electro-therapeutist to the Woman's Hospital, State of New York. Second edition, revised, enlarged, and mostly re-written, with nearly two hundred illustrations. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

In the very large and elegant volume now before us it is hard to recognise the treatise which, in 1861, first appeared as the result of the joint efforts of Drs. Beard and Rockwell. This statement is perhaps as great a compliment as we could pay the work, for, not unfrequently, new editions mean simply a new title-page. Not so the volume before us, for, in every way, it is most materially changed, in fact, it is almost a new book. The authors inform us that, since 1871, they have been constantly engaged in preparing the present edition. This seems a long time, but it must be remembered that, eight years ago, Medical and Surgical Electricity was but in its infancy, and that its present advanced state is very largely due to the efforts of Drs. Beard and Rockwell, who acted wisely, in delaying re-publication, being thus able to show the marked advance which the subject has made during that period. Indeed we have no hesitation in saying that the publication of the first edition of this book gave to electric treatment an impetus, and a scientific application which it otherwise would not have had, and to both of these gentlemen the entire medical profession is indebted for the steady and persevering work which they underwent. The volume as it now stands represents their accu-

mulated and thoroughly sifted experience, as well as a full and exhaustive *resumé* of all that has been accomplished by other authorities. It is impossible to notice with minuteness any particular portion of the work, but we have been much pleased with the description of *central galvanization*, a method of application which the authors claim they have introduced to the profession, and systematized since the publication of the first edition. This method of application, they state, has many practical advantages over localized galvanization of the nerve centres, and in many cases over general faradization. The chapters on diseases of the skin are also of much clinical interest. Some remarkable cures are recorded as the results of this new method, (central galvanization) of the application of electricity, in chromic eczema and prurigo. Some interesting experiments in cases of Whooping Cough are also recorded. Those who purchased the first edition, must now discard it for the new one. We promise them full satisfaction; they got it from the old edition, they will get still more from the new.

Spermatorrhœa, its Causes, Symptoms and Treatment. By ROBERT BARTHOLOW, A.M., M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio. New York, William Wood & Co., 1879. Montreal, J. M. O'Loughlin.

The basis of this little work, of some one hundred and twenty-five pages, was a clinical lecture originally published a few years ago, in the *Cincinnati Journal of Medicine;* it was afterwards enlarged upon and issued as a monograph, and was most acceptably received by the profession of the United States. It passed rapidly through several editions, the present one being the fourth. This of itself speaks much for its filling a want in this special department of medical literature. It is unquestionably a fact that, of all diseases, Spermatorrhœa is the one from which ignorant quacks reap the richest harvest. To a certain extent, the profession has itself to blame for this, for it must be admitted that the disease is one to which they have not given the attention which it deserves. A kind of fastidiousness, perhaps, on the part both of the patient and the physician causes the treatment of this malady to be generally avoided in private practice. Not being able to get intelligent advice, and, what is equally essential, intelligent sympathy, the sufferer gravitates, perhaps not unnaturally, into the hands of these advertising specialists whose books are scattered broadcast over the land. If the profession were true to themselves this would not be, but to be thus true they should be prepared to treat the disease on scientific principles. The literature of the subject is not voluminous. We therefore look upon Dr. Bartholow's work as one capable of accomplishing much good. It not only treats the subject from a moral and humane standpoint, but it gives the very latest views of its pathology. The treatment is also up to date. We have, however, a suggestion or two to make. If future editions are required, and we are sure they will be, we would, in the first place, suggest that it would be better not to re-publish the preface to each edition; and secondly, to the publisher, we would suggest the advisability of putting the title of the book on the back. So many little volumes are now published in this way that once they reach the shelf of the bookcase it becomes a task of both time and trouble to unearth a special volume when wanted. In our experience, this is a matter of more moment than perhaps may at first sight appear. The volume is produced in really beautiful style.

A Clinical History of the Medical and Surgical Diseases of Women. By ROBERT BARNES, M.D., Censor of the Royal College of Physicians, London, Obstetric Physician and Lecturer on Obstetrics and Diseases of Women to St. George's Hospital. Second American from the second and revised London edition, with one hundred and eighty-one illustrations. Philadelphia, Henry Lea. Montreal, Dawson Brothers.

The fame of Robert Barnes as an authority upon diseases peculiar to the female sex is world-wide. On this Continent his name has not only been familiar to all who are engaged in the practice of medicine, but his work has for years been recognised as a standard authority. Its hold upon the profession of the United States and Canada has, however, been greatly increased by the personal recollection of him which hundreds still have who had the pleasure of seeing his genial English face, and hearing his pleasant voice at the International Medical Congress at Philadelphia, in September, 1876.

The meeting such men was one of the green spots of that great Congress, and that he returned to England filled with pleasant memories of that gathering is proved by the fact that this last edition he has dedicated to his friend, Dr. Fordyce Barker of New York, whose courtesy to him is so delicately acknowledged. The author assures us that this edition has been conscientiously revised, and the labor which such a revision entailed must have been great, for the improvements in gynæcological medicine have indeed been most marked during the past few years. The size of the book has not been increased, yet by some pruning and a re-arrangement of matter, room has been found for a new chapter on the relations of Bladder and Bowel disorders to the proper subject matter of the book. Many new illustrations have also been added. To recommend such a work to the attention of our readers would seem almost superfluous. No Library can be considered complete without it.

A Practical Treatise on Surgical Diagnosis, designed as a Manual for Practitioners and Students. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery, Medical Department of the University of New-York. New York, Wm. Wood & Co., 1879. Montreal, J. M. O'Loughlin.

