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Original Communications.

I. A Case of Excision of both Ovaries for Fibrous Tumor of the Uterus.

ALSO,

II. A Case of Excision of the left Ovary, for Chronic Oöphiritis.

By

E. H. TRENHOLME, M.D., Professor of Midwifery and Diseases of Women and Children, University of Bishop's College, Montreal; Fellow of the Obstetrical Society of London, England, &c., &c.

Read before the Medico-Chirurgical Society of Montreal, April 20, 1876.

Case I.—Mrs. L., the patient in this case, first consulted me on 30th December, 1874. She is 31 years of age, 13 years married, of dark complexion, an active intelligent lady, of French and Scotch extraction, born at Levis, Quebec.

She began to menstruate when 13 years old, and was always regular up to the last seven years. Present difficulty began in March, 1869, when a clear fluid escaped, per vaginum, followed about one hour afterward by severe pains in the womb, and the passage of a globular-shaped clot of blood. During the three following days she continued to pass small coagulæ. From this period up to the end of 1870, each monthly flow was marked by pain and passage of coagulæ and blood, when she expelled from the uterus a large firm clot, whitish in color, rough and flat on the one side, but smooth and convex on the other.

From 1870 to 1872, the pains and menorrhagia continued with increasing severity. The flow, when excessive, could always be controlled by the use of cold water injections. Between the menstrual periods the size of the congested organ could be much reduced by the use of cold water per vaginum.

In 1872 the patient applied to Dr. Jackson, of Quebec, for relief, and he divided the neck of the uterus laterally, with, however, but temporary relief.

In 1874 she consulted Dr. Adams, of Chicago, who diagnosed acute anteflexion, and, at the patient's urgent request, divided the neck antero-posteriorly with a considerable amount of relief. When making the incision, the tissues were found to be very firm and unyielding; and gave way, after division, with a noise sufficiently loud to be heard by those assisting at the operation. The relief afforded by this operation was very temporary, and within the past few months the menorrhagia has become very severe, and the uterine spasms intolerable. The pains are always most severe in the left groin. When once the blood escapes freely the pains cease. There has been no serious trouble in any other organ except the bladder, when, some time ago, for about nine months, the urine escaped by drops, being caused, (as she thinks,) by the free use of gin to relieve pain.

Present condition:—

Between the menstrual period the patient is free from suffering, looks well, and rapidly regains the flesh lost at those periods. Her average weight is 112 lbs., but she has weighed as much as 130 lbs. Before the flow, and during its continuance, the patient suffers so much and loses such quantities of blood, that she has frequently lost as much as 9 lbs. in weight in three days. By the time the flow has ceased, the patient looks pale, exhausted, and very anemic.

Her nervous, respiratory, nutritive, muscular, circulatory, and urinary systems, are all in good order. Menstruation occurs every four weeks and lasts three days. Within the last few months the flow and uterine tormina have greatly increased, as already stated.

Examination.—There is no tenderness over abdomen by the touch which detects a globular tumor in the centre of the abdomen, extending from the pubis to umbilicus. Per vaginum, can detect the tumor in brim of the pelvis, extending rather more to the right than the left side.

Sound.—This instrument causes some pain, and shews the depth of the cavity to be 4½ inches and directed somewhat to the left side. The sound had to be bent, as if dealing with acute anteflexion, before it could be introduced.

The congestion of the uterus begins five or six days before the flow appears. At first it is slight, but gradually increases in severity, till just before the flow, when it becomes perfectly intolerable. The patient has often said that death would be a welcome door of escape from her terrible agony.

As the use of tents were impossible, the diagnosis was arrived at from the evidences of sub-peritonea tumor given to the touch, and the sub-mucous or interstitial tumor, from the excessive flow of blood.

Diagnosis.—There are one or more fibroid tumors of the uterus. One probably sub-mucous and the other sub-peritoneal.

Progressive Symptoms and Treatment.—The monthly distress can be considerably mitigated by

attention to diet and exercise. Much walking just before the return, and a full diet, increase the pains and flow. The constitution of the patient is becoming enfeebled by her protracted sufferings, and her cheerful disposition, which has been buoyed up by the hope of reaching the end of her distress, is beginning to flag under her repeated disappointments. While her sufferings are greater her powers of recuperation are becoming less and less.

If the monthly life be divided into three periods, viz.: 1st. Period of suffering and menorrhagia. 2nd. Period of convalescence; and 3rd. Period of health. The first period, while not increased in length of time, is becoming more serious in intensity of pain and quantity of blood lost. The second period is becoming markedly prolonged and is encroaching with sure steps upon the period of health and the enjoyment of life. So much is this the case, that at no distant date this last named period must be obliterated, and the patient become a confirmed sufferer and invalid.

Treatment.—After dilating the cervix by incising the neck and sponge tents, to complete the diagnosis, I tried Dr. Greenhalgh's method of enucleation by means of the destruction of the tissue between the os and tumor. Caustic potash was applied for this purpose on 21st January, 1875, after division of the cervix by the bistoury. Two days after this the menses appeared without pain, for the first time in six years. On 26th January (five days afterwards) the flow ceased. There is no tenderness over the abdomen, and size of tumor much diminished, being about two inches less than before. From the border of despair my patient now believed herself entirely cured. I need hardly say there was not good ground for such hope, as the tumor remained, and must cause more trouble before it was removed, or her menses ceased.

The following monthly (February) came on with pains, but nothing like so severe as of old. The use of the knife and caustic gave relief now as it did also in March, after which the patient returned to her home, and passed the summer at the seaside.

On 1st September, 1875, patient returned to Montreal, as her last monthly had been accompanied by a great deal of pain and loss of blood. On 7th September the flow appeared with much suffering, the knife was again freely used with relief. Ten days after this (17th), when the patient had regained some strength, assisted by my friend, Dr. Kennedy, the patient being anæsthetized, the neck of the uterus was entirely divided with a sharp-pointed bistoury, cutting toward the canal. The surface of the tumor was also freely divided to the depth of ¾ of an inch and 3 inches long. The index and middle fingers were then forcibly introduced into the cavity of the uterus, to ascertain the position of the tumor, and, if possible, enucleate or extract it. Extraction was impossible, as the tumour was not encapsuled. Caustic potash was freely applied to the cut and separated surfaces. This operation was followed by considerable shock. The next day the patient was restless and had amnesia, followed by epileptoid convulsions. There were cerebral irritation, and contraction of the pupil of the right eye. Both Dr. Kennedy and myself felt assured that the shock and danger were greater than might be expected after ovariotomy. A good deal had been risked with the hope of securing enucleation and removal of the fibroid, and as all that could be done for the present had been done, the patient was placed upon ergot, and returned to her home.

This operation, like all the preceding ones, failed in affording permanent relief, and the patient returned once more to my care.

December 20th.—Menses commenced with slight pain, which became so severe the following three days as to require the knife once more. The prostration following the flow was great, and her return to health much impeded by an attack of dumb ague with severe neuralgic pains in head and face.

Being satisfied that my patient could not live much longer unless relieved, I determined, at her request, to excise both ovaries as soon as her health would warrant the operation.

I decided upon this operation as more safe than excision of the uterus, and hoped that, by removal of the ovaries the monthly flow would cease, and the tumor remain quiescent, as they often do, when patients reach the age of forty-five. I desired to make my thirty-two year old patient forty-five years of age, without waiting for father time to accomplish it.

Operation.—Although the patient was feeble, the near approach of the next menstrual period decided me to operate on 13th January, 1876, when I was ably assisted by my friend Dr. Wm. Fuller, when the patient was put under the influence of chloroform, and the anesthesia continued by ether.

The abdomen was opened to the extent of about 5 inches in the median line between the pubes and the umbilicus. The ovaries were deep down, and had not risen, as expected, into cavity of abdomen with the uterus and tumor. After some trouble the ovaries and fallopian tubes were successively brought

to view, ligated separately, divided with the scissors, and removed. The wound was closed by three deep carbolized hempen ligatures, and four superficial horse-hair sutures. The patient came out from the anesthetic in good condition. There was no vomiting. There was considerable pain up to 4 p.m., after which she was quiet till 7 p.m, when she slept for half an hour.

January 14th.—Passed a good night; slept most of the time, and at 5 a.m. passed 8 oz. urine.

During the day was troubled with pyrosis and a severe neuralgic pain down the left leg. There is also some escape of blood from the uterus. Removed the bandages and dressing. Found the wound united by first intention.

January 15th.—Passed a good night. Slept well. Flow continues freely. Every symptom favorable. During afternoon was troubled with wind in the bowels, although there was very little distention of the abdomen. Gave an enemeta, which brought away some flatus, but no fæces. Passes urine freely.

January 16th.—Doing well. Flatus passed freely. Removed all the deep sutures. Sponged abdomen with warm water and changed all the bed linen. No trouble in bladder.

January 17th.—Patient feels very easy and well. Flatus escapes freely. Slight watery flow continues from uterus. Enjoyed some oyster soup.

January 18th.—All is well. Bowels moved this evening.

January 20th.—This is the eighth day since operation. Is a little feverish on account of catching cold during the night by kicking off the clothes while asleep. Ordered cincho-quina, which gave much relief.

January 23rd.—Somewhat restless last night from severe neuralgic pains in left groin and down sciatic nerve. All else doing well.

January 25th.—Moved from the bed to the sofa. Allowed to rise up for a short time.

January 26th.—Neuralgic pains troubled a good deal last night. There is a slight muco-sanguine flow from the uterus. Took a short drive in the sleigh which she enjoyed much.

From this date gained in strength, and was so well that she returned home on the second of February.

History since the removal of the ovaries:—

On 20th February, the patient writes: "I began to realize some fulness in the womb. I had no pains. On 22nd, in the evening, I felt a flush to my head; next morning, while at breakfast, felt a discharge without pains. It was blood, coagulated and soft, quantity about half a tumbler full." For three days following there was a slight discharge, accompanied by slight fever and pains in left groin and leg. These pains continued to trouble up to 2nd March, when she expelled a coagula of blood, after which, the bleeding ceased. Bleeding occurred again the following day, but was checked at once by cold water injections *per vaginum* and ice externally over the womb.

March 20th.—The menses appeared again to-day at their usual time, and continued to 24th, when they ceased. During the flow there was no pain, but the loss of blood made the patient very weak.

April 16th.—Slight pains and sensation of congestion of the uterus, followed by passage of small coagulæ and hemorrhage. This latter was promptly checked by the use of Savage's solution of iodine, alternately with solution of alum.

April 19th.—About a teaspoonful of blood again appeared, but the flow was finally stopped by the injections already mentioned. Since the last flow the patient has improved in health and flesh.

May 26th.—After waiting for six days, and no hemorrhage occurring, the patient took several miles of a walk, up and down some very steep hills, without bringing on any flow or causing any pain.

During the past few weeks she is gaining in flesh and strength, and writes very confidently of having obtained a perfect recovery, which now, at last, seems well assured.

REMARKS.

Any method of treating, successfully, intestitial or sub-peritoneal fibroids, short of excision of the uterus, is worthy of our best consideration.

The hope of being able to induce absorption of these growths has led to the employment of various remedial agents, but hitherto, unfortunately, with but little success.

The hypodermic injection of ergot has of late been much employed. From the action of this drug we can expect benefit only when these growths are situated under the mucous membrane. At best it is unreliable, and cannot be much trusted in even this last named variety of tumor. Time is an important factor in giving a prognosis in serious cases. When the patient is near her climateric, and the tumor troublesome only at the monthly molimen, we know, from experience, after that period has been safely passed, there is frequently no further serious inconvenience. The case is much more hopeful when the tumor is not cystic, but of the simple fibroid character.

These facts induced me to hope that, in suitable cases, the removal of both ovaries would arrest menstruation, check the periodical congestion, allow the growth to remain quiescent, and cause no further trouble.

The operation just detailed, was performed with the object of testing this view. The fact that it has been successful inspires me with confidence to lay it before the profession as a hopeful method of dealing with these serious cases.

The fact that cases are upon record (some eight cases being related by my esteemed friend, Dr. Fordyce Barker), where menstruation has continued after excision of both ovaries, is not enough to my mind to deter from the operation.

