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Original Communications.

CLINICAL LECTURE.

Delivered at the Montreal General Hospital February 23rd, 1886.

By FRANCIS W. CAMPBELL, A.M., M.D., L.R.C.P.L.
Dean of and Professor of the Theory and Practice of Medicine in the Medical Faculty of Bishop's College.

LEAD COLIC.

The two patients which I now present to you, have been twice before you in the Out-door Department of the hospital, but, owing to the number of patients who are continually seeking relief, I was able to make but a few very casual observations upon the disease under which they are suffering; and also because I desired to keep them and bring them before you to-day, when I would have an opportunity of going more fully into their history, which, as taken by my clinical clerk, Mr. Punchedard, is as follows:

I. Leoupt has been a painter now for eleven years, has had the present symptoms for the last three years. His work is chiefly indoor; has used all kinds of paints and white lead frequently. He is not given to drink steadily, but occasionally goes on a spree. He first found his appetite failing, and general debility, eyesight poor, and unable to hold his brush for any length of time. General twitching of the facial muscles, a blue line surrounding each tooth—more marked in upper than lower jaw. His bowels are more or less constipated, complains of thirst. Skin of a pale sickly hue, pain in the stomach and also in the limbs of a neuralgic character.

Ulric Beauchamp has been a painter for fifteen years, has been troubled with present symptoms for a month and a half, has also used all kinds of paints, and constantly white lead. His appetite is poor, has been used to drinking beer at his meals, has always been careful to wash his hands before eating. He is now principally troubled with weakness of his hands, pain in his limbs and constipation, also complains of thirst, skin of a pale hue, and a marked blue line around the gums, his principal trouble is in his hands.

The disease is known under a variety of names 1. Saturnino. 2. Painter's Colic. 3. Plumbers' Colic. 4. Colica Pictonum. 5. Rachialgia. 6. Dry belly ache. It is met with in men who are employed working in lead. It is generally developed gradually. As a rule there are prodromic symptoms, such as pallor, often a yellow condition of the skin, peculiar sweet fœtor from breath and a sweetish taste in the mouth, loss of appetite, constipation, wandering pains in limbs, partial, emaciation and muscular debility. Then there comes a slight pain in the abdomen, which gradually increases in intensity. This pain may be in the epigastrium or hypogastrium, but most often it is close to the umbilicus. Rarely it extends over the whole abdomen, and at times shoots into the back. Its character is sometimes dull and aching, at others it is sharp, acute, lancinating. In severe cases the pain is extreme, causing the patient to groan and cry out. The abdomen is generally retracted, sometimes so much so that the bodies of the vertebræ can be seen through the abdominal parietes. The retraction is regular as a rule, giving the abdomen a boat-shaped look. At rare times the retraction is irregular, and the abdomen may be the reverse, i.e., swollen. Pres-

sure on the abdomen generally relieves the pain, patients know this, and often lie on their belly, with a folded pillow or some such substance beneath them. Constipation is usually pronounced, and when a motion occurs the dejections are hard lumps or scybala. Nausca, hiccough and eructations of gas are common. Urine is scanty, and it is passed with great difficulty. The pain may be paroxysmal, the patient in the interval being free from it. Usually, however, it is always present, but the exacerbations are well marked, at times there is tenesmus. Pulse is abnormally slow, sometimes about 35 per minute, and is often irregular, in frequency, not intermittent. It is fuller and harder, as a rule, than it is in health. There is not any rise in temperature in the majority of cases; in a few an insignificant rise takes place. There are various disorders of sensation, hyperæsthesia, numbness, formication, a feeling of pins and needles, neuralgic pains in both the upper and lower extremities, headache, amaurosis, this often is double, and comes on sometimes suddenly, sometimes gradually.

There are various motor disturbances, tremors, epileptiform convulsions, local paralysis of the extensors of the forearm, generally the right, sometimes both. This gives to the hand a very peculiar appearance, the wrist drop, as it is called. Rarely the muscles of the upper and lower extremities are affected and rapidly become atrophied. If the gums be examined nearly always a blue line will be found at the junction of them with the teeth. This line, gentlemen, is well illustrated in the two patients now before us, as is also another sign—a brown or black incrustation on the teeth with a tendency to rapid decay. This blue line is said to be due to the formation of the sulphuret of lead, sulphuretted Hydrogen being evolved from the decomposing particles of food, remaining between the teeth, and beneath the margin of the gums. The disease, if left to itself, may end in a few days or weeks. If the patient remains exposed to the source from which the lead comes it may continue an indefinite time. In itself it is not a fatal disease, but if the amount of lead in the system be large there at times develops an affection of the brain which is known as Encephalopathia Saturnina. This complication is generally met with among laborers whose work favors a copious absorption of the poison. It is marked by intense headache, amaurosis, delirium, sometimes maniacal, sometimes melancholia, epileptic convulsions,—these being often so frequent as to be the cause of death.