This book is somewhat peculiar in its arrangement, yet that very peculiarity has much to do with the force with which it calls for recognition from the surgical world. Its title-page does not indicate by any means all that may be found within its pages, and indeed it would be a hard task to select one which would. It is in fact one of the most difficult books to notice which have fallen into our hands for a long time. The author is evidently a man of a thoroughly practical turn of mind, and has produced a volume very practical in its character. The arrangement of the work is the tabulated form, the principal symptoms of all the leading surgical diseases being arranged so as to read from above downwards, *only one-half of the page* being occupied. On the other half of the page, arranged in a similar manner, are the symptoms of the disease, with which it is apt to be confounded. In this way, the points of contrast are made to stand out most prominently. Below all, and arranged so as to read across the entire page, are the symptoms common to both. In this way the possible causes of error in diagnosis are distinctly brought out. We commend this volume to our readers, especially those who are largely engaged in surgical practice. Once on their book-shelf we are satisfied that few others will be more frequently consulted.

A Compendium of Diagnoses in Pathological Anatomy, with Directions for making Post Mortem Examinations. By Dr. JOHANNES ORTH, first Assistant in Anatomy at the Pathological Institute in Berlin, translated by Frederick Cheever Shattuck, M.D., and George N. Sabine, M.D.; revised by Reginald H. Fitz, M.D., Assistant Professor of Pathological Anatomy in Harvard University. Sole authorised English edition. New York, Hurd & Houghton; Boston, H. O. Houghton & Co.

This is a work, the value of which can only be properly appreciated after a thorough examination of its contents. Its author says its production is the result of a practical want which has long been felt, for, although the existing works on Pathological Anatomy are excellent, their scope includes too little of the practical details of the subject. In fact, with the exception of this volume, we are not aware of the existence of any book which contains comprehensive directions for making post mortem examinations, for recognizing pathological changes in the fresh organs, and for establishing a diagnosis. It will be seen at a glance that it is a book which should be perused by every medical man, especially by those in the country, who have not the assistance of skilled pathologists to make their post mortems. By its aid the manual part of the work can be done in a scientific manner, while the various changes met with in the structures, the result of pathological change, are described with a clearness, almost remarkable. We may add that the type used is sufficiently large as to be grateful to the eye, and, in the days of small print, this is no small advantage. The work can be ordered direct or through Messrs. Dawson Brothers.

Hints in Obstetric Procedure. By W. B. ATKINSON, M.D, Philadelphia. D. G. Brinton, 115 South 7th St.

The work before us is the second and revised

edition of an "Annual Address, delivered before the Philadelphia County Medical Society." There is much that is valuable in these hints to the obstetrician who has not kept himself informed of the progress of this branch of medical science. Practical in its nature, it treats of the various conditions met with in different forms of labor and the procedure to be adopted in each case. Eschewing the formula that "meddlesome midwifery is bad," a bugbear that, certainly in the past has done more harm than good, he states clearly the methods by which labor may be facilitated, and rendered less painful, by remedial agents, position, and the assistance that may be given by the accoucher either instrumental or otherwise. In the after treatment of labor we agree, excepting the slight opinion the author appears to have in the value of the binder, for we certainly "have not yet arrived at the point of omitting" it in any case, deeming it to be of great value in every case. With his opinion of many of the traditions of the lying-in chamber we are in accord, and consider much of the routine that women are subjected to as unnecessary and occasionally injurious. The management of the child and breast also receive due attention. As a small work to be carried in the pocket when called to a case of midwifery, this will be found, more especially by country practitioners, a valuable reminder of what should be done.

Lectures on Localization in Diseases of the Brain, delivered at the Faculté de Médicine, Paris, 1875. By J. M. CHARCOT, Professor in the Faculty of Medicine. Edited by Bourneville; translated by Edward P. Fowler, M.D., of New York. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

Few subjects have within the past ten years created more attention among advanced physicians than the one which forms the subject of the lectures in this volume, and there are few subjects in which more advance has been made. Indeed the doctrine of cerebral localization has now become a necessary chapter of introduction to the practical study of diseases of the brain. Mr. Charcot has in these lectures brought together a large amount of information, furnished by normal anatomy, experimental physiology, and clinical observation, illustrated by minute and methodical examination of organic lesions. This he has clothed in language so elegant that we reached the reading of his last lecture almost with regret. We cannot say more than this to recommend its perusal to all our readers. We do wish, however, that publishers *would* stamp the subject of the book where it can be seen with readiness when in the library.

Congenital Occlusion and Dilitation of Lymph Channels. By SAMUEL C. BUSEY, M.D., Professor of the Theory and Practice of Medicine in the University of Georgetown, U.S. New York, William Wood & Co.; Montreal, J. M. O'Loughlin.

This volume is for the most part a re-publication of a serial contribution which appeared in the *American Journal of Obstetrics,* and is based upon a very interesting case which came under his observation in 1878. The author has mainly confined his study of the subject to its clinical aspects, and to its coarser anatomico-pathological conditions, omitting the discussion of questions of minute structure, which he does not think of general interest. Having at his disposal the splendid Library of the Surgeon General's Department at Washington, he has been able to discover records of several singular cases, and these he has reproduced in his work. The volume shows considerable research, and it is an exceedingly creditable addition to the literature of an obscure subject. Clinical teachers should read it by all means.

An Index of Diseases and their Treatment. By THOMAS HAWKES TANNER, M.D., F.L.S. Second edition, revised by W. H. Broadbent, M.D., Fellow of the Royal College of Physicians. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

The present volume is intended to facilitate the daily work of the busy practitioner, and especially to help him in successfully managing such cases of disease as do not yield to treatment so readily as might be desired. The student who wishes to learn the nature of the tools with which he will have to work, and the best mode of employing them, cannot get any information in this book. It is hoped, however, that the actual laborer, who may have employed his customary weapons and finds himself baffled, will find in it many useful suggestions. The name of the author is an ample guarantee, not

only that the work has been well done, but that the book is one which deserves to receive the general support of the profession. Price, $3.00.

Lectures on Bright's Disease of the Kidney, delivered at the School of Medicine, Paris. By J. M. CHARCOT, Professor in the Faculty of Medicine, Paris; Physician to the Salpetrière. Translated with the permission of the author by Henry B. Millard, M.D. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

The author of these lectures is among the best known of the advanced scientific physicians of France. Anything coming from his pen is therefore deserving of the best consideration. These lectures are republished just as they were delivered to his class, and they certainly give a concise yet clear exposition of the pathology and histology of this very interesting disease. The subject of treatment is not entered upon. A lecture on Scarlatinous Nephritis is added, and this, as well as the others, are models of clearness in bringing out the salient and practical pathological features of the malady.