There is need of careful observation as to the character of the flow in such cases. In the present instance the monthly flow was purely hemorrhagic, and would have been examined microscopically had it not ceased before opportunity permitted. I am very much inclined to doubt the presence of decidual debris in the flow, and deem the presence of the ovaries to be *necessary* to nidation and denidation. If this is so, such hemorrhages should be treated as if occurring in other situations and promptly checked by astringents. This form of treatment is not followed by bad results, such as would surely occur if the flow was menstrual.

Excision of the Ovary for Chronic Oöphiritis with Displacement.

Case II.—The patient in this case, from whom the left ovary was removed, is 28 years old, seven years married, and mother of two children, the younger of whom is very delicate. She began to menstruate when thirteen years old, and each flow has always been accompanied by pain. The patient is well-formed, of slight build, and feeble constitution.

The troubles for which she first consulted me (in December, 1875,) began shortly before her marriage, and have continued almost uninterruptedly up to the present time. There has always been dyspareunia, which occasionally has been so severe as to preclude sexual congress.

The patient has been treated by various medical men, for uterine disease, both locally and constitutionally, but without relief. For some years past there has been constant pain in the left groin, also, occasionally, severe pains running down the left leg. Every form of pessary has been used, but with no benefit, as their pressure could not be endured.

Present State.—The patient has an anxious expression of countenance indicative of prolonged suffering. The pains spoken of in the groin and down the leg are severe, and never absent. Muscles are imperfectly developed and soft. Cannot endure the fatigue consequent upon dressing, and therefore seldom walks or drives in the fresh air. Appetite is indifferent, and sleep unrefreshing. Bowels apt to be constipated. Upon vaginal examination find that the cervix uteri has been deeply fissured on the right side, and, although considerably united, there is very noticeable absence of muscular tissue at the point of union. The uterus is of normal size and healthy appearance. While examining the posterior surface of the organ, detected a small olive-shaped body which was exquisitely sensitive to the touch. Pressure upon this body excited all the neuralgic pains alluded to, and almost caused fainting.

By careful examination I found this body was movable, and as I could not detect the left ovary in its normal position—while the right was recognized—I concluded that it was a case of displacement of the left ovary with chronic inflammation of that organ. Drs. Hingston and Fuller subsequently saw the case, and agreed with me as to the diagnosis, viz.: that it was a case of *Chronic Oöphiritis* with displacement.

Prognosis.—The nature of the case, and the failure of all medical treatment to afford the east benefit, precluded the idea of obtaining relief short of excision of the displaced organ.

It was hoped that the removal of the source of the patient's troubles would cure her. After explaining the dangers connected with the operation, and the reasons it was recommended, the patient concluded to avail herself of the proposed chance of recovery, and requested that excision should be performed.

Operation. — 11 a.m., January 29th, 1876. Assisted by my friends Drs. Hingston, F. W. Campbell, and Fuller. The patient was anæsthetized by chloroform, and the insensibility kept up by ether.

The posterior cul-de-sac was exposed to view by Sims duck-bill speculum, and the vaginal wall divided in the median line to the extent of about three-fourths of an inch longitudinally. There was very little bleeding which soon

ceased, when I passed the index finger through the incision and easily felt the ovary through the peritoneum. The point of the knife was again used to divide the peritoneal layer; after which the ovary was grasped by the finger and brought through the incision and external to the vulva, when it was ligated with hempen thread and separated with scissors from its ligaments.

The stump was returned, and a pledget of lint inserted into the wound to act as conductor of any fluid that might occupy the cavity of the pelvis. The patient quickly regained consciousness. Within two hours after operation I removed the calico, as its presence was giving her trouble.

At 8 p.m., drew off 10 oz. normal urine. Ordered turpentine stupes to abdomen as she complained of pains over hypogastric region.

January 30th.—Very little pain in the abdomen. Removed urine morning and night. Slept well most of last night. Takes toast and tea, also gruel. Rests well on sides and stomach.

January 31st.—Slept most of the night. Got out of bed and passed a large quantity of urine. No pains. There is a little soreness about perineum and stomach.

February 1st.—Doing well. Gave an aperient to move the bowels.

February 2nd.—Patient felt very well. Examined vagina by the finger and found wound united, and not a trace of any effusion. From this date forward patient made rapid and perfect recovery from the effects of the operation, but her general health continues very feeble.

I have given a table shewing temperature and pulse. It is remarkable that the pulse never went above 88, while 99,5° is the highest point reached by the thermometer.

Subsequent History.—I have little more to add, and that little is unsatisfactory, inasmuch as the patient has experienced but little benefit from the operation. The only relief acknowledged is the removal of dyspareunia.

The general health of the patient, however, is so very poor, I am not without hope that, when her health has been established, she will be entirely relieved of her suffering.

32 Beaver Hall,

Montreal, May, 1876.

Conservative Surgery and Railroad Accidents. By WILLIAM FULLER, M.D., Professor of Anatomy, University of Bishop's College, Montreal.

(Read before the Medico-Chirurgical Society of Montreal, 16th June, 1876.

GENTLEMEN,—Having frequently observed men discharged from military hospitals with amputation performed in the thigh, within a very few inches of the hip, and even with both thighs amputated, I have been struck with the marked contrast in the success of military surgeons, compared with those engaged in ordinary practice, and dealing with the common accidents, which occur to men engaged in the trades, and on railways, the most fatal of all accidents. It is a notorious fact that very few survive a crush of the thigh by the wheels of a railway carriage, and a few thoughts which have occurred to me upon this important subject, I wish to present to the Society, with a view of obtaining the expression of its members upon a matter so vital to the interests of the largest and most useful portion of society, the workingmen. In order to arrive at a just conclusion as to this contrast, for I cannot admit that military surgeons are more skilled than we, we must examine first, carefully, into the different conditions of the accident, and, second, as to whether our treatment is modified to suit the varied conditions. In the accidents of war, though the instruments are blunt, the velocity is great, and the amount of shock sustained is in the inverse ratio to the velocity. I have often enquired of men injured in war of the sensation experienced upon being struck by a ball, and the invariable answer was that they knew nothing of it until the blood was discovered, or they had fallen on the stump of a limb carried away. At most, with a few only, a slight burning or sting was felt. The shock of the accident was comparatively slight. On the other hand, in railway and ordinary accidents, where the velocity of the force applied is slow, and parts are slowly crushed and bones ground in pieces, the shock is very great, and from frequent enquiry it was uniformly asserted by all, that the sensation was horrible at the moment of accident, and the mention of it recalled a terrible feeling which they could not describe. Even in some, a secondary shock was perceptible when the fearful moment was referred to. Experience has laid down certain rules by which military surgeons are guided in the necessities of amputation. The army surgeon amputates according to his rule, and though extensively injured, his patient survives, while, with equal skill on the part of the surgeon and equal con-

stitution in the patient, ours in a great majority of instances die from injuries far less extensive and important. Why is this? Doubtless it is owing to the degree of shock sustained by the system resulting from the different conditions of the accident. The soldier sustains little more than the shock of the knife, the civilian an infinitely greater shock in the injury, with the additional shock of amputation. Thus we observe that, according to the usual method of dealing with these injuries, the chances are very great in favor of the soldier. On comparison the question arises, can we in any way vary the treatment to suit the different conditions, and thus offer to our patients a better prospect of recovery? In other words, is the surgery of war adapted to a civil practice. The flattering results expressed by statistics of amputation in the army, I fear has led us astray, and from a contemplation of the great mortality and its causes in our own cases. Loss of blood is seldom the cause of death in railway accidents. The parts are torn or crushed, and most of the hemorrhage is venous. The cord twisted, by means of a stick, tightly around an injured limb, is not only unnecessary but exceedingly cruel, and if it is loosely drawn it does harm, as it prevents the return of blood through the veins while it fails to compress the arteries. Those in authority should divise some better, and less painful means of arresting hamoerhage. Shock is the most frequent cause of death in a serious injury. It is here we must look to economise the vital energies, if we desire to place our patients in a condition to compare with those of the army surgeon. We can never give them an equal chance, since the first shock in the case of a railway injury is much greater than both the injury and the shock of the knife in the other. How shall we diminish the shock? Obviously only in one way, viz.: omit the amputation, and leave the separation of the dead from the living parts to nature. Experience has yet to test the propriety of this measure. The surgeon may well consider and be cautious, with the formidable array of mortification and septicæmia on one side, and the double shock on the other. Cases frequently occur when we are called upon to decide, whether we shall let this man die quietly, or shall we interfere and kill him in the attempt to save his life. My own feelings are to let a doubtful case alone, from the belief that nature is capable of far greater accomplishments than is usually accredited to her. I think that we are possessed of too great a fear of gangrene, and that its management has not been sufficiently studied by the profession, from want of opportunity, since all doubtful cases are at once amputated. Of two evils we are bound to choose the least, and it appears to me for some reasons, and from observation, that simple traumatic gangrene is not so dreadful in its results, if properly managed, as to force us to a dangerous operation, the shock of which is most likely to destroy the remaining vital powers. It has been my practice in all cases of minor injuries, such as crushes of fingers and toes, and in more extensive injuries of the hand and foot, to leave the amputation to nature, and I have often been surprised at the result. Not only have I seen parts, crushed apparently beyond redemption, restored to their use with very little deformity, but when parts were lost, the stumps thus formed were as neat as any surgeon could desire for his credit, had the amputation been performed by the knife. The natural amputation possessed this advantage, that less was lost, since sloughing, contrary to the general belief, rarely extends above the actual injury. This belief, derived from a fallacy in teaching, together with a dread of gangrene, resulting from a want of knowledge of its management, leads the surgeon to perform amputation much higher than is necessary, for fear of including in the flaps parts deficient in vitality from the bruise. I will quote a few cases out of many, in illustration of the success of conservative surgery in minor accidents, and two more serious cases, one, of the arm, perfectly successful, and the other, of the leg, which would have necessitated amputation of the thigh, if the patient had been in a condition to support it. This last patient lived twelve days, long enough to prove some important points, and to offer some encouragement for further trial under similar circumstances.

Case 1.—A boy, aged fifteen years, had his hand caught in a carding machine. It came out much like a preparation to illustrate the ligaments of the hand. The back of the fingers and hand, as far as the wrist, was completely denuded of integument, nails, and cellular tissue, so as to expose the bones and the tendons which were also torn in shreds in places. The palmer surfaces of the fingers, as well as the palm, was also much torn, and a large part was removed in the accident, and also sloughed. The hand was dressed, portions replaced as well as possible, with a view of saving as much of the hand as might be useful. The result was that the whole cleaned up in a short time, granulated, became covered with integument, and, by proper attention to daily movements, a useful hand was preserved, with fingers almost as movable as before.

Case 2.—A man, aged 38 years, had the fingers of his right hand caught while coupling cars. All the fingers were crushed, the palmer surfaces were split and torn, exposing the sheaths of the tendons from the palm to the tips. The bones were fractured in several places, the first phalanges of the index, middle and ring fingers, were fractured about half an inch from the knuckles. These fingers sloughed, and were removed at the fractures just mentioned. Sufficient integument lived at the sides to cover the stumps. The little finger, with the exception of the fracture, near the knuckle, was apparently injured as much as the rest, yet it lived. Had amputation been determined upon at the time of injury, all the fingers would have been removed at the knuckle joints. The stumps are movable, and the little finger, though stiff at the first joint which was laid open, and the tendon on the back injured, yet, with the thumb makes a very useful hand.

Case 3.—A boy, aged sixteen years, had his foot crushed by a car wheel, which passed obliquely over the end of the great toe to the upper end of the metatarsal bone of the little toe, crushing all the small toes, which were removed with the greater portion of the metatarsal bones. The great toe was left, as it was thought it might recover. The integument of the dorsum of the foot sloughed, as well as that surrounding the metatarsal bones of the great toe, excepting a piece about the size of a shilling beneath the ball. The toe fell off at the last joint, as well as the tissues covering the first phalanx, excepting at its junction with the metatarsal bone, which left the bone projecting about an inch bare and dry. I expected to see it fall off at the joint, but in a few days it began to look transparent, then reddish, when a few granulations sprung out of the distal extremity, which developed into an appearance like a mushroom on its stalk. These granulations extended gradually upwards, until they were met by those from above, when the bone was entirely covered. The whole covered with integument and made a very useful support.