The introduction of lead into the system may be through the lungs, stomach, mucus membrane and the skin. Certain occupations involve the inhalation of lead. Those employed in the manufacture of lead, paints, and painters are the most exposed. Paper stainers, color grinders, card glazers and plumbers are also exposed. The disease has been known to result from sleeping in a newly-painted room. Water distributed in lead pipes is often the vehicle through which it is introduced into the system. One of the worst cases I ever met with was in the person of a fellow student, who for some time every morning drank soda water drawn from a fountain whose pipes were of lead. He was very ill, narrowly escaped death, but eventually made a good recovery. Lead is sometimes a component of the colors used in decorating confectionery, though I think now most confectioners use vegetable coloring. Articles enclosed in lead foil may also be contaminated.

Diagnosis.—The diagnosis of this disease is not at all difficult. The presence of a few of the prominent symptoms in a person exposed to lead will at once excite suspicion.

Treatment.—Is palliative and curative. Relieve pain by morphia, by mouth, bowel or hypodermically—warm fomentations to the bowels followed by hot linseed poultices over abdomen on which tincture of opium has been sprinkled. A mixture of chloroform and laudanum applied night and morning to the bowels is said to be very effectual in giving relief. Have the bowels move freely, and as they are constipated active cathartics are necessary; the most active advised is croton oil in a dose of 2 drops; compound powder of jalup is useful; so also is sulphate of magnesia in doses of 3j. every 2 hours in $\frac{1}{2}$ pint of water till free dejections are obtained. Purgatives are useful in removing from the system the lead contained in the contents of the bowels. A drachm of dilute sulphuric acid in a quart of sweetened water should be taken in the 24 hours. It is advised that this kind of lemonade might be used at meals by lead workers, as at this period much lead is thought to be introduced into the system. It would form an insoluble compound with any lead entering the stomach. Its efforts for good are said to have been tried and not found wanting at the large lead works at Birmingham, England. The great remedy for getting the metal out of the system, which is the object to be aimed at, is the administration of iodide of potassium, a soluble iodide of lead being formed, which passes away

in the urine and other excretions. Its use is not empirical, for cases of lead poisoning under treatment by iodide of potash have shown lead in the urine, when it was not present, previous to the administration of the remedy. Clinical observation has also given good proof of its efficacy, as I hope it will in the cases now before you. It is best to begin with a minimum dose of 5 grs. 3 times a day. It should be gradually pushed till 20 grs. three times a day is taken, if the system will stand it,—as it very often will. The sulphurated or sulphur bath is useful. It is made by putting $\frac{3}{4}$ iv. of the sulphuret of potassium to 30 gallons of water in a wooden tub. The lead appears on the skin as dark discolorations, which can be removed by a brush—change of occupation may be necessary; for the paralysis of the extensors, electricity in its different forms, such as local faradization and galvanization. Strychnia is very useful in this form of paralysis. The powerful effect which strychnia has upon the excitability of the nervous system, and the admirable results which have followed its use in other forms of paralysis, forces itself on our attention here. It may be employed hypodermically. It is a drug, however, which must be given with great caution, and its effects watched, for its efforts are various on different persons.

Meetings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, March 19, 1886.

T. G. RODDICK, M.D., PRESIDENT, IN THE CHAIR.

Excision of the Elbow for Dislocation and Fracture.—Dr. Roddick exhibited a man on whom he had recently performed excision of the right elbow—one of six cases of excision of this joint operated on during the winter session. He wished to show this case just now as the man was about to leave the city. The operation had been performed for dislocation backwards, with fracture of the olecranon, and both radius and ulna, of three months' standing. The ordinary straight incision had been employed, and union by first intention had followed. The result was most satisfactory, the man having all the original movements of the joint. The arm was rapidly develop-

ing, so that already he could wield his hammer, being a tradesman.