Handbook of Ophthalmology. By PROF. C. SCHWEIGGER, of Berlin. Translated from the German by Porter Farley, M.D., Rochester. J. B. Lippincot, publishers, Philadelphia.

This work is divided into three parts.

Part 1st is devoted to the anomalies of refraction and accommodation spectacles, the ophthalmoscope, &c.

Part 2nd to diseases of the orbit, lachrymal organs, eye-lids, conjunctiva, cornea sclera, iris, lens, and vitreous body.

Part 3rd to the ophthalmoscopic appearance of the fundus of the eye in health and disease, diseases of the choroid, retina, optic nerve, glaucoma, &c., &c.

Part 1st will be found exceedingly useful to any one who wishes to study the really difficult subject of which it treats, as it is presented to the reader in a very clear and concise manner. The same may be said of the other parts of the work; it is a really valuable handbook of reference for either specialist or general practitioner.

Lectures on Fevers. By ALFRED L. LOOMIS, A.M., M.D., Professor of Pathology and Practical Medicine in the Medical Department of the University of New York. New York, Wm. Wood & Co. Montreal, J. M. O'Laughlin.

Dr. Loomis is a careful thinker, a close observer, and a practical lecturer. When we have said this, we have stated quite sufficient to recommend this book, which consists of his lectures on Fevers, delivered in the Medical Department of the University of New York, during the season 1876–77.

Rhymes of Science, Wise and otherwise, with illustrations. New York, Industrial Publication Company, 1879.

This little book contains a small selection of poems, comical in their character with a scientific basis. Some of the selections are really very good, and the volume is of sufficient size to give an hour's pleasant reading.

The Illinois State Medical Register for 1878-79. Chicago, W. T. Keener, 94 Washington street.

The title signifies the character of this book. It is beautifully got up, and reflects credit upon its publisher.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 21st, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's room. In the absence of the President, the 1st Vice-President, Dr. Ross, occupied the chair.

There were present: Drs. Ross, Molson, Kennedy, F. W. Campbell, Proudfoot, Vineberg, Ritchie, Osler, Bell, Oakley, Guerin, Smith, Armstrong, Loverin, Buller, Blackader, Roddick, Gardner and Edwards.

The minutes of last regular meeting were read, and on motion, adopted.

Dr. WM. FULLER, of Grand Rapids, Michigan, a former member of this Society, was elected a corresponding member, and the Secretary was ordered to notify him to that effect.

Dr. OSLER, exhibited the following pathological specimens:

1. Large cirrhotic kidneys.
2. Ruptured ovarian follicle with peritonitis.
3. Cirrhosis of the liver.
4. Fibroid phthisis.
5. Intestine in typhoid fever.

Dr. OAKLEY was to have given a paper on pneumonia, but, owing to uncontrollable circumstances he was unable to present it to the Society this evening.

The greater part of the evening was taken up in the relating of cases in practice.

Dr. Ross said that eight days ago he had seen a case presenting a somewhat remarkable train of symptoms. The patient was a servant girl, the face was at the first visit drawn, greyish, haggard, dilated pupils and staring look; pulse, rapid, small, weak, compressible and uncountable. The statement was she had had a chill the night before and vomited profusely all night; no pain in the head, no pain in the abdomen; some diarrhœa; there was some tenderness on deep abdominal pressure. She was sent to the Hospital. Next day her condition was: dilated pupils, rigid condition of the arms and legs, no paralysis, some vomiting, and a little diarrhœa. She died the following night. The temperature never rose above 104° till a short time before her death, when it reached 105°. The diagnosis was very doubtful, but Dr. Ross thought there might be some cerebral disease.

Dr. F. W. CAMPBELL said that a week ago he had seen a child, a boy of eleven years, complaining of general feverish symptoms for several days. The temperature was 104½°, and there was diarrhœa, gurgling in both illiac regions. He was violently delirious. Quinine in five gr. doses twice a day was ordered, and a mixture consisting of Liq. Am, Acet. Tr. Aconite and chlorate of Potash. Next day the pulse was 130°; temperature 103½; delirium and diarrhœa continued; tongue furred. On the 3rd day the temperature was 102½°, delirium gone, and on the 4th it was 99½°, and pulse 88. On the 5th day the tongue was clean, and pulse and temperature natural. Patient in a day or two was about as usual. Dr. Campbell said one might have expected this was going to be a case of typhoid fever. The result proved that it was not.

Dr. OSLER mentioned a remarkable initial rash in small-pox. A lad of eighteen was taken ill on Sunday with the usual initial symptoms of small-pox. At noon on Tuesday there was a bright rash in the groins and several papules on the arms. On Wednesday the entire inguinal region had a perpuric rash, also in the axillæ, which extended from the nipple round to the scapulæ and over the right scapula. On Thursday erythema faded, but perpuric spots remained. On Friday semi-confluent small-pox was out, and on Sunday there was a superficial brown staining.

Dr. BLACKADER said that four or five months ago he had a case of small pox which came on with high initial fever, along with a copious perpuric eruption on the lower limbs. On the 5th day after the eruption the fever abated, and the case did well.

Dr. Ross said he had once seen urticaria as a distinct prodroma of small-pox.

Dr. OSLER said he had had a similar case in the Montreal General Hospital. The wheals disappeared after being seen for one day.

Dr. BLACKADER reported a remarkable case of typhoid fever. For ten or twelve days the patient had not more than half-an-hour's sleep in the twenty-four hours. He administered from ½ to 1 drachm of bromide of potass in the twenty-four hours, this gave only three hours sleep in the twenty-four. There was a history of diarrhœa, vomiting and great delirium. On the 3rd night he gave a hypodermic 15 min. of Battley's Sed. Solution. Breathing in one hour was effected, fell to twelve, and subsequently to nine respirations in the minute. She slept more than eight hours, but died the following night.