Case 4.—A man, twenty-five years of age, while coupling cars, had his arm crushed from the shoulder to the elbow. The condition was as follows: bone unbroken, skin distended to its fullest extent and much discolored, soft parts crushed to a jelly, so that the bone could be felt at any point distinctly, as if it moved through a sack of clots. There was no pulse at the wrist, and the arm was cold. There was sensation in the fingers, pain, and considerable shock to the system. The case apparently required amputation at the shoulder. Yet the arm recovered perfectly after a time. It was three or four months before it got strong. The pulse in the wrist did not return while I attended him, though he assured me that he had one before the accident.

Case 5.—A man, thirty-eight years of age, of good constitution and temperate habits, had both legs run over by the cars. The right thigh was bruised from the trochanter to the knee. The wheel mounted the limb just below the knee, crushing the soft parts, fracturing the bones, and making two small openings in the integument. The blood was coagulated in the dorsum of the foot, sensation was partially destroyed in the foot and toes. The left leg was completely crushed above the ankle, and was amputated three inches below the knee. The patient and his friends strongly objected to amputation of the right thigh, consequently it was left to nature, though all present were of a decided opinion that there was no hope of its recovery. The amputation of the left leg was performed at 7 a.m. The patient complained of considerable pain in the right leg at about 9 a.m., and at noon sensation was entirely lost in the foot and leg, with other signs of complete mortification of the part. The shock at this time was great, and the man continued to sink until about midnight, when he remained between life and death for a few hours. A slight reaction occurred in the morning, but as it was thought that he was too weak to survive amputation of the thigh, it was decided to remove as much of the mortified parts as could be done without fatiguing the patient. The foot was removed at the ankle, the bones of the leg separately, as high as the fracture, and as much of the leg as could be taken away without causing pain. The object of this measure was to provide for external drainage, and to prevent contamination of the system. The condition of the limb now was that of sloughed flaps after amputation, and, to all appearances, stood a fair chance of making a good stump below the knee, as the sloughing in front did not extend above the fracture of the tibia, which was just below the attachment of the ligamentum patellæ, and behind the calf lived about four inches below the fracture, sufficient to make all the flap that would be required to cover the end of the bone. The flaps of the left leg also sloughed along their inner surfaces, so that both limbs were in the same condition, excepting the bruise on the right thigh, which sloughed subsequently. An incision was made from the knee to within four or five inches of the trochanter, and the whole was washed frequently, to

remove the fœtid fluids and sloughs. The ends of both stumps, as well as a large portion of the exposed fascia lata, on the outer side of the thigh, cleaned up and granulated, before the patient died, which occurred on the twelfth day, from septicæmia, resulting from the sloughing of the contused cellular tissue of the thigh. A high reactionary fever, with a hard round pulse, was set up on the fourth day, and continued several days, which was the probable cause of the latter sloughing in the thigh. The flaps of the left leg were left open, without stitches, and no infiltration of any account took place in either leg, a point to which I will refer at another time. The points of interest to me in this case, and for which I was responsible in consultation, were: 1st. The leaving of the right limb to nature. 2nd. Leaving the flaps of the left without stitching. The latter, which I consider important in amputation after severe injuries, I will treat of in a future paper. The former, I will endeavor to defend as applicable to certain cases.

The experience of eminent surgeons is quoted in justification of amputation in all injuries where it is very doubtful that a limb can be saved, if there or, is a certainty that it will be lost. A conclusion which is subject to doubt since, there are many who have had a large experience in amputation as a routine practice, without having tried another method, so we should infer, as they are silent upon that point. Consequently their experience, which is all on one side, counts for nothing as a guide in practice. If we could always be convinced of the infallibility of the opinions expressed by books and instructors, it would be unnecessary to experiment, or to seek for any further progress in our art.

Unfortunately for surgical and medical progress, only such cases are reported which have been successful, and which reflect some credit upon the attendant. Unless in rare instances, no case finds the light, where a mistake, or unsuccessful experiment has occurred. Few men have the courage to sustain the criticism which might be passed upon their judgment at all times. And we are forced to admit that the profession is often too uncharitable toward an individual, who, in the excitement of a critical case, happens to err in judgment, or with a desire to advance medical science or save his patient, makes an unsuccessful experiment in an otherwise hopeless case. There is often a doubt in the surgeon's mind whether a part can be saved, and many a man is ornamented with a useful member, which the surgeon had condemned to amputation, and was prevented only by a want of the consent of his patient. Where there is the slightest doubt, the timid and the routinist amputate at once in fear of gangrene, and thus parts are sacrificed which might recover under proper management, and the patient is submitted to an unnecessary shock, which might prove fatal.

In simple death of a part not due to constitutional causes, or septic germs in the atmosphere, the danger is due to the absorption of the juices and gases of mortified parts into the system, and if we provide for the external escape of these, there is no more danger from a sloughed limb than there is from a sloughed flap after amputation, an occurrence which is frequently recovered from. In case five we observe that there was no material difference in the stumps, one was amputated and the flaps sloughed, while in the other the leg sloughed and was removed to within a very short distance of the living flesh. Both were then in the same condition, and both cleaned up and looked well. The man's death was due to the injury extending from the hip to the knee, which would have been an equal source of danger had amputation been performed, unless it was done at the hip, which was out of the question. A good flap lived below the injury, consequently had the thigh been uninjured, the limb would have been preserved below the knee, as in the other leg. Judging from this, and many other accidents of less extent, where sloughing of parts occurred, I am disposed to think that gangrene, even of a limb, is not so dangerous as is generally apprehended, provided that great care is taken for external drainage, by removing as much of the slough as possible, slitting up sinuses, and frequent washing away of decomposed matters. When gangrene continues to spread, despite these measures, I believe that it would occur in the stump after amputation, owing to a defect in the constitution, or to poisoning, as in hospital gangrene. In this case the patient would die whether amputation was performed or not.

While gangrene produces a fever, a high reactionary fever also produces gangrene in bruised parts, the vitality of which is low, so that it should be the greatest care of the surgeon not to allow the temperature of the blood to reach that state, which would convert a healthy into an irritable sore. Now that antipyritic treatment is so well understood in the treatment of typhoid fever, it is our duty to extend it to other diseases. In testimony of its efficacy, allow me to state that I have used it with great

benefit in scarlet fever, both baths and large doses of quinine, with the happiest result in ordinary cases, as well as in the dyphtheritic condition of the throat, where the fauces were in a highly inflamed and irritable condition with a very fœtid smell. I was highly gratified in the few cases I saw, to observe the inflamed appearance disappear when the temperature of the body was reduced. The secretion increased in quantity, and became more healthy. I have no doubt that had the high temperature been allowed to continue, a true anginose variety would have been developed, that is sloughing would have ensued. I make this observation in support of the belief that an excessive reaction is often the cause of spreading gangrene. Another cause is depression of the vital powers, from want of constitution, excessive hemorrhage, or shock, in which case the patient dies without rallying. An additional shock could not benefit these cases. I think that, in view of the very great mortality after amputations for railway injuries, probably owing to the additional shock of amputation, that since we have no authentic cases reported in books of surgery illustrating an opposite course of treatment, to the one generally recommended and practised, we are justified in exercising individual judgment in certain cases, as to whether it is advisable to amputate, or to leave the case to nature, with the adoption of such measures as will tend to obviate contamination of the system, by the decomposition of dead parts.

I desire a free expression of the members of the Society on this important matter, in order that no individual blame might rest upon the shoulders of any one who might choose to depart from the usual course of practice, if reason points it out him, as his duty between himself and his patient.

531 Wellington street.

A NEW MUCILAGE.—The *Journal de Pharmacie* states that if to a strong solution of gum arabic, measuring 8⅓ fluid ounces, a solution of 30 grains of sulphate of aluminum dissolved in two-thirds of an ounce of water be added, a very strong mucilage is formed, capable of fastening wood together, or of mending porcelain or glass.

In this connection "Monad" would say, that in dispensing he finds that the salicylic acid deposits in a short time from a mixture of alcohol and water, unless the former be in excess of that allowed by the necessities of the case; but when the acid is dissolved in *Liquor Ammoniæ Acetatis*, the solution remains perfect and its medical virtues unimpaired.

—*Canada Pharmaceutical Journal.*

Progress of Medical Science.

THE NEW REMEDIES IN FEVER.

Salicylic acid and salicylate of soda are at present attracting much attention in Germany for their property of reducing the temperature in febrile affections. We have already mentioned (see the preceding article) the researches of Frübringer, Mveli, and Wolffberg on this subject. and we propose in the present article to put our readers in possession of further observations, both clinical and experimental, which have recently been published. In the first place, as it was hoped that salicylic acid might become a cheap substitute for quinine in intermittent fever, it has been tried by several observers in that disease, but unfortunately, with only limited success. Dr. Arnold Hiller, of Berlin gave it to twelve soldiers, of whom six had ague for the first time, and six were suffering from relapses, and he found that though it really exerted some curative action, yet that ten times as much salicylic acid must be given in ague to produce the same effect as quinine; that this action is only exerted on mild forms and those which are treated early, and is scarcely preceptible even in proportionately large doses in severe cases, or in those which have relapsed; that its action is not only weaker than that of quinine, but much less persistent; and lastly, that relapses occur earlier and more frequently than is the case with quinine. Dr. L. Riess also found, that, while some cases in which he tried it were cured at once, others required repeated doses to produce an effect, while in the remainder it was necessary to give quinine before the disease could be subdued. Somewhat similar results were obtained in the out-patient department of the Augusta Hospital at Berlin, under Porfessor Senator, so that, as far as we can at present judge, salicylic acid is scarcely likely to compete with quinine in intermittent fever, more especially as in the large doses required it is, as Dr. Hiller proves, more expensive than the latter.

With regard to typhoid fever a considerable number of observations have been made, and especially by Riess (*loc. cit.*), who gave the acid in the neutralized form, as salicylate of soda, in as many as 260 cases. Whenever the temperature rose above 39° C., five grammes of acid were given in one dose in a solution of carbonate of soda. Sometimes the first dose acted only slightly, but the effect was always distinctly marked in the later doses. In cases of moderate severity only one dose was generally necessary in the twenty-four hours, and from the middle or end of the second weak only every thirty-six or forty-eight hours. From the third week onwards, the temperature seldom rose above, 38°, so that, on the average, eight or ten doses in all