Diseased Testicles.—Dr. Roddick also exhibited two specimens of diseased testicle—one of sarcoma, sent by Dr. Bryson of Port Arthur (no history); the other of tubercular disease, which he had that day removed from a young man aged 25. The latter noticed an enlargement of the left testicle about a year ago, which suppurated and burst, and a sinus still remains. The right one began to swell some three months ago, and at the time of admission to hospital was very much enlarged and the seat of extensive suppuration. It was removed, and found to be very much diseased, the entire epididymis being occupied by a large abscess. No history of gonorrhœa or traumatism, but a distant family history of tubercle.

Interstitial and Submucous Myoma.—Dr. Wm. Gardner exhibited the specimen and related the case. The tumor was of the size of a fetal head. The patient, unmarried, never pregnant, aged 33, had been several years under observation, suffering from severe pain and excessive tenderness of the left iliac region and from profuse menstruation, lasting from eight to fourteen days. On one occasion, three years previous to operation, menses ceased for several months, and epistaxis became frequent and profuse. For years the patient had begged for operation. This was undertaken a week ago, the intention being to remove the appendages. The left ovary and tube were easily found, and ligatured, but the right appendages could not be found until the incision was extended and the tumor forced out. They were then found on the floor of the pelvis, and so sessile that they could not be ligatured. Under the circumstances, and in view of the fact that removal of the appendages does not always remove the symptoms of myoma, especially pain, it was decided to extirpate both womb and ovaries. Accordingly, a Tait's wire clamp was applied around the cervix, below the ovaries, and screwed up. The tumor was then amputated, and the stump cauterized and swabbed with a solution of perchloride of iron in glycerine, and secured externally at the lower angle of the wound. The patient did well for the first two days, was then very ill for the next two days, with incessant vomiting, rapid pulse (144), moderately high temperature,—status, however, passing after first forty-eight hours; at the end of four days all the symptoms suddenly improved, when copious diarrhœa set in. From this time the

patient gave no further anxiety. The clamp was removed on the 13th day. Convalescence was interrupted by an attack of cellulitis, from which she recovered perfectly. The catheter was at no time necessary. The case furnishes an exemplification of the fact that when undertaking the removal of the appendages for myoma, the operator may find, when he gets into the abdominal cavity, that he cannot do this, but may have to proceed to hysterectomy. In this case the extra-peritoneal method most in favor with British operators, and so successful in the hands of Keith, was selected, although it must be admitted that the intra-peritoneal method, when perfected, is that which, in the future, will probably give the best results.

Dr. Alloway spoke of having assisted Dr. Gardner, and of the gratifying results obtained by the operation.

Alexander's Operation.—Dr. Alloway read a report of a case of extreme retroflexion, for the cure of which, after all other means had failed, he performed Alexander's operation of shortening the round ligaments.

Dr. KENNEDY remarked that the operation was still on its trial.

Dr. SMITH said that Dr. Alloway's diagrams were most instructive and accurate, and that he congratulated Dr. A. on being the first to perform this operation in Canada. It would, however, be interesting to see the effect of future pregnancies upon Dr. A.'s patient.

Dr. WM. GARDNER said he had been present both in consultation and assisting during Dr. Alloway's operation. He looked upon the case as one of the most typical he had recently met with for Alexander's operation. There was not the slightest evidence of pelvic inflammation nor ovarian disease, and still the patient was, and had been for some time, a confirmed invalid, although every other known method of treatment had been adopted for her relief. Dr. G. said, in regard to pessaries in these cases, that increased experience had led him to use them very much less often of late than he had formerly.

The PRESIDENT remarked that he had the pleasure of being present at Dr. Alloway's interesting operation, and that he fully appreciated the difficulty in performing it.

Dr. TRENHOLME also reported a case of Alexander's operation, and stated that though some time before the profession, it had not yet obtained an unquestioned place in gynaecological surgery.