A letter from Dr. Henry Howard in reply to the resolution passed by the Society, was read by the Secretary.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.
Secretary.

MONTREAL, April 4, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's Rooms. In the absence of the President and Vice-Presidents, Dr. Godfrey was requested to take the chair.

There were present: Drs. Godfrey, Bell, Ritchie, Brodie, Oakley, Roddick, Reddy, Molson, Browne, Smith, Wilkins, Guerin, Vineberg, Loverin, F. W. Campbell and Edwards.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited the following specimens:

(1) Primary sarcoma of the kidney. The patient, a man aged 54, had been ailing for over two years with symptoms of renal disease, and had had during this time repeated and severe hæmorrhages. The tumor became evident about ten months ago. He suffered little or no pain

from it during the entire illness, but latterly became much emaciated. The left kidney forms a huge mass weighing twelve lbs. The only trace of renal substance left is a thin portion at the lower end. The tumor is soft, of a reddish-white appearance, and in the central part there is a cavity the size of an orange. The supra-renal capsule is stretched over its upper end, and here the spleen is also attached. The renal vein is enormously dilated, being filled with cancerous thrombi which also extend into the inferior vena cava. Several of the superficial veins in the tumor contain thrombi. Histologically the tumor is made up entirely of large cells, the majority of which are elongated in form and with large nuclei.

(2) Pharynx, larynx and trachea of a child dead of diphtheria. The point of interest was the great extension of the membrane in the trachea and bronchi. The case was also referred of a young man who had died in the Hospital during the week in whom the pharynx was extensively involved, the entire upper zone being blocked, necessitating tracheotomy. The larynx was unaffected, but the mucous membrane of the trachea and bronchi was covered with a thin diphtheritic membrane.

(3) Cancer of the stomach from a patient, a woman under the care of Dr. Ross. The pyloric zone was affected, a flattened cancerous mass of considerable firmness extending almost completely round the region of the stomach, leaving only a narrow grove of mucous membrane unaffected. The ring was involved at the upper part. The cancer had not ulcerated, but it was fissured in one or two places, secondary masses occurred in the pancreas, the glands in the portal fissure, the gall-bladder and the mesenteric glands, the latter forming with the pancreas a large firm mass which was evident in the umbilical region.

Dr. OAKLEY read an interesting paper on "Pneumonia," and presented a table showing the prevalence of the disease in the Montreal General Hospital for the years included between 1874 and 1879. The highest point was touched in the month of April, a gradual rise taking place in January, February and March. In the remarks which followed, special attention was given to the treatment of this disease.

Dr. F. W. CAMPBELL said he used liq. am. acet. tr. aconite Fleeming's and nitrate potash with warm applications externally.

Dr. REDDY said if the patient was seen early he administered tr. aconite B. P. in four or five drop doses along with liq. am. acet. and cyanide of potash. Hot poultices externally, to be changed every three or four hours, seldom gives ipecac. In certain broken-down cases gives from one to two tablespoonfuls of brandy an hour. When the temperature is very high he gives two or three large doses of quinine at intervals. If the cough is irritating, he gives from 1/8 to 1/4th of a grain of morphia in the early stage.

Dr. F. W. CAMPBELL objected to the use of opium in pneumonia.

Dr. REDDY considered its use justifiable to allay irritating cough and any pleuritic pain present.

Dr. RODDICK said he believed we were too much afraid of blood-letting in certain cases. He cited a case which occurred in the Montreal General Hospital when he was resident medical officer. A sailor was brought to the Hospital the lungs being in the engorged stage. The prognosis was decidedly unfavorable. Dr. Roddick obtained leave from Dr. Scott to bleed the patient; thirty ozs. were taken from the arm, and this patient rallied immediately, and made a rapid recovery. He had also bled two strong plethoric women and both recovered. He thought that in pneumonia, pericarditis and peritonitis we should bleed oftener than is the custom. If there is any objection to bleeding apply a large blister to the side, a quantity of serum is thus removed, and follow up by hot poultices. He also favored the plan of giving a good dose of calomel at the outset, say ten to fifteen grains.

Dr. F. W. CAMPBELL said he had seen a large number of cases of pneumonia treated in 1861 in Glasgow. Dr. Bell was there in the habit of giving large doses of dilute nitro-muriatic acid with infusion of cascarilla with exceedingly gratifying results.

Dr. LOVERIN spoke in favor of bleeding in favorable cases.

Dr. OSLER said in the past four years he had had an unusual number of autopsies in pneumonia, especially of the apex. He has records of five or six cases in stout able-bodied young men. The pulmonary capillaries are reduced to half

their size, the whole blood of the right side of the heart has to pass through the other lung, and death is from suffocating œdema. If a good bleeding had been resorted to this condition would have been relieved. Dr. Osler considered the lancet more useful in the middle stage. He thought the use of medicine would not alter the course of the disease, as it is distinct in its course.

Dr. GODFREY said in 1830 all cases were bled in the early stage, and at that time there was sometimes three distinct bleedings. The number of recoveries was very great. This practice continued up to 1850. At that time Resore's treatment came into vogue, which consisted in giving from one to four or five grains of tartar emetic every four hours. Dr. Godfrey always looked upon this treatment as causing gastro-intestinal irritation. Dr. Johnson afterwards published a large number of cases showing the expectant treatment was equally successful. Dr. Godfrey still favors the plan of taking blood in the early stage of the disease. He considered that the pneumonia of to-day was a different disease from that of his early recollection. It was then of a sthenic character, and there was no fever; in that of to-day we have high fever, and when it is present with furred tongue and typhoid symptoms we should not use the lancet. Dr. Godfrey said in 1845 his custom was to give two grains of Calomel, seven of Dover's powder every three hours. His present plan is to give four drops of tr. aconite every four hours for four or five days, and less frequently afterwards; also fluid ext. of senega and carb. of ammonia every three hours; externally poultices but not blisters.