were enough to keep the temperature almost normal. In spite of the reduction of temperature under the action of the salicylic acid, the frequency of the pulse was completely unaffected, although it often became stronger and less dicrotic. The severer cases, as well as those attended with delirium, were treated with a combination of cold baths with the acid, and it was found that under these circumstances the effect of the baths was more marked and more persistent than if they had been used independently. The treatment appeared to exert a distinct influence in shortening the duration of the disease; the average length of the febrile period in 164 cases which were treated early, and which ended favourably, being 13.1 days This may be looked on as a good result, considering the malignant character of the particular epidemic, the total mortality of the 260 cases being 63, or 24.2 per cent. Dr. A. Fisher has reported twenty-three cases of typhoid which were treated with salicylic acid and salicylate of soda in the Dresden Hospital, and, while admitting their antipyretic action, considers that, weight for weight, quinine is six or eight times as powerful as those drugs. Dr. Goltdammer treated fifty-six cases of typhoid fever with the acid, chiefly in the form of salicylate of soda according to Riess's formula. He found that in the first two weeks of the disease the acid was most effective if given in the evening, but that, when the period of morning remissions sets in, it is best given in the morning, and at that time, too, smaller doses of it are required. Of the fifty-six cases seven died; three of them from pneumonia. Dr. Goltdammer did not find, as Riess did, that the duration of the disease was perceptibly shortened by the treatment. Herr A. Nathan has also published a few cases of typhoid fever treated with salicylate of soda, with very favourable results. Contrary to the experience of Riess and Goltdammer, he found that a considerable influence was exerted on the pulse and respirations, both of which diminished in frequency. We have already (*Medical Times and Gazette*, Feb. 5, 1876, p. 144) called attention to the action of salicylic acid in acute rheumatism. Other observers agree with Stricker, that in this disease the effect is almost specific. In fairness it should be stated that Dr. Buss, of Basle, in his original paper—to which we owe our earliest knowledge of the antipyretic action of salicylic acid—distinctly stated (*loc. cit.*, p. 488) that he was inclined to ascribe a specific virtue to the drug in rheumatic fever. Dr. Riess has since made the same obversation in fifteen cases which he treated, and in fact four of these only required a single dose, and three others two doses, to produce permanent improvement. The atipyretic effect of the acid exhibits itself in other diseases besides the above mentioned—for instance, in erysipelas, primary pneumonia, and the hectic of phthisis,—though observers are not entirely agreed as to the relative effect in each disease; but we gather from their statements that the depression of temperature which the drug produces has a somewhat transitory character. With regard to the form of administration, the observers quoted are divided among themselves, some preferring to give the pure acid, and others the salicylate of soda. Buss prefers the pure acid (salicylic acid two grammes, and sugar one gramme suspended in water) and he states that so little does it disturb the digestion that he has himself taken at one dose four grammes half an hour before luncheon without being able to discover that his appetite was in the least affected byit. According to him, patients with fever can take larger quantities than healthy persons, and he frequently gave six grammes at a dose suspended like an emulsion in water. On the other hand, Hiller (*loc. cit.*) is much opposed to the use of the pure acid, at any rate in ague, since doses large enough to reduce the temperature decidedly (five to eight grammes) are not only most unpleasant to take, but are liable to produce vomiting as well as a feeling of burning and tickling in the throat, and possibly to set up ulceration in the stomach and and intestines; although there was no reason to suspect the latter events in any of Hiller's own cases. In consequence of the insolubility of the acid in cold water (1 part in 300) it is impossible to use a simple aqueous solution to reduce fever, since several litres would be required to introduce into the system an effective dose, and few patients would consent to be swamped, so to speak, with medicine, even if it were of a more agreeable kind than salicylic acid. The salicylate of soda seems, all things considered, to be the best form for administration, and it is probable that since the physiological action of the latter is equally pewerful, it will probably be preferred to salicylic acid in future by most medical men. Both the acid and the soda-salt agree in producing in full dose a sense of oppression in the head, and ringing in the ears. Buss describes a congestive period as occurring in healthy persons after doses of three or four grammes: in this there is a general feeling of warmth over the whole body, accompanied by general perspiration, and diminished acuteness of sight and hearing. This passes off in about a quarter of an hour, and the ringing in the ears succeeds about two hours later, and may last some hours or even a whole day when the dose has been very large. Copious sweats seem to be an almost constant effect of the remedy (Buss, Riess, Fischer, Goltdammer). Collapse has been noticed in a few cases. Goltdammer especially calls attention to this symptom, and states that in a slight degree it not unfrequently occurs. He mentions a case of acute tuberculosis in which the temperature was reduced to the normal by a five gramme dose, but in which the collapse was so severe that the patient

barely rallied. And in another case of severe typhoid fever, in the fifth week the patient died in the collapse that followed a similar dose. It should be noted, however, that Riess, in a much larger number of cases, only met with this symptom three times. Ulcerations or erosions of the mucous membrane of the digestive tract appear to be of very rare occurrence. They were not found in any of Riess's post-mortems, although carefully looked for, and in two cases of death from intestinal hemorrhage during typhoid fever which Fischer examined, it was proved that the blood came from the typhoid ulcers and not from any erosions which could have been produced by the salicylic acid. One case is indeed reported by Goltdammer, in which five or six ulcers were found in the stomach of a patient with acute tuberculosis, who had taken in all twelve grammes of the pure acid; but these may possibly be explained by the lowered state of vitality of the patient's tissues, and also by some impurity in the drug used. There seems to be very little doubt that the discrepancies between the statements of good observers with regard to salicylic acid are in the main due to differences in the samples of acid used, and that in the future those who administer it in large doses ought to be extremely careful that thy have to do with a really pure acid.—*Med. Times and Gaz.*, April 29, 1876.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM BY SALICYLIC ACID.

By Dr. Stricker, translated by "Monad."

Dr. Stricker, who publishes this work, recapitulates as follows the effects produced by salicylic acid in acute articular rheumatism. 1st. Observations made for many months prove that articular rheumatisms have always been treated with great success by salicylic acid.

2nd. The effect of the remedy is produced generally at the end of forty-eight hours.

3rd. Even before this time, with many patients, the temperature is lowered, and what is more remarkable, the local manifestations such as swelling, redness, and especially pain, have disappeared.

Dr. Stricker does not pretend that salicylic acid will cure all rheumatisms in forty-eight hours; but he declares the fact true when the treatment is applied from the very outset. Not being able to attribute to simple chance the constancy of the results, he does not hesitate to affirm that:

4th. Salicylic acid, beyond its antipyretic virtues, is the most efficacious remedy, perhaps the only radical one, against acute articular rheumatism, and he does not in any case fear inspection of his observations.

Since the work of Dr. Stricker has been published, Dr. Buss has produced a pamphlet which he has sent to Prof. Traube, and in which he arrives at the same conclusions.

Dr. Stricker requests physicians who propose to try salicylic acid in rheumatism, to conform to the rules that he has established for treatment. They must expect, according to him, from time and experience the modifications necessary in the choice of preparations and method of treatment.

At present, the observations collected by him prove that the salicylate of soda, administered in larger doses, produces the same effect as the acid itself.

The most remarkable effect of this remedy in rheumatic polyarthritis is not the lowering of temperature, but especially the soothing of the local pains. Nevertheless, in cases of rheumatism where no objective symptoms exist depending on the joints, and where the pain is purely subjective, the acid appears to Dr. Stricker to be contraindicated. Success, on the contrary, is not doubtful when there is swelling, redness, and heat of the joint.

As much as possible, the treatment should begin in the morning. The effect produced in the day will insure the patient a tranquil night.

In the practice of Prof. Traube, salicylic acid reduced to powder is employed. It is indispensable that it be pure, otherwise the effects of the medicine become hurtful: great irritation of the buccal, assophageal, and stomachic mucous membranes is caused. This is due to foreign principles, particularly to phenol, mixed with the acid, which gives them a yellowish coloration, and a troubled solution. When absolutely pure it crystallizes in white brilliant needles, is inodorous, and completely soluble in water and alcohol.

The acid may be administered in large doses without causing inconvenience to the digestive tube. Applied to the mucous membrane of the mouth and pharynx, it produces a sensation of dryness, later a slight burning, and increases the secretions from these membranes.

Dr. Stricker recommends the administration of salicylic acid in powder, in the dose of one-half to one gramme every hour, in unleavened bread, and he has never seen the least injury follow. These doses are continued until the patient can move his joints without pain. The quantity of the medicine necessary is variable; it may range from five to fifteen grammes. The remedy acts more rapidly in proportion as the case is taken early. There is nothing to fear in exceeding the quantity of fifteen grammes when necessary: the digestive tube will not suffer from it. Dr. Stricker speaks of a patient who took, unknowingly, in the space of twelve hours, twenty-two grammes of the medicine, and felt no pain in the stomach; and very singularly, this energetic treatment cleaned the tongue and brought back his appetite. A large dose may be given once, and thus replace small ones, without causing the least danger to the patient; but experience has not yet taught us the limit beyond which it will be dangerous to pass.

There may occur, in the course of the treatment, perspiration, ringing in the ears, and even a slight deafness; but these are of slight importance, and should not arrest the physician. It is not necessary

to regard the nausea and vomiting which are produced in extreemely rare cases.

Dr. Stricker does not possess data sufficient to show the influence of salicylic acid on the production of secondary inflammations, and particularly of eudocarditis, which supervenes in the course of acute articular rheumatism. Most of the patients that he has treated presented injuries of the orifices, or signs of endocarditis, at the time the treatment was begun.

His statistics consist of fourteen cases; without doubt this number is small, but his observations present such an agreement, that after having compared them with one another, physicians will be tempted to try this new mode of treatment. It is not to be supposed that a rheumatic patient freed from his pains by salicylic acid, can return immediately to his employment: he ought, as other patients, take a certain time for convalescence. It remains to be seen if it will not be useful to continue for several days the exhibition of salicylic acid in decreasing doses. Subsequent observations will demonstrate the value of that assertion, expressed *à priori*.

ON TOPICAL BLOODLETTING.

On this subject, Dr. Mapother writes, in the Dublin *Medical Journal*:—

If Luschka's statement that the umbilical vein, or ligamentum teres, of the adult is constantly pervious from the left branch of the portal to the deep epigastric, be correct, then leeching round the navel may be direct and effectual in inflammations of the liver and all other organs discharging blood by the portal vein. This anatomical point, however, requires confirmation.

For acute dysentery of the tropics, and other inflammatory affections of the abdominal organs, a hundred or two of leeches have been used without avail, according to writers of the last generation, while half as much blood drawn quickly from the arm produced a profound impression on the system.

There is no organ which has so special a blood-supply as the kidney. Insulated in a mass of fat, it joins no other part by vessels, except on the left side the testis, by the spermatic.

Renal congestion can, therefore, be scarcely influenced by leeching, or cupping the loins, and the good supposed to follow them must be attributed to the warmth, rest, and low diet, which usually are enforced; the first determining to the skin, to the relief of the renal arteries, the others checking the formation of nitrogenized compounds. The labor of the organ is lessened by all these means.

The testicle returns its blood by the spermatic veins, and as these vessels pass through the groins and join the superficial veins of the region, leeching there is best calculated to relieve the organ. The veins of the scrotum return to the superficial pubic and epigastric, and puncturing them I have found valueless in cases of orchitis, while the risks of erysipelas or ecchymosis forbid leeches.

The anus has been often selected for leeching in hepatic congestions; but as it is only the superior hemorrhoidal veins which return to the portal vein, any external bleeding can only be indirect. The middle and inferior hemorrhoidal veins go to the internal iliac. In the male nothing can be more intimate than the anastomosis between the veins of the bladder and postate and rectum, and hemorrhage from one of these regions is often vicarious with that of the other.

To draw blood in acute cystitis or prostatitis the surface of the rectum is the fit site, and as leeches will scarcely fix there, it is better to puncture one or two veins with a narrow, long bistoury, the gut being held open by a speculum.

Concerning obstetric subjects, I always speak with diffidence. While it must be acknowledged that we have learned much from the practice of letting blood by direct incision of the womb, for congestive or inflammatory affections, it appears necessary that, in the case of virgins, we should seek some other source of depletion; the need, on account of moral reasons, is obvious; and, anatomically, the uterine plexus is slightly developed in the unimpregnated, and depletion from the labia or rectum will drain more fully. Around the rectum there is a free junction between the superior hemorrhoidal and uterine veins.

The veins in the limbs, deep and superficial, join at most numerous points, in order that the circulation shall not be interrupted during muscular action. Leeching the skin over an inflamed joint or periosteum is, therefore, the same as opening the vessels coming from the invaded part, and hence the undoubted efficacy of the measure in such cases. By the way, it is remarkable that we so rarely find the muscles the seat of inflammatory action. The rapid flow of blood, urged on by the muscles themselves, which are like hearts to the veins, may account for the immunity; whereas the fibrous tissues, so sparingly supplied, are often inflamed in the subacute way, and topical bloodletting is most efficacious. When treating aneurisms by complete pressure, leeching over the sac should give aid, by lessening the tension of the arrested blood, relieving it of serum, and increasing the fibrin. In cutaneous inflammations, erysipelas, acne, etc., the flow of blood and its effused fluids, by incisions, is too obviously efficacious to need comment.

Venesection at the bend of the elbow is almost a thing of the past, and to the question of general bloodletting I do not allude, but in severe whitlows and synovitis of the wrist joint it gives striking relief as a topical measure.

The same may be true of opening the internal saphena vein in acute inflammation of any part of the lower extremity.

As to the modes of topical bleeding, leeching is very generally applicable, and the German practice of puncturing the left side of the animal, so as to open the last of the gastric pouches—bdellatomy, as it is termed—is worthy of imitation, as blood flows far more rapidly, and the quantity is trebled from

each bite. Cupping over the bites, when the leeches have dropped off, draws blood quicker than stuping, and the bleeding will more readily stop, for the blood coagulates, its gases being exhausted.

Still, without dread, we cannot order the introduction of leeches into the nasal, pharyngeal, rectal, or vaginal cavities; and puncturing the veinlets, and aiding the flow by irrigation with warm water, may be well substituted. Incisions draw blood more quickly, and the bleeding is more easily stopped. I have often bled from the nasal septum by touching the mucous membrane at three or four points with a sharp, long bistoury, the ala nasi being fully everted.