There is still doubt as to the particular class of cases in which it may reasonably be expected to be useful. Further study is needed as to the anatomy of the round ligament. This line of investigation could be helped forward by those who have charge of the dissecting rooms. If the ligament is frequently found to be imperfectly developed, we will then have to see in what class of cases this anomaly exists, for upon this fact will depend the selection of cases. He said it was with this end in view that he now gave the details of a case lately under his care. The history is as follows: The young lady is 26 years of age, slight build, but regularly and well developed, and from earliest appearance of menses has been a sufferer. There are severe pains preceding and following the menstrual flow. Her sufferings are so severe that she is obliged to lie in bed and take sedatives, or resort to hot water fomentations for their relief. The menstrual pains are gradually increasing in severity and duration, so that at present they last for six or seven days. During the flow, and for about a week before the premonitory symptoms of the flow, she enjoys comparative comfort. Upon examination, the uterus was found retroverted and the fundus well down into the hollow of the sacrum. The left ovary was displaced and occupied the pouch of Douglas; it was also tender and slightly enlarged, probably due to chronic inflammation. The right ovary and left Fallopian tube were normal, but there was inflammation of the right Fallopian tube. The uterus was easily replaced, but the prolapsed ovary on the left side and the diseased tube on the right rendered the retention of any form of support a difficult matter. There were no indications of thickening of the tissues from pelvic cellulitis. Under these circumstances he proposed Alexander's operation as a substitute for the more serious one of removal of the ovaries and tubes. The operation was undertaken, when he found the left round ligament so extremely attenuated that it afforded no hope of a successful result, and, consequently, the operation was abandoned. The vein accompanying the cord was very much congested, which he regarded as indicating venous congestion of the pelvic viscera. Dr. T. said that in this case he had no doubt but that the congenital defect of the round ligaments was responsible for the displacement and sufferings of his patient. He might add that withdrawing the cord to the extent of two inches gave no control of the uterus.

Whether this was due to a superfluous extent of cord, or some internal adhesions, he did not know. He considered this an instructive case, and from it would gather that the cases most likely to be benefited by this operation are those of acquired dislocations in those who have ceased bearing children, and where we have reasonable ground to expect a normal development of the round ligaments. He submitted this case as a small contribution to the literature of this subject, in the hope that other observers may pursue the investigation and define, with approximate certainty, the class of cases in which it should be performed.

Dr. ALLOWAY said that the proper selection of cases was of the utmost importance. He had pointed out in his paper that there should be no evidence of pelvic inflammation, especially parametric tenderness, nor ovarian diseases, and that the uterus should be freely moveable in all directions. Upon these grounds he would draw attention to the unfitness of Dr. Trenholme's case for Alexander's operation; and observe that the reports of such cases tend to bring discredit alike upon a probably humane procedure and upon the surgeon whose name it bears. From the fact that the uterus in Dr. Trenholme's case was easily replaced, and that traction to the extent of two inches gave no control over that organ, Dr. A. was inclined to think that Dr. Trenholme had a fasciculous of muscle-tissue in his grasp and not the round ligament, as supposed. Dr. A. stated that this is a very common error, and that it had happened to himself several times when operating on the cadaver; but from the fact that traction upon this supposed ligament does not control the uterus, if that organ be not fixed, we learn that we have not seized hold of the right structure.

Stated Meeting, April 2nd, 1886.

G. WILKINS, M.D., AND VICE-PRESIDENT, IN THE CHAIR.

Primary Cancer of Pancreas, with secondary deposits in other organs.—Dr. ROWELL exhibited the specimen, and Dr. ARMSTRONG related the clinical history of the case:

Mrs. M., aged 80, widow, enjoyed good health until three years ago. Father and two brothers are said to have died of cancer. Admitted to Western Hospital in December, 1885, suffering from loss of appetite, pain after eating, and vomiting. On examination, a hard, round, circumscribed lump, about the size of an orange, was

found occupying the epigastrium, just over the region of the pyloric end of the stomach. As little was to be gained from medical treatment, a mixture containing bismuth, hydrocyanic acid and mucilage was prescribed, and she was removed by her friends to her home. It was learned at the time of her death that since her removal from the hospital the vomiting had continued persistently, the most bland liquids, even water, being immediately regurgitated. She had also suffered much pain, for which she had taken morphia pills. Nothing passed her bowels for two weeks before death, and she became distinctly jaundiced. At the post-mortem examination, 36 hours after death, only the abdominal cavity was examined. On opening the abdomen, the omentum was found adherent to the anterior abdominal wall. Liver very much enlarged, extending down to level of umbilicus, and containing several large cancerous nodules. Gall-bladder much distended, containing eight ounces of bile and a dark-colored gallstone the size of a cherry. Upon raising the liver, the head of the pancreas was found to be occupied by a cancerous mass, and the surrounding tissues were infiltrated and adherent to it. The walls of the stomach were free from disease. Complete obstruction of the duodenum occurred four inches from the pylorus, caused by pressure of this cancerous mass, together with the adherent and infiltrated tissues about it. A number of the mesenteric glands were also involved. Intestines empty. Spleen slightly enlarged.