Dr. WILKINS objected to the use of opium as it would upset the stomach. His custom was to use thin poultices enclosed in water proof.

Dr. FENWICK agreed with Dr. Godfrey in theview that the type of the disease had changed. Brain symptoms were now much more observed.

A vote of thanks to Dr. Oakley was moved by Dr. Loverin, seconded by Dr. Reddy and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

MONTREAL, April 18th, 1879.

A regular meeting of the above Society was held this evening in the Library of the Natural History Society Rooms, the President, Dr. Henry Howard, in the chair.

There were present:—Drs. Henry Howard, R. P. Howard, Kennedy, Kerry, MacDonald, Nelson, McConnell, F. W. Campbell, Bessey, Smith, Osler, Ross, Schmidt, Loverin, Shepherd, Fenwick, Reddy, Guerin, Hingston, Roddick Blackader and Edwards.

The minutes of last meeting were read, and on motion, approved.

Dr. EDWARDS proposed, and Dr. SCHMIDT seconded, the proposition of Dr. Rodolph E. Leprohon as a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Sarcoma of the breast.
2. Schirrus of the breast.
3. Primary cancer of the liver.
4. Empyema.
5. Ovary at fifth month of gestation.

Dr. R. P. HOWARD remarked that Dr. Roddick's case was a simple sarcoma and not true cancer, and, therefore, if it does not return, it is no proof of being a cancer removed with no return of the disease.

Dr. F. W. CAMPBELL read a paper on "Whooping Cough treated by Quinine," citing a number of cases in which he had found this remedy very effective.

In the discussion which followed, Dr. R. P. HOWARD remarked that, in 1873, Dr. Dawson published his paper on the mode of treatment, since which time Dr. Howard had taught the use of quinine in the disease in his lectures to his students. He had used it in his own practice, and his testimony was that in some cases it proved beneficial while in others it failed. The difficulty in its use is to get children to take it, as it is directed to be given in simple solution and one grain at a dose. A question of special interest arises in the possibility of the disease being due to a fungus. If it is true that it depends on a fungus, the action of quinine is sufficient explanation. In hay fever a fungus had been discovered, and quinine is good there.

Quinine has proved equally successful in

whooping cough, when given in the form of injection, and the question is, if it is not simply a nervine tonic. In a case occurring in his own family he had administered to a child of three years a mixture of alum, salicylic acid and dilute hydrocyanic acid, and it acted as a charm. He had found this mixture fail in other cases.

Dr. REDDY said he had found this combination of alum, salicylic acid and hydrocyanic acid succeed well in some cases. In one lately, in which it failed, he had used the quinine with success.

Dr. OSLER said that four and a half years ago Dr Grant of Ottawa asked Dr. Osler if he had examined the mucus of the throat in whooping cough, expressing his conviction that he had discovered a fungus to account for the disease. Dr. Osler examined the mucus in three separate cases, but was unable to find anything except common bacteria; there was no specific fungus to be seen.

A vote of thanks to Dr. Campbell was moved by Dr. FINNIE, seconded by Dr. R. P. HOWARD, and carried.

A report was next received from the council.

The meeting then adjourned.

MONTREAL, May 2nd, 1879.

A regular meeting of the above Society was held this evening, the President, Dr. Henry Howard in the chair.

There were present:—Drs. Henry Howard, R. P. Howard, Buller, Kennedy, Smith, Reddy, Kerry, Osler, Bell, Campbell, Macdonald, Trenholme, Fenwick, Roddick, Loverin, Rodger, Alloway, Bessey and Edwards.

The minutes of last meeting were read and approved.

Dr. RODOLPH E. LEPROHON was balloted for, and unanimously elected a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Atrophy of the kidney.
2. Miner's lung.

Dr. R. P. HOWARD remarked that was a case of cirrhosis of the lung, from mechanical causes—the local irritation of inhaled carbon. The ordinary forms of this disease in this country are from neglected pneumonia, chronic tubercular diseases or chronic pleurisy.

We have changes of a destructive character, namely cavities, in this fibroid lung. The question is what is their nature? It is singular that in fibroid degeneration of other organs we do not have these changes. Are these cavities or simply distended tubes? There is now and then a simple degeneration in fibroids of the uterus. The lung is a peculiar structure, and ordinary laws in other organs do not apply to it. It is laid down as a rule that when, in a case of cirrhosis of the lung, there is a cavity at the apex it is tubercular.

Dr. REDDY remarked that he had had a case of cavities at the apex, and there was no evidence of tubercle.

Dr. SMITH stated that he noticed in the post mortem examinations in London the dark appearance of the lungs.

Dr. OSLER remarked that what was called carbonization of the lung was common in all cities, and it was possible as soon as the thorax was opened to decide whether the person had lived in the city or the country.

Dr. FENWICK presented a portion of bowel passed by stool, sent by Dr. McLeod of Charlottetown, N. B. The facts relating to this case were read by Dr Fenwick.

Dr. F. W. CAMPBELL said in 1870 he had a patient who had taken several large doses of sulphate of magnesia which was followed by intussusception of the bowel. She lived for ten days, and the day before she died she passed some six inches of intestine.

Dr. TRENHOLME moved, and Dr. Campbell seconded, a vote of thanks to Dr. McLeod for this interesting specimen.

Dr. HENRY HOWARD then read a paper on "Some Practical Remarks on the General Treatment of the Insane." A short discussion followed, and Dr. REDDY moved, and Dr. LOVERIN seconded, a vote of thanks to Dr. Howard for his interesting paper.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D, Editor.

Among other distinguished visitors coming in to Canada during the present summer we may expect to see the potato-bug, and simultaneously with his advent there will arise a demand for Paris green. Now, as this substance consists of a mixture of acetate and arsenite of copper, and contains over fifty per cent. of arsenic, it can be legitimately ranked under the "compounds of arsenic," mentioned in the Act regulating the sale of poisons, substances which can only be sold by the duly registered druggist, and only to persons known by the vendor, while each sale is to be registered in a book kept for that special purpose. However, this green is so commonly used as a paint that it is to be met with in many other stores besides the druggists, and these retail it indiscriminately to gardeners, farmers, and others, without any precautions whatsoever being taken, often without even labelling it; which is in direct contravention of the law and against the public safety, for the security of which the law was enacted. Druggists therefore would only do their duty as good citizens by laying information before the proper authorities in cases where they know the law is disregarded.