Let me now recapitulate some of the organs and the superficial spots whence they may be drained :— The eye, at the mastoid process and angle of jaw; the cerebral hemispheres, at the nasal septum and posterior, inferior angle of the parietal; the base of brain and ear, at the mastoid; the right heart, over the thyroid body; the pericardium and front of pleuræ, outside the caps of sternum; the lungs, along the bases of scapulae; and the digestive organs, from the rectum. From the veins of this gut, also, those of the bladder and prostate, uterus and ovaries, can be depleted.

ON TREATMENT OF CONVULSIONS IN INFANTS.

Mons. Blanchez, in a lecture on diseases of children, in the *Medical Times and Gazette*, lays down the following rule for the treatment of convulsions. If it be a single attack, and gives no signs of a tendency to recur, it is best to confine ourselves to some hygienic precautions, such as securing efficient ventilation, etc. If the attacks run into each other, or recur at short intervals, revulsives should be applied to the lower extremities, compresses of cold water, or of water with ether, being also laid on the temples. Compression may at the same time be made on the carotid arteries, as recommended by Trousseau. The pulsation of these vessels must be sought for at the lateral parts of the neck, and then they must be gradually compressed backward toward the spinal column. The amelioration should be rapid; and if after two or three minutes it has not manifested itself in an evident manner, the compression should not be longer continued. Inhalations of chloroform may then be resorted to, administering them in a very gentle and gradual manner. In order to avoid all danger, slight as this is, it is necessary that a certain quantity of air should be always mixed with the chloroform vapors. In some cases special indications present themselves, as for the employment of an emetic when it is well made out that the convulsions are due to indigestion. When the attack has been overcome, we must try to modify the general eclampsic condition by having recourse to anti-spasmodic treatment; but the management of agents of this description requires great prudence, several of them being of a dangerous character. Their dose is of great importance. For an infant. from eight to fifteen months old, we should never exceed the dose of thirty centigrammes, after having commenced with five centigrammes. The maximum dose of belladonna powder is ten centigrammes, after commenced with one, increasing it very gradually, and carefully watching the throat and pupils of the child. We may proceed more boldly with oxide of zinc or James' powder (which M. Blanchez has not found of any special utility), of which ten centigrammes may be given every two hours; but bromide of potassium and chloral are to be preferred to any of these remedies. Of the bromide from ten to twenty centigrammes may be given every two hours, until fifty or sixty centigrammes are reached in an infant, and from two to three grammes in a child of seven. The effect should be manifest at the end of twenty-four hours, or the dose should be increased. A mixed treatment of the bromide and chloral gives little better results, the bromide being given during the day and the chloral at night. The maximum of the latter agent is twenty-five centigrammes for an infant, and fifty for older children.

SALICYLIC ACID IN THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

Salicylic acid, since its introduction into the materia medica, has been very extensively employed as an antiseptic and febrifuge. Its exact value in both of these offices is still apparently *sub judice*. Within a few months, surprising results have been claimed for it in the treatment of acute articular rheumatism, and we give below a summary of the results attained by several recent German observers. Thus Dr. Stricker, from its use in Prof. Trub's wards declares it has been found on trial to be a remedy capable of definitely curing recent cases of rheumatic affection of the joints in an exceedingly short time. He does not claim for it the power of absorbing exudations which have already taken place in the joints; in the acute stage he finds improvement is coincident with the fall of the temperature. He considers it harmless, if given in doses of from 7 to 15 grains an hour. While these are safe doses for young and vigorous psrsons, they may, in those who are advanced or weakly, produce some excitement, with ringing in the ears, deafness and sweating. To prevent relapses he advises that the acid should be continued in diminishing doses for some days after the chief symptoms are subduced. The acid is of very doubtful utility in chronic rheumatism, and that associated with gonorrhœa and dysentery. Dr. S. uses the pure acid in a pulverized or finely crystallized form.

Dr. Hildebrandit, in the *Deutche Med. Wochershr*, No. 7, 1J36, gives the details of a case of acute rheumatism, occurring in a girl of eleven, to whom he gave the salicylic acid in doses of $3\frac{3}{4}$ grains hourly. with the result of complete relief of the symptoms at the end of thirty six hours. It was continued in doses of $1\frac{1}{2}$ grains for some days longer.

At the end of a short article on the various uses of salicylic acid, in which its use in diphteria occupies most attention, D. Robert Buch. from his own experience in a number of cases, confirms the favorable

views of Stricker regadging its use in acute rheumatism. With him, too,it has proved unsatisfactory in the chronic form. He prefers to give it, as recommended by Hanow, in solution with phosphate of soda; and not, according to the plan of Schulz, suspended in mucilage.

L. Riess, of Berlin, is inclined to speak more guardedly than Stricker of the action of the acid in rheumatism. Thus he recommends it as a valuable antiseptic in this disease, and says that in many cases, especially when coming early under treatment a great amelioration of the symptoms is conicident with the deflorescence. From his figures, however, it would appear that the duration of treatment in a majority of cases is not very short. His own plan was to give the remedy in large single doses, combined with soda, as often as the temperature reached 102.2° N., but he afterwards adopted Stricker's so far as to give 15 grain doses hourly; using as before however. the solution, with phosphate of soda, and not the pure crystals. Still his results were much less favorable than Stricker's. He has more recently used the commercial salicylate of soda.

D.: Julius Steninitz, of Berslau, gives details of three cases, in which he gaveto two adults doses of 7½ grains hourly of the pure acid, and to a child of six and a half years 3 grains at the like intervals. The two former were practically free from pain and fever after nineteen and twenty doses respectively, although the second one had been complicated with very voilent delirium. The child required but sixteen doses. Dr. Steinitc, too, has found it entirely valueless in chronic rheumatism.—*Berl. Klin. Woch., Feb.* 21, 1876— *Allg. Med. Cenl. Zeit. Feb.* 23, 26, *Mar*, 1 *and* 4, 1876.

ON THE TREATMENT OF PITYRIASIS CAPITIS BY SOLUTION OF CHLORAL.

In a paper read before the Société de Thérapeutique of Paris, reported in the *Bulletin Général de Thérapeutique*, Dr. MARTINEAU advocates the treatment of pityriasis capitis with solutions containing chloral. After remarking on the persistence of pityriasis and its obstinate resistance to the numerous drugs which have been tried against it, Dr. Martineau says: "If I am not deceiving myself, chloral offers us a means if not certain at least very efficacious for the treatment of this rebellious affection." In the hands of Dr. Martineau and also of Professor Tardieu, the following solution has given excellent results: water, 500 grammes; hydrate of chloral, 25 grammes. This solution should be made lukewarm, and applied in the morning with a sponge to the diseased parts. The part touched with it must not be wiped. If the pityriasis be recent, a single application will often suffice for its cure; if it be old, it disappears to reappear later on. The solution of chloral always has the effect of causing a disappearance of the rash and the pruritus, so that it is sufficient to continue the lotion in a case of chronic pityriasis until the patient suffers no inconvenience from his disease. If the pityriasis be complicated with any other cutaneous affection, as erythema or prurigo, it is necessary, before employing the solution of chloral, to use the following liquid: water, 500 grammes; hydrate of chloral, 2½ grammes; Van Swieten's solution, 100 grammes. This solution should be used every morning with a small sponge. When the affection which complicates the pityriasis has disappeared, the chloral solution may be returned to. The application of solution of chloral causes immediate redness of the skin and provokes slight itching, but these inconveniences only last a few minutes.—*London Med. Record*, March 15, 1876.

TREATMENT OF RINGWORM.

Mr. ERASMUS WILSON considers (*Medical Examiner*, April 6, 1876,) that a really healthy child cannot have ringworm. Therefore, where tinea is found to exist, the practitioner should set himself the task of improving the strength of the patient. Ringworm is usually most rife at the growing period of life; it is rare in infancy, and ceases altogether after puberty; so that it is at the growing period, when the greatest demands are made on the nutritive power of the individual, that the disease prevails. It is at this period that demands are also made on the vital powers for education, and children are removed from the care and indulgences of home to the less agreeable duties of school. There can be no doubt that there may be poorly nourished children at home as well as at school, and hence the ringworm may prevail in the family at home as well as in the family at school. As a prophylactic against ringworm, and also as a remedy for its cure, Mr. Wilson would begin by enforcing a generous and nutritious diet, meat in some form three times a day, puddings made of flour and suet and varied in flavor and taste and a little good beer. The quantity must be regulated by the appetite of the child. There need be no excess, but every meal should be as nearly as possible equally nutritive. Adults deem it necessary to have three nutritive meals a day, whilst the children of the family are often put off with two, possibly because they are little; but they are in reality the germs of the future great, and have abundant employment for their nourishment in building up a healthy structure for the coming man. If they are deprived of the wherewithal, the coming man, and all that springs from him in the future, will be weak and feeble, and as time wears on will develop those diseases which are known to be the consequences of a feeble constitution. The diet of children we often find reduced to the miserable standard of bread and butter and milk and

water for breakfast; for dinner, meat and milk and rice puddings with water, and in the evening, bread and butter and milk and water. No better method could be devised for engendering ringworm, scrofula, phthisis, and cancer. It is quite true that in some instances children will not thrive even on the best selected diet, but in these cases it is perfectly surprising what may be accomplished by a few drops of arsenical solution added to the food. It is with this object, after securing a good and substantial diet as preliminary to the treatment of ringworm that Mr. Wilson is in the habit of prescribing ferro-arsenical mixture, in doses representing two minims of Fowler's solution with each meal three times a day. This treatment he declares to be infallible, and suitable to every case. Where ringworm prevails in public institutions or in considerable aggregations of children, it is customary to lay the blame on contagion, whereas it would be more consistent with truth to admit that the surroundings of the invalids are not favourable to the promotion and maintenance of general health. Cod-liver oil, which is sometimes of great value in tinea as well as in favus, is probably nothing more than a means of nutrition, and may take its place by the side of diet. And arsenic is a useful and indeed necessary remedy—*Practitioner*, May, 1876.

LIQUOR POTASSÆ IN DIPHTHERIA.

In a letter to the June number of the Boston *Journal of Chemistry*, Dr. Edward H. Sholl, of Gainesville, Alabama, says:—

Some five or more years since, my attention was called to an article on this subject in my weekly companion, the MEDICAL AND SURGICAL REPORTER, of Philadelphia, by a physician of Philadelphia, whose name I do not now recall, directing attention to the use of the liquor potassæ in this disease.

Not satisfied with any treatment pursued in my practice prior to that time, the resolution was made to test this. An opportunity was soon afforded in a case of an adult male, and of extreme severity. To be certain, four physicians were called to examine and diagnose the case. All agreed as to its specific nature. For more than twenty-four hours the disease had been treated with iron, chlorate of potash, ammonia, etc., but the symptoms of debility, with local invasion of the throat, were rapidly increasing. All previous medication was suspended, and he was put upon the use of the liquor potassæ alone, in twenty-drop doses every three hours. In thirty-six hours every trace of the membranous deposit was gone, and the fever subsiding. The patient went on to speady convalescence, and was soon able to leave my office, where I had kept him in order to conduct the experiment accurately. Since that time the remedy has been used, with like result, in every case of diphtheria coming under my care, and is given in doses suitable to age, every three hours. Usually, in the early stage, I alternate it with a four-ounce saturated solution of chlorate of potash, to which is added one fluid drachm of hydrochloric acid and two of tincture of iron, of which a small teaspoonful, properly diluted, may be given to a child six years old every three hours, allowing thus an hour and a half between the different medicines. When the membrane disappears, the iron mixture is discontinued, and an emulsion of cod-liver oil and syrup of lacto-phosphate of lime used till strength is restored. The liquor potassæ is continued as long as the membrane is present, and until the fever entirely gives way.

EXPULSION OF A LARGE GALL STONE.

(Dr. G. V. Dessauer, in Valparaiso. Vol. 66. Feb., 1876.)