New Method for the Relief of Ruptured Perineum.—Dr. TRENHOLME read a paper on this subject, exhibiting drawings of the new method, as follows:—This disease must be as old as parturition itself, and yet, beyond the adjustment of the parts, binding the knees together, in recent cases no really successful advance had been made for its cure till the late ever-lamented Dr. Sims introduced his silver suture. The operations of Baker & Brown and others were not of any real value, and perhaps the cause or nature of failure was not fully brought out till Emmet's paper upon this subject was given to the world. Now, I do not propose to go over the many points connected with this trouble and the operations attempted for its cure. How much progress has been made can hardly be conceived of by those who have graduated during the last twenty-five years. One of the best and most esteemed surgeons of this city, and, I might say, of this country, endeavored to dissuade a confere

from attempting the operation, stating that "it was sure to be a failure." Not only did he do this, but used his endeavors to prevent the lady from having the operation performed. Thanks, however, to the silver suture and the courage of the operator, the operation was successfully performed and the patients cured. This, occurring in our good city, speaks volumes. For my own part, I think the evils resulting from severe lacerations are very great, and if anything I may say will direct more attention to the prevention of these evils I will be satisfied. I feel confident that the sum-total of the sorrow and misery arising from this cause vastly exceeds our conception. It is a recognized factor in the causation of subinvolution of the vagina and uterus, and I am persuaded its results are not limited to these organs, but that the tubes and varied ligaments share in the same mischief. It is a fruitful cause of retro-laxations of the uterus and prolapsus of bladder. Of all the marital misery and personal distress I need say nothing; these, of course, vary with the peculiarities of individual cases and the extent of the disease. I will not speak of the well-known preparation of the patient required, especially in extensive lacerations; you all know as to this and the after-treatment also. There is one remark I wish to make as to what is known as the perineal body. Some writers have made light of its existence, because its anatomy and relations are not sufficiently definite to merit, as they think, this appellation. That every uninjured perineum has such a body is unquestionable, and the restoration of this body is *the one* object of perineorrhaphy. An operation is successful or unsuccessful, according as to whether this end of the operation is or is not attained—without it the natural support of the pelvic viscera is impossible. Not only is there apt to be hernia of the anterior rectal wall, but prolapsus of both bladder and uterus—and this in the order I have given them. The best success heretofore has followed Emmet's operation. His conception of the trefoil character of the surfaces to be brought together are based upon a right conception of the anatomy of the parts. The perineal body being the central, and the lateral surfaces the outside leaves of the trefoil, each sulcus represents the lateral borders of the vagina and rectum. Perfect union of these surfaces leaves but little more to be desired. What remains to be attained is the object of what I now offer. In the first place, the loss of any tissue is

to be avoided, and sure union by first intention the desideratum to be attained. My operation is based upon the recognition of the immense value of the perineal body. I denude the surfaces to the fullest extent of the parts injured. This denudation is accomplished by the removal of the covering of the parts to be denuded—*i.e.*, the cicatricial surface in *one* piece. For this purpose the first incision is made at the upper part where the edge of the skin coalesces with the cicatricial surface—(the dotted line in sketch No. 1 shows this); the knife is entered at the highest point on the right side, and the incision brought down to the lowest part of the fourchette, when it is met by a similar incision on the left side. The lowest part of the angle is then seized with the forceps and carefully dissected upward, taking special care to remove the whole surface without incising the flap; this dissection is carried on till the surface represented by the original wound is uncovered. This flap, when raised with the hook, is seen in drawing No. 2. The next step is the introduction of the shield-sutures (and here I would say a word in favor of the catgut suture which I adopt). It is by far the best, as it gives the greatest possible extent of surface to surface—much greater than can be secured by the interrupted or any other suture. Two deep sutures usually suffice, and these—whether silver, silk, or catgut—are passed in and secured by clamp shot upon an ivory shield. The first suture should be inserted low down, and about three-quarters of an inch from the edge of the wound. It must be passed under the denuded surface so as not to appear, and brought out on the opposite side at a point corresponding to that of insertion. The second deep suture is similarly introduced higher up. The last deep suture should catch the flap, and the interrupted suture will do for this. The edges of the wound are coapted by horse-hair sutures, and the upper part of the flap and around on the right and left side are secured by catgut sutures; this leaves the united surfaces in the shape of the letter T. The vaginal surface is perfectly covered, and in no way can a drop of fluid enter the wound or interfere with union by first intention. There is very little pain, inasmuch as the deep shield-sutures allow of distention. Interrupted sutures should not be used. Where the rupture extends into the rectum, the flaps are carefully brought together by a running catgut suture, and the operation completed as in this case. The objection to all other

operations was that it left the vaginal incision open, which sometimes, therefore, interfered with union by first intention. By my method this is now impossible, and when catgut is used the results of the operation leave absolutely nothing more to be desired. The following points are gained: Perfect union, perfect restoration of the perineum, no loss of substance, and no after-fever worthy of the name. Sketch 3 shows the condition of the parts at the completion of the operation.