BOOK REVIEW.

We are in receipt of the second American edition of *Farquharson's Therapeutics*, published by Henry C. Lea, of Philadelphia. In the first American edition very considerable additions were found desirable to adapt it thoroughly to the wants of the American student—additions that seemed to warrant the insertion of the words "Materia Medica" in the title page. Without altering the peculiar features of the original, some changes were made in the arrangement, and very copious notes introduced, embodying the latest revision of the U. S. pharmacopia, together with the antidotes to the more prominent poisons, and such of the newer remedial agents as seemed necessary to the completeness of the work. All matter thus added is distinguished from the text by brackets.

The acceptance of these modifications by the author, and his very conscientious revision of the whole, have rendered unnecessary any considerable additions by the editor in the present edition. He has, however, thought it advisable to introduce the metric system in addition to the old form of writing prescriptions, in deference to the demands of scientific progress and uniformity of observations. A ready reference table of poisons at the end of the book, and in the text itself the tests of the prominent poisons have been inserted. It will be found that the additions that have been made to the work (which have increased its size nearly one-fourth) have more than proportionately enhanced its value to the student.

Compounding Prescriptions at Home.—An American druggist declares that he lately received the following receipe, which his customer explained had been copied from a "doctor's book":—

12 grains each of Lactate of iron
Citrate of iron
Strychnine
Sulphate of quinine
Make twelve powders. Take one every four hours.

Asking first if the medicine was for a crocodile or a christian, the druggist pointed out that it would be hardly necessary to make up all the dozen powders unless a family burying was in contemplation. The gentleman who copied the prescription now knows that citrate of iron and strychnine is not the same as the same articles sepreated. Even the apparently simple art of copying prescriptions requires some little previous training.—*Chemist and Druggist.*

A New Fact Regarding Safety Matches.—In a communication to the *Chemical News* Lieut. B. A. Muirhead says, that the so-called safety matches, "warrented to ignite only on the box," will strike freely on common coal, provided that both be prefectly dry. The combustible carbon of the coal acts like, and takes the place of the amorphous phosphorus, on the rubber of the box. It is thought that this fact may lead to the manufacture of a safety match without phosphorus, a result which, as observed by Hoffman, "would indeed be a grand achievement."

It is Reported from Munich that a case of arsenical poisoning has occurred in a man who has been suffering from a disease of the eyes, who has for a long time worn a green silk screen over his face. *Chemist and Druggist.*

An American Journal states that two fine young shorthorn bulls have died from eating oleander leaves.

Preservation of the Natural Color of Dried Plants.—The *Journal of Applied Chemistry* publishes a notice of the method of M. Stoelzl for preserving the colors of plants, particularly those of a succulent nature, as orchids and others prone to decomposition. One part of salicylic acid is dissolved in 600 parts of alcohol, and the solution heated to boiling in an evaporating dish; the whole plant is slowly drawn through it—a prolonged im-

mersion discolors violet flowers—then swung about to remove the excess of liquid, dried between blotting paper, and pressed in the usual manner. A frequent renewal of the blotting material, particularly at first, is indispensable. The plants treated in this manner dry rapidly, and furnish specimens of superior beauty, retaining their natural colors in greater prefection than by any other process.

FOR NAUSEA, DEPRESSION, AND CRAVING FOR DRINK.—

℞ Tr. capsici..... 10 drops.
Tr. nucis vom..... 10 drops.
Acid nitric dil..... 20 drops.
Aquæ..... 1 ounce.

M. Sig. Take as a draught in water three or four times a day.—(*The Medical Brief*).

BLUEING FOR CLOTHES.—The *Scientific American* says: "Mix dry Prussian blue with 50 per cent. hot water and 15 per cent. of yellow prussiate of potash in powder; pour the mixture through a fine seive, dilute it with a little hot water, and pass dry, unsized paper through the solution, and expose it to warm air until dry.

COTOIN AND PARACOTOIN.—These two alkaloids are now manufactured on a large scale, at moderate prices, and as both articles promise to become of great importance, the following remarks may be found of interest.

Cotoin, discovered in 1875 by Dr. Julius Jobst, is a reddish-yellow powder, having a peculiar irritable action on the mucous membrane of the lips and nostrils. It is not readily soluble in water, but is so in alcohol, from which, however, it is not again easily obtainable in a crystalline condition; it is extremely soluble in ether, and on heating it with concentrated nitric acid a red solution is obtained. Its alcoholic solution, treated with chloride of iron, gives a dark violet tint.

Paracotoin, produced first by Dr. Julius Jobst in 1876, is a light distinctly crystalline powder, of a pale yellow color, devoid of any peculiar smell or taste. It is not readily soluble in water, but easily crystallizable from its alcoholic solution. Paracotoin is not easily soluble in ether. On heating it with concentrated nitric acid, a yellow, then a greenish, coloration is produced, resulting from traces of leucotin, which can hardly be entirely removed. The alcoholic solution of paracotoin, when treated with chloride of iron, remains without change.

In the therapeutical application, the preparations of cotoin are distinguished by a tonic action on the mucous membrane and muscles of the bowels. They should, therefore, be used in all cases of relaxation of the bowels and acute and chronic intestinal catarrhs.

Cotoin is the stronger, paracotoin the weaker, of the two preparations. The latter can be taken more agreeably on account of its powder form, which form, as paracotoin does not readily dissolve, must be adopted in prescribing.

We give the following recipes now in use on the Continent:

COTOIN.

I. Cotoin..... 3 grains.
Anise water..... 5 ounces.
Malaga wine.....10 drachms.
Marshmallow syrup.....10 drachms.

Mix. Dose, one tablespoonful every half hour.