A French lady had previously had several severe attacks of colic. When the doctor was called to see her she had been suffering again for a fortnight from colic and constipation, and had vomited almost everything during the last eleven days. Therapeutics had not influenced her. He noticed the presence of jaundice, and found a rapid pulse. The liver was enlarged, and a tumor of the size of a fist was observed in the lumbar region, while another one of about twice this size was situated near the bauhinian valve. His diagnosis was gall stone colic. The treatment consisted mainly in the application of eleven clysters, each of which contained six grains of opium. These were followed, until the next day, by copious stools, while the patient's state became better. A gall stone as large as a walnut was detected in the stools. Its base presented a single facette. By this the physician was induced to announce the passage of a second stone, which, indeed, occurred two days afterwards. Both stones fitted exactly together; and, if combined, they have the size of a small hen's egg. Before the second stone had passed there were given six clysters, containing, together, thirty-six grains of opiom. The patient made a quick recovery, and it is remarkable that no symptoms of intoxication were observed, in spite of the enormous dose of one hundred and two grains of opium administered to the patient within a few days. Prof. Virchow adds: that both stones were sent to him; that they consist of cholesterine and pigment; and, that the bile duct was not dilated, when the stones were passed, but that these must have caused an ulceration of the duct beforehand, followed by an ulceration of the duodenum. He remarks that stones of this size are rarely passed during life.

MEDICINE AMONG THE CHINESE.—In China there is no restrictive law in relation to the practice of medicine or pharmacy. Any one who chooses may begin the practice of either without preparation. As with us, medicine and

physicians are considered fair objects of pleasantry, satires and epigrams; nevertheless—as with the people of the Western nations—the Chinaman sends for the doctor on the slightest occasion.

When the physician reaches the patient's house, all the members of his family collect in the sick room, and the practitioner begins by consulting all the pulses of his client; then he gives his opinion upon the nature and gravity of the disease; but this opinion, far from being accepted without reflection, is discussed and commented upon by the entire family, including the patient himself. When they have finally come to an agreement, he informs them of the price of the medicines, and the probable number of visits which the case will necessitate, or he may undertake the case by contract. The fee for a visit, medicine included, varies from 15 to 60 cents. If the disease appears to be necessarily mortal, or that there will be small chance of escaping the danger, the patient resigns himself to his fate, and a fine coffin is bought and placed in his chamber where he can see it and thus console himself for having to leave this life—he will, at least, be sure of suitable obsequies.

When a patient has been, or believes that he has been cured, thanks to the care of his physician, he goes in great pomp to the dwelling of the latter and presents him with a black tablet a yard long covered with inscriptions in the following style: "Thou didst come, and my pains fled away like criminals before the judge!" "As the sun causes the snows to dissolve, so hast thou caused my disease to disappear!" "The gates of the other world opened yawningly before me, thou didst close them suddenly!" The physician is not slow in suspending these tablets of praise at the front of his house; they bear witness to his extensive practice and to the efficacy of his cures.

But back-biters assert that he does not always wait for his patients to come and decorate his house walls with these witnesses of gratitude, but that he paints enthusiastic inscriptions himself for the approaches to his door.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL.

Messrs. J. H. Coates and Co., of 822 Chesnut street, Philadelphia, announce the commencement of a publication, with the above name, under the direction of Carl Seiler, M.D., assisted by J. Gibbons Hunt, M.D., and Joseph G. Richardson, M.D.

This publication is intended to replace the microscope, as far as is possible, for those physicians who have neither opportunity nor leisure to make observations with the instrument for themselves; and also to furnish microscopists, for comparison, correct representations of typical specimens in the domain of normal and pathological histology.

As the pictures are obtained directly from the microscopic objects by means of photography, and printed from the negative by a reliable mechanical process, they have the great advantage of being faithful copies of the pictures formed by the lens, and there is nothing produced that is not actually visible in the instrument, thus avoiding the diagramatic character and the subjective coloring which is so frequently found in drawings made by means of the camera lucida. In fact, the illustrations used in the lecture-room and found in books, are idealized so much as rarely to give an exact impression of the specimen as it really exists.

FRENCH MEDICAL NIGHT SERVICE.

To remove the inconveniences and hardships attendant upon night service on the part of physicians, the prefect of police of Paris proposes to establish a service similar to the one existing in St. Petersburg. He recommends the following arrangement, which will necessitate an addition to the expenses of the city of a sum of about ten thousand francs only. In every quarter medical men will be invited to declare whether they are disposed to attend to requisitions addressed to them in the night. The names and domiciles of those who may be willing will be inscribed on an official list, posted in the police stations of the quarter. The person who may require a doctor will go to the neighbouring police station, and will select from the list the name of the practitioner whom he desires. A police officer from the station will accompany him to the house of the medical man, will follow the latter to the house of the patient, and will, when the visit is over, re-conduct him home. On leaving him he will give him an order on the police treasury for *ten francs*. According to the pecuniary position of the patient the administration will reclaim the fees paid, or will assume the cost of them.

Dr. Portal (in *Bull. Gén. de Thérapeutique*, August 15th, 1875) relates three instances where chloral was successfully employed. Albuminuria was present in each. The first was attacked six hours after labor, the two others during parturition. One was delivered naturally, during the attack, of a still-born child; in the other case forceps were applied, on account of the pains having disappeared when the attack had ceased. The first had had twenty-four attacks, coming on regularly every quarter of an hour; the second eight; and the third seven attacks. Ninety grains of chloral were administered in each case. In the two latter, twenty-five milligrammes of morphia were also injected. All the patients recovered. In six previous cases treated by leeches and inhalation of chloroform, the author had six deaths to deplore.—*Obstetrical Journal.*

BORACIC ACID AS A DRESSING FOR WOUNDS, ETC.

This acid has been introduced as part of Lister's antiseptic treatment, but Dr. Cane of London, uses it also as a simple dressing, and finds that it is an excellent substitute for the antiseptic dressing, which cannot be generally employed in private practice on account of the lack of skilled assistance. Recent wounds, both simple and contused, heal with wonderful rapidity under its use. Dr. Cane uses a saturated solution made with boiling water, and lints of cotton wool soaked in this lotion and then dried, when the acid is copiously deposited in the fine flaky crystals between the fibres. The wound is first washed with the lotion, and then a pad of dry lint folded three or four times is laid over it and kept in position by pieces of strapping. The lotion proved most serviceable in a case of phlegmonus erysipelas, the part being frequently bathed with the lotion and kept constantly wrapped in linen cloths wetted in the same. As a dressing for old ulcers of the leg the boracic lotion and lint are cleanly, and healing takes place rapidly under its use sometimes succeding when all other applications have failed. For boils on the neck and elsewhere, the boracic lint is an excellent application; a piece large enough to hide the boil, covered with a piece of gutta-percha tissue, often gives great relief. A poultice made with the boracic lotion and Iceland moss is a capital and efficient remedy for carbuncles and other cases that require poultices. Lastly, the lotion and an ointment made by rubbing down one drachm of the acid with one ounce of simple ointment or benzoated lard, are often serviceable in pityriasis versicolor, tinea circinata, and other vegetable parasitic diseases.

Briefly to sum up the advantages of boracic acid

1. It is an *antiseptic which does not irritate and inflame*, and so allows the natural processes of healing to go on without much interruption.
2. It is exceedingly simple in its application.
3. It can be used in the shape of lotion, lint, cotton, wool, etc., in combination with most other methods of treatment.
4. Its cost is trifling.—*The Lancet.*, May 20th.

EMPYEMA AND THORACENTESIS.

In answer to a series of questions as to the treatment, causes, and sequelæ of empyema, Dr. Bowditch, of Boston, states that, although he cannot give the percentage of recoveries in his practice, he has up to this time performed thoracentesis 328 times, on 207 patients, and that none of his patients have died immediately, or in consequence of the operation. He explains the large number of deaths after the operation, in Europe, by the desire of the operators to do too much, and thus prolong the operation beyond the time proper for the patient. They desire to get out all the fluid that can be drawn. His own rule is to stop suction the moment the patient begins to suffer from *any uncomfortable* symptoms—stricture of the chest, severe harassing cough, etc. A mild cough is a favorable sign, as it indicates expansion of the lungs. This rule applies to all cases, whether serum, pus, bloody or fœtid fluid be found in the pleural cavity.

Dr. Bowditch asserts that nearly all children with empyema recover after thoracentesis. Adults with recent trouble are in a more favorable condition for recovery than when the disease is chronic. Sometimes after repeated operations phthisis is liable to set in. In such a case the repeating of the aspiration is a bad mode of proceeding. It is better, if after aspirating once, or at most, twice, a constant tendency to the re-accumulation of pus is found, to make a free and permanent opening. This may be made by means of a trocar and canula just large enough to admit the passage of a drainage-tube. Shorter canulas must be substituted for the one originally used, according as the cavity diminishes in size. A free incision is more painful, but is the better operation of the two. With regard to the subsequent treatment, as long as laudable pus is being thrown out, and the lung is expanding, and the patient is improving, Dr. Bowditch does nothing. He thinks that patients are often made worse by too much "washing out the cavity." If, however, the patient fails, has hectic, etc., he uses injections of warm water, which often produce the happiest results. He has not used carbolic acid, but thinks that it may be useful. Constant drainage is his rule. Where the fluid drawn is serous he prefers repeated aspiration to a permanent opening. If the serum be bloody at the first operation he never makes a permanent opening, for the case is then one of malignant disease. Empyema may occur in persons previously healthy; but a bad constitution is often at the bottom of the matter. As sequelæ, Dr. Bowditch has never met with Bright's disease or enlarged liver, but has met with tuberculosis and enlargement of the heart in a few cases. In these last cases, though the fluid did not reaccumulate, the lung never regained its free expansion, and after months of trouble the patients died suddenly with cardiac symptoms.—*Cincinnati Lancet and Observer*, June, 1876.

GLAUCOMA—TREATED BY TREPHINING THE SCLEROTIC.

Dr. A. Robertson (*Edinburgh Med. Jour.*, Feb., 1876,) has devised an operation suited to those cases in which an iridectomy could not be satisfactorily effected, or others in which it had failed to afford relief. The operation consists in trephining the sclerotic, thus making a circular aperture into the chamber of the vitreous humour about one-twelfth of an inch in diameter. The escape of some of the contents of the eye at once served to reduce the tension, while the author believed that this effect was probably permanent, as the circular opening in the scleroti must be filled up by new tissue having less resisting power than the original membrane, and would thus readily yield to pressure from within, acting the part of a safety valve, should at any future

time the contents of the vitreous chamber be increased in amount.

In four cases, Bowman's cornea trephine had been used. The objections to this instrument were the difficulty with which it penetrated the tough scleroritic and with which it was held while making the necessary rotary movements. In all cases the aperture was made through the upper part of the sclerotic, at a point about two lines from the margin of the cornea.

LARGE CALCULUS.

The following account of a calculus of gigantic magnitude is copied from the preface, by a Mr. Gouge, to an old book of sermons by the Rev. Nicholas Byfield, Isleworth, who lived in the time of Queen Elizabeth and James I. The book was published, after his death, by the editor, Mr Gouge, to whom we are indebted for the details of this remarkable case, and is dated 1623.

"It appears that he carried a torturing stone in his bladder fifteen years together and upward. I have heard it credibly reported that, fifteen years before his death, he was by a skilfull chirurgion searched; and that, upon that search, there was a stone found to bee in his bladder; whereupon hee used such meanes as were prescribed to him for his case, and found such help thereby, as he thought; that either the chirurgion which searcht him was deceived; or that the meanes which he used, had dissolved the stone. But time which manifesteth all things, shewed, that neither his chirurgion was deceived, nor yet his stone dissolved; for, it continued to grow bigger and bigger, till at length it came to bee of an incredible greatness. After his death, hee was opened, and the stone taken out; and being weighed, found to be 33 *ounces and more in weight;* and in measure about the edge, *fifteen inches and a halfe;* about the length, *above* 13 *inches;* about the breadth, *almost thirteen inches:* it was of a solid substance; to look upon, like to a flint. There are many eie-witnesses besides who can iustifie the truth hereof. A wonderfull work of God it was, that he should bee able to carry such a stone in his bladder, and withall to doo the things which he did."—J. M. WINN.—*Brit. Med. Journ.*, April 11, 1874.

ARREST OF CONVULSIONS BY THE SINISTRO--LATERAL POSTURE.

In *The Practitioner* of April, Dr. Fred. James Brown reports that he has seen two cases of convulsions arrested almost instantly by turning the patient over upon the left side. He says: "I adopted this procedure from experience of the good effects of this posture, both during chloroform inhalation, and subsequently in the stage of recovery from the anæsthetic. The profession owes a debt of gratitude to Mr. Bader, for first pointing out the advantages of this posture when danger threatens a patient under chloroform inhalation.