Dr. WM. GARDNER said that, as a rule, extensive lacerations of the perineum were mischievous, and produced symptoms, yet he had seen many exceptions to this. In numbers of cases, even where some fibres of the rectum have been torn, no inconvenience followed, due, no doubt, to the integrity of the vaginal walls and to individual peculiarity. He had also seen procedentia uteri in virgins and in multiparous women, where there was no rupture at all. The principle of the method advocated by Dr. Trenholme was not new. Hart and Barber had described a similar operation, but denuding in two segments; and Tait, five or six years ago, proposed an operation similar to Dr. T.'s, with the exception of introducing the sutures somewhat different. Dr. Gardner had performed this (Tait's) operation twice, but was not favorably impressed with it. Convalescence was not so satisfactory as when he had performed Emmet's operation.

Dr. ARMSTRONG thought that the different degrees of injury resulting from laceration of the perineum in different cases depended upon the character and extent of the tear. He doubted whether a simple tear of the so-called perineal body, which consisted principally of cellular tissue and skin, was followed by much harm. There was good evidence to the contrary. The evil results charged to laceration of the perineum only obtained when either the pelvic fascia was torn or when the muscular floor of the pelvis was injured, either by a separation of the levator ani muscles in the middle line, or when one or both of these muscles were torn away from their orifice from the rami of the pubes or from the ischial spine. This fact is pretty clearly established by Emmet, by Dr. Schatz of Rostock, and by Dr. B. E. Hadia of San Antonio, Texas. The best operation is that which the most perfectly restores the parts to the condition in which they were before the injury was sustained. Emmet's new operation has yielded good results in the Western Hospital. He was

not aware that, so far, any attempt had been made to unite the divided muscles in the median line or to the pelvic fascia.

Lanolin.—Dr. REED made a few remarks on this drug, a new basis for ointments, introduced by O. Liebreich, obtained from the fat of the keratin tissues, and principally from wool. The very strong recommendations of this cholesterine fat in the articles in the *British Medical Journal* for February would cause it to be extensively tried by the profession. The advantages of rapid absorption and ready miscibility with aqueous mixtures were in a measure confirmed. Manufacturers were preparing for a great demand, and an abundant supply at a moderate price would soon be on the market. A specimen was passed around.

Operation for Intra-uterine Fibroid—Accidental Inversion of the Uterus and Rupture of the Perineum.—Dr. GARDNER reported the case as follows: Mrs. —, childless, was sent to him from Ontario. She had had severe hemorrhages for the past five years; of late they had been very excessive, and produced great blanching. On examination, a tumor was found about the size of a child's head, and completely filling the vagina and uterus.

Operation.—The tumor was fixed by an assistant and removed piece by piece by means of scissors, fingers and serregated scoop. Towards the end of the operation, whilst dragging strongly on the remaining portion of the tumor, it suddenly gave way, tearing the perineum and inverting the uterus. The uterus was easily replaced, but sutures were not applied to perineum in order to facilitate irrigation and drainage of the uterus. For this purpose Dr. Gardner always employs the double tubes fixed to the cervix. Convalescence proceeded very satisfactorily for five days, when the temperature rose and diarrhoea set in. This condition persists in spite of treatment. It is feared she has amyloid disease of the liver and other organs, the liver being now enlarged and smooth. She is also passing large quantities of urine containing albumen.*

Progress of Science.

THE TREATMENT OF ACUTE INFANTILE BRONCHITIS.

At a recent meeting of the New York Academy of Medicine Dr. J. Lewis Smith read a paper with

* She died a week later from pleuro-pneumonia.

the above title (*Medical Record*, March 6, 1886.) The subject was considered under two heads: (1) mild, and (2) severe bronchitis. He believes that simple bronchitis could be aborted, or rendered milder, by an emetic employed when the first symptoms appeared. For this purpose ipecac was probably the best. Measures designed to abort the disease, however, were not usually indicated when the patients were first seen; to be employed with success they must be adopted very early.

The treatment for mild, uncomplicated, primary bronchitis was very simple. A favorite mixture of the late Dr. Jackson, of Boston, consisted of equal parts of almond oil, syrup of squills, simple syrup, and mucilage of gum arabic. Of the mixtures in the Dispensary the *mistura glycyrrhizæ composita* was the best. The compound syrup of ipecac of the French Pharmacopœia was a most elegant mixture.