II. Cotoin..... 3 grains.
Sugar.....30 "

Mix and divide into five powders. Dose, one every hour or half hour.

PARACOTOIN.

Paracotoin.....15 grains.
Sugar .....30 grains.

Mix and divide into ten powders. Children under five years, half the above doses.—*Monthly Magazine of Pharmacy.*

INK SUPERSEDED BY PENCILS.—Pencils have been lately invented which make marks more permanent than those of ordinary inks, and can be copied by pressure. The process is as follows:

Ten pounds of the best logwood are boiled repeatedly with 100 lbs. of water, and the decoction evaporated to 100 lbs. This liquid is heated to boiling in a porcelain dish, and nitrate of chromium added in small quantities until the bronze precipitate that forms at first dissolves again with a deep blue-black color. It is then evaporated on a water bath to the consistency of an extract, and finely-elutriated fat ayel mixed in, so that there is 1 part of clay to 3 or 3½ parts of extract. A little gum tragacanth may be added, according to the hardness desired.

TINCTURE OF CHLORIDE OF IRON FOR CORNS.—Dr. C. Barber states (*Lyon Médicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on corns night and morning. This application was continued for fifteen days in one case, when the corns, from which the patient had suffered for thirty or forty years, were entirely destroyed, and pressure on the part gave not the least uneasiness.—*South. Med. Record.*

FOR REMOVING HAIRS.—Prof. Bœttger recommends the following as safe: 1 part of crystallized sulph-hydrate of sodium is rubbed to a very fine powder, and mixed with three parts of prepared chalk. The mixture keeps well in closed vials. Mixed with water and applied to the skin, the hair becomes soft in two or three minutes, and is readily removed by water. A long application is apt to corrode the skin.—*N. Jahrb. f. Pharm., Amer. Jour. Pharm.*

IMPROVEMENT IN BENDING GLASS TUBES.—If the glass tube we desire to bend be filled with *sand*, and each end stopped to prevent its escape on

heating over a Bunsen burner, it will be found that the tube may be quite doubled if desired, a perfect curve being produced. In this way we may promptly produce accurate bends of any desired size in tubes of any bore without any previous skill in glass-working. Obviously, the principle depends on a uniform distribution by the sand of the pressure exerted. A similar plan is resorted to by metal-workers in bending tubes of lead.—*A. H. Gallatin, in Journal of Franklin Institute.*

ARTIFICIAL MILK.—From the reports in circulation it would seem as if science were about to make cows superfluous. Artificial milk has been prepared by a French chemist from sugar, dried whites of eggs, carbonate of soda, olive-oil, and water. By substituting gelatine for the whites of eggs, and with less admixture of water, cream is obtained. Another chemist, Gaudin, in discussing the preceding suggestion, gives his testimony as to depriving fats of all unpleasant odor by mere subjection to an appropriate temperature. He also states that very good artificial milk can be prepared from bones rich in fat, by purifying this fat by means of super-heated steam, and combining the fat thus obtained with gelatine. This milk is, he says, almost like that of the cow; and, when kept, acquires first the color of sour milk, then that of cheese. The gelatine in it represents the caseine; the fat, the butter; the sugar, the sugar of milk. It serves for the preparation of coffee and chocolate, of soups and creams of excellent flavor, and its cost is but trifling.

TO REMOVE NITRIC ACID STAINS FROM THE HANDS.—Wet the skin with sulphate of ammonia, to which has been added some potash lye. This changes the dead skin into a soapy mass, which can easily be removed with sand or fine pumice-stone.

A NEW BATTERY.—An Italian professor has arranged a new battery in which a solution of sulphurous acid is substituted for the usual liquids. The zinc is dissolved without the least development of hydrogen. It is claimed his battery acts well, and gives a very strong current.

CHLOROFORM POISONING AND TREATMENT.—Prof. J. A. Larabee successfully treated such a case with gr. $\frac{1}{10}$ digitaline, hypodermically, the dose repeated in one and a half hours. A little later gr. $\frac{1}{10}$ atropia was given hypodermically. Four hours from the time the doctor first saw the patient both pulse and respiration had recovered their tone.

ELASTIC ADHESIVE PLASTER is prepared by Dr. W. P. Morgan, of Baltimore, Md., by giving india-rubber tissue or sheeting a coating of plaster, made by mixing together lead plaster, 1 lb., and resin, 6 drachms. It is an excellent covering in cases of psoriasis, intertrigo, eczema, etc., and its elasticity makes it invaluable in securing the coaptation of incised wounds, and in the treatment of abscesses.—*The Physician and Pharmacist.*

MAGNESIA AS AN ANTIDOTE TO ARSENIC.—MM. Clermont & Frommel have addressed to a recent meeting of the Académie des Sciences a note bearing on this subject. They find that when magnesia is mixed with sulphide of arsenic suspended in water, the sulphide is immediately decolorised: part of the arsenic combines with the magnesia to form magnesium arseniate, the remainder forms a soluble sulpharseniate of magnesia. M. L. A. Buchner has pointed out that the intestines of one person poisoned with arsenious acid contained the trisulphide in the state of fine powder. Magnesia, therefore, is a perfect antidote to arsenic so long as the latter remains as arsenious acid; but if, in cases of poisoning, it is generally converted into the sulphide, magnesia will do harm by making that substance soluble. The question now waiting to be settled is, What chemical changes does arsenic undergo when taken into the stomach?

MEDICAL PROPERTIES OF COLLINSONIA CANADENSIS (STONE ROOT).—An extract from "New Medicines," written by I. J. M. Goss, and published by Chas. E. Ware, St. Louis, Mo.