"A few months since, a man suffering from Bright's disease was seized with uræmic convulsions in my presence. I turned him upon his left side and the convulsions ceased instantly.

"Recently a man, aged 56 years, in impaired health from chronic catarrh, was seized with unilateral (right) convulsions. His consciousness and power of speech were intact. He had been convulsed for ten minutes when I entered the house, and he was growing worse. I turned him over upon his left side, and the convulsions ceased in about ten or fifteen seconds. He had experienced a similar seizure on Dec. 9, 1875.

"I hasten to report these cases, for I am certain that marvelous results will be obtained in convulsive diseases [possibly even in epilepsy] by sinistro-lateral posture. I conjecture that this form of posture acts beneficially by favoring the action of the heart, but I leave this question to physiologists."

CHLORAL AS AN EXTERNAL APPLICATION.

The disinfecting properties of chloral are often utilized in the treatment of wounds, or of cavities containing fluids that have a fetid odor. M. Sivedey adds to it tincture of eucalyptus, in the following proportions:

℞ Tincturæ eucalypti,
Chloral hydrat .....āā ʒ i.
Aquæ..... .....Oi.

This solution is very useful when employed daily as an injection in cases of empyema, of cysts that have been punctured, and in all other analogous cases.—*Journal de Méd. et de Chir.*, May, 1876.

—The following specimen of English, pure and undefiled, is from the Liverpool *Times:* "A doctor was lately summoned to a cottage at Harwood, in Teasdale, and found a boy in need of his services. 'Put out your tongue,' said the doctor. The boy stared like an owl. 'My good boy,' requested the medical man, 'let me see your tongue.' 'Talk English, doctor,' said the mother; and then, turning to her son, she said: 'Hoppen thy gobbler, and put out thy lolliker.' The boy rolled out his tongue in a moment."

THERAPEUTICAL NOTES.

PAINFUL MENSTRUATION.

Dr. Baker, of Norristown, has found the following formula, given a week or ten days before the menstrual period, to yield almost sure relief in painful menstruation:—

℞.	Pil. ferri carbonat,	ʒ iij
	Ext. conii mac.,	ʒ ijss
	Ol. cinnamom.,	*m*xxx
	Syr. tolutani,	℥ ij
	Syr. simplici,	
	Aquæ,	āā. ℥ vij. M.

Tablespoonful four times a day.

DIFFERENTIAL DIAGNOSIS OF CROUP AND DIPHTHERIA.—Dr. J. Solis Cohen, Medical Record, presents the following differences between croup and diphtheria:

CROUP.	DIPHTHERIA.
Non-specific in origin.	Specific in origin.
Never contagious.	Often contagious.
Not inoculable.	Inoculable.
Not of a dynamic type.	Of adynamic type.
Usually sporadic.	Usually endemic or epidemic.
Rarely attacks adults.	Often attacks adults.
Always accompanied by exudation	Sometimes unaccompanied by exudation.
Fatal only by physical obstruction to respiration, whether directly or indirectly.	Often fatal without any physical obstruction to respiration whatever.
No depression of heart.	Marked depression of heart.
Pulse often strong and hard.	Pulse never strong and hard, even though quick and full.
Respiration more accelerated in proportion to the pulse; ratio rarely, if ever, less than one-to four.	Respiration not accelerated in proportion to the pulse; ratio usually less than one to four.
Albumen rarely in urine.	Albumen often in urine.
Not followed by paralysis.	Often followed by paralysis.
Would bear antiphlogistics.	Would not bear antiphlogistics.
Rarely attacks more than once.	Often attacks more than once.

In addition to this, it may be mentioned that diphtheria, unlike croup, has never been thought due to excessive plasticity of the blood.—*American Practitioner.*

ADMINISTRATION OF SALICYLIC ACID.—In view of the many therapeutic uses of salicylic acid, it has become important to find a menstruum that will dissolve it in sufficient quantity. The ordinary solution in some alcoholic vehicle contains so much alcohol, that it cannot be given to children or to women; while, on the other hand, the caustic character of the acid prevents its administration in suspension in a mucilaginous fluid. M. Cassan, of Paris, believes that he has found the desired solvent in citrate of ammonia. While thirty grains of salicylic acid require an ounce to an ounce and a half of rum or cognac alone to dissolve them, if fifteen grains of citrate of ammonia be added to the acid, only two drachms of the spirit will be required to make the solution. The citrate of ammonia gives no unpleasant taste to the fluid. The following formulæ may be employed:

℞. Acidi Salicylici, ʒ i.; ammon. citrat., ʒ ss.; spirit. vini Gallici, ℥ i.; aquæ destil., ℥ v. Or, for a single potion, ℞. Acidi Salicyl., grs. xv.; ammon. citrat., ʒ ss.; syrupi simp., ℥ i.; aquæ destil., ℥ iv.—*Bulletin Général de Thérapeutique.*

CHOLEATE OF SODA TO PREVENT THE FORMATION OF GALL-STONES.—Dr. William C. Dabney, of Charlottsville, Va., (*Am. Jour. of Med. Sciences*, April, 1876) relates the particulars of two cases of gall stone colic, and a third case of undefined biliary trouble, which were effectually relieved by the use of choleate of soda. He gives it, as advised by Schiff, of Florence, in pill form, on account of its insolubility and slightly bitter taste. It should be given in doses of about fifty centigrammes (7½ grains) twice a day, until symptoms of the saturation of the system appear. These are digestive troubles, irregularity of the heart's action, etc. In one case it *seemed* to cause nausea at first, but this soon passed off. Dr. Dabney thinks it highly probable that its use might be beneficial in some cases of enfeebled digestion, when the bile seemed at fault.

CONVULSIONS ARRESTED BY THE SINISTRO-LATERAL POSTURE.—Dr. F. J. Brown has seen two cases of convulsions arrested by turning the patient over upon the left side. One patient, a man, with Bright's disease, had uramic convulsions which ceases instantantly after he had been turned upon the left side. Another man who had been seized with unilateral convulsions, was relieved in fifteen seconds after turning upon the left side. Dr. Brown's theory is, that this posture is in some way beneficial by favoring the heart's action.—*The Practitioner.*

TOOTH-ACHE REMEDY.—Mr. C. A. Guild writes to *The Clinic:* "In last week's issue you quote Dr. Lardier on collodion for tooth-ache. I have found collodion mixed with enough carbolic acid to form a jelly-like mass to be an excellent remedy for tooth-ache. About equal parts will form a "stiff" jelly, which may be taken on the end of a pine stick and placed in the cavity of the aching tooth. The pain will be relieved almost instantly if it depends on an exposed nerve. I have found this the most reliable and convenient remedy I ever tried.

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THE WESTERN HOSPITAL, MONTREAL.

From the inception of the movement having in view the establishment in Montreal, of a Western Hospital, we have kept our readers acquainted with its progress, and we propose now to give a brief history of the enterprise with which we have, from the first, been identified. The idea was conceived from the constant overcrowding of that noble institution, the Montreal General Hospital. and because it was felt by many that it would be folly to add more buildings to a group already spoiled by injudicious additions. A promise of $12,000 from Major Mills, a governor of the General Hospital, to put up a building, gave reality to the idea, and subscriptions were received for a ground purchase. At this time, the ideas of its promoters were moderate, and a small piece of ground was purchased. Consideration led to the belief that the location was not sufficiently distant from the other hospital, and its limits too restricted. As the ball rolled, and new friends joined the movement, earnest workers were not wanting, The whole matter was earnestly, and, we believe, thoughtfully discussed, and it was eventually decided, that the movement should be enlarged in its proportions; that the Corporation of the Western Hospital should secure a piece of ground in the extreme west of the city, sufficiently large to erect upon it a series of hospitals which, when all were erected, would be sufficient for Montreal for the next fifty years or more. This was decided upon, because it was deemed wise to secure the land when it could be had at a reasonable figure. The Committee into whose hands this matter was entrusted, were successful almost beyond hope. Just about the spot where the majority seemed desirous of placing the new hospital, such a lot was found—a complete block bounded on three sides by wide streets, and on the fourth side by a wide street and a park of several acres in extent—the block itself being within a fraction of three acres in extent. This ground was so universally approved of, that no difficulty was experienced in getting subscriptions to cover its cost, which was over thirty thousand dollars. This much having been accomplished, another look into the future was made, and it was decided that the architects, Messrs. Hutchison & Steele, should be asked to prepare a comprehensive plan for buildings, to cover the entire of the Hospital property, and so arranged that sections could be erected as desired. These gentlemen, for several months, made hospitals their special study, one of the firm visiting the United States and inspecting several new hospitals lately erected, while the Secretary of the Corporation, who was visiting England, undertook to visit, report and obtain plans of the latest erections in that country. The result of all this consultation and consideration was the production of the sketch, which we, with this issue, present to our subscribers, and which has received the unanimous and hearty endorsation of every person who has seen it. Indeed, it is admitted by all, that when the buildings are completed, Montreal will be in possession of hospital accommodation equal to any on this continent. The foundation stone of the first building, which is being erected by Major Mills, at a cost of about twenty-two thousand dollars, and which will perpetuate his magnificent generosity by bearing his name, was laid on the 29th of June. The attendance of both ladies and gentlemen was large, and embraced many of our leading citizens. The ceremony of laying the stone was performed by Major Mills, who used a magnificent silver trowel, which bore a suitable inscription, and was presented to him by the Governors of the Institution. Addresses were subsequently delivered by Major Mills, William Workman, James Coristine, and C. Peers Davidson, Q.C. The Mills building forms the extreme left of the first block of buildings, and will be recognised in that it is bounded by the four towers. The first or ground floor (there being a subbasement beneath) is arranged for Committee rooms, surgery, and the residence of the officers, while there are three stories above. Each story containing two wards. These wards, with three private wards, will give accommodation for fifty-five patients. The entire length of buildings embraced on the first block, will be about three hundred feet, while the second block will have a frontage on Atwater avenue of two hundred and seventy-five feet. In the centre is the administrative building, where the entire executive will reside, and where will be the offices of the institution, the operating theatre, and a spa-

cious lecture-room. This building will be connected with either block by means of covered corridors. The distances between each block will be fully two hundred feet, so that anything approaching crowding is avoided, and there will be ample room for air to circulate. It will also be noticed that all the wards will be lighted from both sides. Indeed, we need not dilate further upon the plans, for a glance at the sketch will enable the general plan which it is intended shall be followed, to be readily comprehended. We may add that the land upon which the entire of the first block (including Major Mills' building) is to be erected, has been completely paid for.

It is currently reported that a wealthy gentleman, who has shown much activity and zeal in the movement, will erect another portion of the first block, and that at a very early day.

"THE PUBLIC HEALTH JOURNAL."

In our May number we found fault with a proposal which was made by the Editor of the *Public Health Journal* to the Board of Health, to continue to publish the mortuary statistics of the City of Montreal, and supply them with a hundred copies of his "*Journal*" for a bonus of three hundred dollars per annum. We characterised the proposition as a cool and absurd one, and that we were not alone in our opinion, we may state that the *Canada Medical and Surgical Journal* styled it "A modest request." Some one—we presume the Editor, although he adopts the personal pronoun, and yet does not initial the article—has replied to our strictures in the June number of the *Public Health Journal*,. We are accused of being ignorant of the facts of the case, or, if not ignorant, for *private* reasons to have wilfully distorted them. Now, we ask our contemporary if the writer of its article does not exhibit in this accusation a little too much temper. What *private* reasons have we to distort the facts. We were neither suppliants nor competitors for the bonus. We had no interest in the matter beyond the fact that we believed the proposed expenditure was a useless one, and that the money asked for might be much more judiciously employed. We, of course, were not present at the Committee meeting at which the proposal was made, but took our information from the reports in the daily press, which are singularly alike, and which were not contradicted by our editorial friend. We likewise consulted both of our Health Officers, so that, we still believe our assertion to have been, in all its principal points correct.