When the temperature was 102° F., and above and the respiration correspondingly accelerated, he had been accustomed to use a mixture consisting of sweet spirits of nitre, syrup of ipecac, and syrup of balsam of tolu.

Severe Bronchitis.—When the inflammation involved the smaller bronchial tubes localized atelectasis was liable to occur, and also catarrhal pneumonia, which was one of the most dangerous diseases of infancy.

The indications for treatment in a severe case of bronchitis were to promote expectoration, to diminish inflammation, to strengthen the action of the heart, and prevent exhaustion.

In reference to cough there was safety in it, and he seldom added opium to any of his prescriptions which were designed to relieve cough. Although children did not expectorate, the bronchial tubes were as effectually emptied when the sputum was swallowed. To facilitate expectoration two remedies had been used largely, namely, carbonate and muriate of ammonia; the latter was preferred in most cases, except in the advanced stages, when the former might be advantageous as a stimulant.

A favorite formula for the use of muriate of ammonia with him had been muriate of ammonia, one drachm; balsam of tolu, two ounces. When there was great dyspnoea and indications for clearing the bronchial tubes of mucus, this remedy should be administered every half-hour. Dr. Smith had not witnessed any marked benefit from the use of senega or squill. To get rid of large quantities of mucus an emetic was sometimes proper.

To sustain the Patient and reduce the Fever.—He had not noticed any marked reduction of the temperature by the use of quinine, but it seemed to him that it had been useful as a heart-tonic administered in small doses. For a child one year of age, half a grain to one grain. Antipyrine might be of service, but care should be exercised in its use. In a vigorous infant, suffering from bronchitis without or with only a very slight amount

of pneumonia, it might be used. Digitalis as a heart-tonic was one of the best which could be employed. Alcoholic stimulation was necessary in severe cases; two or three drops of whiskey in water, for each year of age after three months, given hourly or every second hour.

External Treatment.—Leeching and vesication have been abandoned. Slight irritation of the surface affords relief, and for this purpose he had been accustomed to use a flax-seed poultice, first rubbing the chest with camphorated oil in young children, and using a mixture of mustard and flax-seed, one to sixteen, in older children, enveloping the chest with the poultice and covering it with oil-silk. In those cases in which there was hurried respiration, accompanied by continued moaning, to cover the chest posteriorly and anteriorly with a poultice, and over the whole place an oil-skin jacket would afford marked relief.

In robust children the application of cold to the chest during the acute stage, as recommended by Hensch, of Berlin, might be of more service than poultices. For all infants under six months of age, however, poultices were preferable.

Change in position of the child he regarded as a most important element in the treatment, laying the child first upon one side and then upon the other, and upon the back.

The chairman invited Dr. A. Jacobi to open the discussion, who said that whenever Dr. Smith read a paper very little, if any thing, remained to be said. There were some points which he would like to impress upon those present, and who would doubtless see more of these cases hereafter. One of the principal points to which allusion had been made, and of which he wished to speak, was the use of *opium* in these cases. We could not do well without opium in many of them, because there was so much irritation; but he would emphasize the necessity of giving as little as possible. If it was to be given at all, give a good-sized dose at night, for the purpose of securing a number of hours of sleep. He would express his conviction that in no small number of cases of capillary bronchitis and acute pneumonia in adults the patients died in part of their disease, in part of the influence of opium. Certainly opium would suppress expectoration, and without expectoration bronchitis and pneumonia were almost invariably fatal.

There was one great expectorant which Dr. Smith had not mentioned, and that was *water*. Where was the expectoration to come from unless there was fluid in the body? It was all well enough to give muriate of ammonia and expect it to liquefy the expectoration; but the liquefaction could not take place without plenty of water, and the chief danger was that water was not supplied in sufficient quantities to young infants, older children being able to ask for it.

Another important point was the regulation of the temperature and moisture of the atmosphere.

in the room; this is especially important in all cases of so-called dry bronchitis.

With reference to the use of *digitalis*, he believed that two or three large doses in twenty-four hours were preferable to small doses frequently repeated. A child one year of age would take one grain of *digitalis* three times a day, for as many days as would be required, and the effect would be much better than if the remedy was usually employed.