Collinsonia was first used by the natives of America for sprains, bruises, contusions and ulcers; then by some root-doctors in colic, dysentery and diarrhœa; but while it may help such conditions, by the direct tonic effects upon capillary and mucous systems, yet that is not its main sphere of action. It is now a settled fact that it acts directly upon the venous circulation, very similarly to that of arsculas, arnica, hamamelis, hydrastis, and also ignatias bean. It exerts a direct influence over the portal circulation, having the power to contract the coats of the veins, thereby lessening their calibre. And it influences the heart itself, consequently, the whole circulatory apparatus. When applied to a contused wound or an inflamed surface the vessels of the part soon contract, and the tumefaction is soon thereby lessened and finally relieved. This fact is conclusive evidence that this remedy has specific power over the capillary vessels. It has a favorable influence over mucous tissues, consequently, it often cures leucorrhœa and catarrh of the bladder. I have used it internally, in connection with hamamelis, in cases of varix with very prompt success. This shows that collinsonia has a specific action upon the coats of veins. But its most valuable properties are its direct action upon the vessels of the rectum. I have often derived prompt results from it in cases of hemorrhoids. Where the tumors are small it often removes them. The dose is 5 to 15 drops three or four times a day. It possesses remarkable tonic powers also.

PARAFFIN PAPER. If paraffin be dissolved, with the aid of very gentle heat, in ordinary

commercial benzole, in the proportion of one part of the former to four of the latter, and the solution be brushed over tissue paper, a cheap but very good substitute for waxed paper may be extemporized. After coating the tissue paper it should be hung up to dry, which is accomplished in a very short time, the paper presenting at this stage a more or less white mottled appearance. Next expose it to a gentle heat, sufficient to remelt the thin coating of paraffin, when it will set in a fine uniform and permanent glaze, in which condition it is ready for any of the purposes for which such papers are generally required. Paper thus prepared will be found particularly useful for tracing purposes, the pencil or pen running smoothly over it, with no tendency to blur or blot, as in some tracing-papers frequently met with. It will also be found valuable in preserving powders and other substances susceptible to change from exposure to air, of which chloride of lime is an example. Turpentine will also dissolve the paraffin, but it requires hours to dry, while the benzole requires as many minutes. When required in large quantity the paper may be floated on the surface of a bath of paraffin solution in the same manner that photographic paper is sensitized.—*Canadian Pharm Journal.*

PULVERIZED SOAP OR SAGHALINE.—The substance sold in various markets under the extraordinary name of Saghaline has been examined by Hagar. It is usually considered to be pulverized Soap, but its use in pharmacy as soap would prove dangerous. It has been found to consist of 12 parts of soap, 66 parts of anhydrous carbonate of soda, 15 parts of silicate of soda, and a little blue coloring matter, which appears to be ultramarine. It is no doubt an excellent material for washing, but should not be designated " pulverized soap."—*Monthly Magazine of Pharmacy.*

GREEK SPONGE FISHERY.—*The Athens Messenger* states that the value of the sponge fishery in Greece has risen from 20,000f. in 1870 to 2,000,000f. in 1877. The trade employs about 120 vessels manned by 800 men. Each boat goes out four times a year, and obtains 100 kilogrammes of sponge, at a mean value of 30,000f. The preparations of the sponge is very simple and inexpensive. They are first dried in the sun, and then seperated into two different qualities, the average price of the first quality being 35f. or 40f. the kilogramme.—*Chemist and Druggist.*

JOINING RUBBER.—Rubber is easily joined and made as strong as an original fabric, by softening before a fire and laying the edges carefully together, without dust, dirt, or moisture between. The edges so joined must be freshly cut in the beginning. Tubing can be united by joining the edges around a glass cylinder, which has previously been rolled with paper. After the glass is withdrawn the paper is easily removed. Sift flour or ashes through the tube to prevent the sides from adhering from accidental contact.

SANDARAC is collected from the ara tree, a species of cedar (*Callitris quadrivalvis*, Vent.), which abounds in the hilly parts of the province of Italia, in the neighborhood of Mogador. In order to obtain it the natives chip the trunks and branches of the trees. When the summer sets in, and if the year is favorable the gum oozes, not only from the injured spots, but from all parts of the tree which are thus prepared. A dry summer, with the absence of the ordinary northeast winds, is very favorable to its production. There were 5800 cwts. exported from Mogador in 1877, valued at upwards of $105,000. —*New Remedies.*

EXAMINATIONS OF THE PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.—These examinations were held in the rooms of the Association, 628 Lagauchetière street, Montreal, on Tuesday, Wednesday and Thursday, April 29th, 30th and May 1st, when six candidates for the "major" examination for license to practice pharmacy; eleven for the "minor" as certified clerks, and four for the preliminary examination to enter upon the study of pharmacy, presented themselves before the Board. The following gentlemen compose the full Board of Examiners: Henry R. Grey, Montreal; Alex. Manson, Montreal; J. D. L. Ambrosse, Montreal; Roderick McLeod, Quebec; J. B. Martel, Quebec; H. F. Jackson, Montreal; Chairman, Nathan Mercer, Montreal. The examinations were written and oral, with practical dispensing; and the following gentlemen successfully passed for "major": Oswald Coursolle, 815; W. S. Kerry, 720; C. E. Hepburn, 690; Elzéar Laviolette, 650. The highest obtainable marks being 1,000. For "minor": John N. Miller, 890; Joseph Williams, 775; W. R. Inman, 705; S. G. Mitchell, 600. The four presenting themselves for the preliminary examination being found proficient were accordingly permitted to register as apprentices. Two of the major and five of the minor candidates, who failed to obtain the required number of marks, were referred back for further study. At the conclusion of the examination, the Vice-President, Alex. Manson, Esq., in announcing the results, made a few well-timed remarks, when a vote of thanks to the Board of Examiners, for their courtesy during the progress of the examinations, was moved by Mr. W. S. Kerry, seconded by Mr. Oswald Coursolle, on behalf of their fellow-students, and carried. The Council of the Association intend, as soon as circumstances will permit, to petition the Legislature for amendments to the Pharmacy Act, which will enable them better to regulate the sale of drugs and the dispensing of prescriptions. It is proposed to hold an extra examination in Quebec about the end of June, when it is expected a number from that city and the surrounding country will present themselves before the Board.