"I," says "the Corporation * * * requested *us* to make an offer to them to furnish the same." This direct statement we would be sorry to contradict. We would, however, say that we are unable to find, in the proceedings of the Corporation or of its Health Committee, any evidence, authorizing any one to ask for a tender, for any such purpose. We fear that we must still believe that the idea originated with our contemporary, whose views are, to our mind, peculiar, if he really thinks that by publishing the Mortuary Statistics of Montreal, and giving the Health Committee a hundred or a couple of hundred of his journal, he would be honestly earning from the city $300 a year. Before he was "asked to publish them," he did publish them, so that the asking showed the asker was not a diligent student of his editorial friend's journal.

The remark that "because the circulation of the *Record* is far exceeded by the *Journal of Public Health*, the green-eyed monster has been aroused in our breast, is very silly. No one in in his sober senses would ever imagine that a medical journal, devoted to the interests of a *profession*, could have a circulation equal to one which appeals for its support to the whole reading population. We, of course, do not know what our contemporary circulates, but if it does not have ten times the circulation that we have, either the public lack interest in sanitary matters, or the *Journal of Public Health* has failed in evoking the sympathy and support of our thinking people.

As for the hundred or more copies of the *Journal of Public Health*, which we are told the Health Committee were desirous of getting, because they were thrown into the proposed bargain, we can only regret that such an amount of valuable material should reach a quarter where we have reason to believe the whole of it or at all events the major portion, will be useless. In saying this, we speak knowingly, and we strongly incline to the opinion that the one hundred copies of the *HealthJournal* which are supplied the Health Department, will before they are very old be sold to the butchers, under

the City Hall, for the purposes of wrapping paper. If our contemporary doubts this let him tell us what is done with them; we are anxious to know. The fact that the terms were reduced one half from the original offer does not alter the principle which is what we are contending against.

We have no "malice" against our editorial friend, but advise him to *retail* his journal to individual subscribers, and to avoid such absurdities as supplying Corporations with a hundred copies, for, in spite of all he can advance in its defence, the public will look upon it as nothing more or less than a *job!*

PURIFYING HOSPITAL WARDS.

Somewhat recently after an Epidemic of Puerpural fever in Bellevue Hospital, New York, the Wards were thoroughly purified; so completely was this done that on the Wards being opened and occupied by Surgical cases much less than the usual tendency to pyæmia and Septicæmia was observable. The system of disinfection consisted in closing the Ward and charging it with steam. Afterwards large leaden troughs were placed on the floor, and a sufficient amount of chloride of Sodium, black Oxide of Manganese, and Oil of Vitriol, added to disengage enough Chlorine gas to thoroughly charge the Ward

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MEDICAL ITEMS.

There are now in operation four Schools for the training of nurses, viz: two in New York, one in Boston and one in New Haven, Conn. Sir William Ferguson is suffering severely from symptoms indicating Emphysema of the lung and hypertrophy of the Heart, complicated with Albumenurea. Dr. Henry I. Bowditch of Boston has been elected president of the American Medical Association. Dr. Charles Fitzgerald of Dublin, has been appointed Surgeon Occulist to the Queen in Ireland, in place of the late Sir Wm. Wilde. The appointment is warmly criticised by the British Medical Press.

PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The annual meeting of this Association was held on Tuesday, June 13, in Laval University at Quebec. After the reading of the minutes of the last meeting, the President, Mr. H. R. Gray, delivered a very interesting address after which he called upon the Secretary, Mr. E. Muir, to read the annual report, and Mr. Kerry to present the financial statement. Mr. Mercer moved the adoption of the report, congratulating the members on the satisfactory position the Association had now attained. The motion was ably seconded by Mr. E Giroux, and supported by Mr. R. McLeod, of Quebec. Votes of thanks were presented to the retiring officers, and also to the Rector of Laval University for his kindness and courtesy in granting the Association the use of the rooms of the University for their annual meeting. The President having nominated Messrs. F. E. Gauvreau and E. Muir, scrutineers, they reported the following gentlemen duly elected as member of the Council for 1876-7 namely; Messrs. J. Kerry, E. Muir N. Mercer, J. Goulden, H. Lyman, E. Grioux, A. Manson, J. Hawkes. These, with the followlng who remain in office, namely, Messrs. R. H, Gray, J. D. L. Ambrose, R. McLeod, and T. J. Tuck, will compose the Council for the ensuing year.

At a meetting of the new Council, held on Tuesday afternoon, the following gentlemen were elected officers of the Association: H. R. Gray, President; Edmond Giroux (of Quebec), First Vice-President; Alexander Manson, second Vice-President; John Kerry, Treasurer; and E. Muir, Registrar and Secretary. The Board of Examiners elected are as follows; Messrs. H. R. Gray, N. Mercer, J. D. S. Ambrose, R. McLeod (Quebec), H. F. Jackson, A. Manson.

ONTARIO MEDICAL COUNCIL.

This body met in Toronto on the 6th of June and three following days, and transacted a large amount of business. As was to have been expected the accusations made against the Board of Examiners, for improper conduct at the last spring examination, came up for discussion and upon motion of Dr. Grant, M.P., seconded by Dr. MacDonald, a committee consisting of Dr. Brouse, Logan, Morrison, Bethune, Muir and Ross, were appointed to enquire into the matter. Upon the third day of meeting the Committee through its chairman Dr. Grant,

read the report which we publish below. We copy it and the remarks which follow it, from the Canada *Lancet*. In view of the report it is singular to say the least that Dr. Campbell Chairman of the Board of Examiners, should have written to the *Globe*, denying that there was any foundation for the rumors which were abroad. Even when the appointment of this Committee was under discussion in the Counsel Dr. Campbell is reported by the *Lancet* to have said "he wished the press who had circulated the scandal about the examiners to know, that it had not the slighest foundation. "We should like much to know what Dr. Campbell has to say now.

Dr. Grant, chariman, read the following: The Committee called various witnesses and made a full enquiry into the subject of the recent medical examinations, and beg to submit the following:—

1, The written examination was regular and satisfactory in every respect, except in the case of a German student, whose papers were passed in an irregular manner and contrary to the directions of the Council, although his standing was sufficiently high to enable him to qualify.

2. The chief irregularity was brought about in the oral examinations, owing to the unexpet ed absence (at the appointed time) of Drs. Bethune and Berryman, thus occasioning the delay complained of by the students. To obviate such in future, we would recommend to to the Council that a change be made in the examiners, being fully of the opinion that on so important an occasion the carrying out of the examination should be attended with promptness and regularity.

3. In future the students presenting for examination should be provided with an ante-room so as not to obstruct the procedings of the examiners by out side irregularities, such as experienced during the present examinations.

4. For the future your Committee would recommend that every possible care be taken to maintain the honor and dignity of the position, that every degree of justice be accorded to those coming forward for examination, and that no intercourse between examiners and students, such as would indicate the points of examination, should take place.

5. The examinations as a whole were satisfactory. Still, while regretting exceedingly that any irregularities should have taken place we are of opinion that the published accounts of such were considerably overdrawn.

6. in the performance of tho duty assigned your Committee, every opportunity was afford. ed all concerned to give snch evidence, as would-in any way clear up the point at issue, and we fell satisfied that for the future your honourable Council will have no occasion to consider such irregularities.

Several gentlemen who had been members of the Board of Examiners asked permission at this stage of proceedings to withdraw, that the Council might have an opportunity of discussing the report fully and fairly. Dr. Brouse moved the adoption of the report. Dr. Allison opposed its adoption, on the ground that there was nothing in it. A very grave charge had been made through the public press against the examiners, anh he had hoped that the report would contain either express repudiation of the charges, or else censure those against whom the charges had been made.

Dr. Brouse thought that if the report was carefully considered, it would be found that the language was sufficiently pointed.

Some discussion followed, during which Dr. Berryman spoke at some length in his own defence, and concluded by saying that if he had a friend in the Council, he hoped that he would move that the clause referring to him be expunged.

Dr. Brouse replied that he hoped Dr. Berryman would not press the matter any further. He (the speaker) held evidence in his hand which if read by the members of the Council, would not induce them to make the report any milder, to say the least of it.. The report was adopted.

The attempt to appoint the examiners from outside the Council was lost 5 to 14. The financial condition of the Counsel seems to be satisfactory nothwithstanding its expenses are high. The Tresurer's account showed a balance on hand of over four thousand dollars.

LEGAL DECISION REGARDING THE REGISTRATION OF DRUGGISTS.

A decision of pharmaceutical interest was recently given in a case, Morin, *vs.* the Pharmaceutical Association of the Province of Quebec, in which the Plainttff claimed registration

as a chemist and druggist under the Quebec Pharmacy act, 38 Vict., cap. 27. The defendants maintained that the evidence submitted to to them was insufficient to qualify plaintiff, and the Court "hearing the evidence, and looking at the spirit of the Act, decided that the defendants had acted as they ought to have done, and that the plaintiff had not held the position which entitled him to the benefit of the Act," and therefore dismissed the action, with costs. The Canadian Pharmaceutical Journal of Toronto says "We understand that a similar action will in all probability be brought against our Ontario Association, and this case may serve very opportunely as a precedent.

MICROSCOPIC PHOTOGRAPHS IN HISTOLOGY.

In our last issue we noticed the prospectus of this publication, and we now have to acknowledge the receipt of the two first numbers, April and May. The Photographs are really very beautiful and the letter press concise and to the point. To Physicians who are too busily engaged to devote much time to the microscope this publication will be very valuable. It is published monthly at Philadelphia, by J. H. Coats & Co.,—60 cents per number, or $6.00 a year.

PERSONAL.

Drs. A. B. Craig, A. Laramée and E. P. Lachapelle have been appointed Assistant Physicians to the Hotel Dieu Hospital, Montreal. Dr. Duval has been appointed Resident Physician or House Surgeon to the Hotel Dieu Hospital, Montreal. This is the first time such an appointment has been made, and in view of its necessity it seems singular it should not have been made long ago.

Dr. P. A. Shee, (C. M., M.D., Bishop's College, 1874) has removed from Quebec to Inverness, Megantic.

Dr. Cline has recovered from his attack of typhoid fever, and has proceeded to Tadousac, mouth of the River Saguenay, where he will pass the season.

Dr. Molson, B.A., Assistant Demonstrator, McGill College, has returned to Montreal from Europe.

Dr. Henry Harkin (M.D., McGill College, 1867) who for several years was surgeon on the Allan Mail line, has been in practice in Guelph, Ont., for two or three years. He was in Montreal during June. His many friends will learn that he is meeting with much success in the field he has selected for his future labors.

Dr. Strowbridge, (M.D., McGill College, 1862,) is in practice in Cincinnatti, Ohio, U. S.

Dr. H.L. Gilbert, (M.D., McGill College, 1875) and son of Dr. Gilbert, of Sherbrooke, passed his examination before the Royal College of Surgeons of England, in April last and received his diploma.

The following Canadian medical men, at present pursuing their studies in London, were, by special permission, present at the private game of Lacrosse, which was played, by request, before Her Majesty Queen Victoria, at Windsor Castle, on the 26th of June, by the Canadian Lacrosse team:—

Dr. Richard McDonnell (son of Dr. R. L. McDonnell), of Montreal; Dr. Herbert L. Reddy (son of Dr. Reddy, of Montreal); Dr. Ritchie, of Montreal; Dr. H. L. Gilbert (son of Dr. Gilbert, of Sherbrooke); Dr. Scott, Hull.

THE CENTENNIAL EXHIBITION.

With a view of showing all who intend visiting the Centennial Exhibition at Philadelphia, that that city is one of the healthiest of its size, the Bureau of Medical Service has issued a circular on its ratio of mortality, compared to London, Vienna, Berlin, Paris and New York. We must say that the quaker city makes a good exhibit, and stands at the foot of the list. Vienna comes first, showing a mortality of 31.42 per 1000, while Philadelphia is but 22.47 per 1000. We think there can be no doubt but that all who wish may, with an easy mind, visit the Exhibition.

VACANCY FOR A PHYSICIAN.

A vacancy exists for a Physician and Surgeon, at Gaspe Basin. A large tract of country, from Fox River to Perce, with a population of 10,000, is vacant. There are two Government grants, one of $100, and the other of $80, being respectively for Marine and Indian attendance. The opening is an excellent one, for a man who is willing to work. Apply, by letter, to John Short, Esq., M.P., Gaspe Basin, P. Q., or to the Editor of this Journal, enclosing stamp to pay postage of a reply.