Another exceedingly valuable expectorant was *camphor*, the effect of which was permanent, and it was more easily taken than carbonate of ammonia. A child one year of age might take one-quarter, one-half, or even one grain of camphor, rubbed up with glycerin as often as every hour or every two hours, and in bad cases of bronchitis or pneumonia, where expectoration was wanted, he had not seen any expectorant which had served him a better purpose.

Turpentine also, by inhalation, was an excellent expectorant. Put a tablespoonful or two tablespoonfuls of spirits of turpentine into the kettle of water which is kept in the room to moisten the atmosphere, and the air will be impregnated with the vapor of turpentine, which will greatly benefit the patient.

Dr. John C. Peters was asked to continue the discussion, and said that one remedy, which was the best of all expectorants, and which allayed the cough, had not been mentioned, and that was potassium. The form in which he usually prescribed it was the liquor potassæ, one drachm to four ounces of water, which of itself was somewhat soothing. All of the alkalis, but more particularly potash, increased the ciliary movement of the bronchial epithelia, the only way in which expectoration was brought forward where it could be reached by cough. Besides, a solution of potassium would dissolve mucin, while simple water would not. He had almost abandoned the use of ipecac, except, perhaps, in small tonic doses. When there was great congestion and dyspnoea the administration of small doses of calomel, sufficiently large, however, to move the bowels, would relieve the heart and lungs, and render *digitalis* more active than it otherwise would be.

With reference to external treatment, he had used flannel chiefly, perhaps covering the chest with cotton. He thought that the frequent changing of poultices exposed the infant too much.

With reference to change of position, he had been in the habit of placing the child on the face, and had found it very beneficial.

He never used quinine as an antipyretic, but thought it beneficial in preventing the migration of leucocytes.

Dr. Joseph E. Winters said that while, perhaps, acute bronchitis could not be aborted, the inflammation certainly could be minimized. During the time when the congestion was limited to the bronchial artery, remedies which would reduce the force and frequency of the heart's action would

reduce the inflammation, and for this purpose he employed *veratrum viride*, already mentioned by Dr. Ripley, or aconite; as a reliable article of *veratrum viride* was somewhat difficult to obtain, he frequently used the latter agent. This expectation, however, was realized only in cases of acute primary bronchitis.

After this his method of treatment was to use derivatives, and then mild cathartics consisting chiefly of alkaline mixtures.

The second indication was to prevent accumulation of catarrhal secretion, as here occurred all the deaths. For the prevention of the accumulation of this secretion he used stimulating expectorants, and they varied according as to whether the expectoration was thin or viscid. In this condition cough also become remedial. During the catarrhal stage he combined camphor with other agents in a sufficiently concentrated form to excite a cough, which would, in part, be voluntary. Besides, he applied stimulating liniments to the surface of the chest, which would provoke deep inspiration. For this reason he thought that large poultices were dangerous, and that putting a pound of flax-seed, mixed with water, upon the chest of a child one year of age, would materially interfere with respiration. He preferred the oil-silk jacket, or, perhaps, spongiopylin, with cotton batting and oil-silk. The oil-silk was generally sufficient, with the use of a stimulating liniment, applied by putting the hand under the jacket, without exposing the chest of the child at all. He always insisted upon the following order in most of these cases: First, make the external application, then administer the expectorant, which would excite a cough, and then administer an emetic, and do all this at bedtime.

Opium became a dangerous remedy in young children, and he thought chloral did equally as well. When the secretion was watery and excessive, camphorated tincture of opium might diminish cough and secure rest, but it was not often indicated.

As to whether capillary bronchitis existed independently of broncho-pneumonia, he had his doubts because when capillary bronchitis was found at autopsy it was associated with more or less of broncho-pneumonia.

Dr. H. D. Chapin made special reference to the use of bromide of sodium, which he had used with good results. The use of opium had been pretty well condemned by the speakers by whom he had been preceded; and even in the doses recommended he had seen, it seemed to him, unfortunate results due to its use. In rachitic children he had noticed a more rapid and a more marked narcotic action produced by opium than in otherwise healthy children. In one case he felt quite certain that the brown mixture, regarded as perfectly safe in ordinary cases, nearly caused the death of his patient. For some time, therefore, he had used the bromide of sodium, and, although it did not act rapidly, yet by giving it continuously

it produced a sedative effect, which had seemed to him to be safe and beneficial. He would be more afraid to use chloral than opium.

With reference to cases of mild bronchitis he thought one of the best remedies was to put the child to bed at the outset, and when this was done the large majority of children would get well without special treatment.

Dr. J. H. Fruitnight spoke of the use of iodide of potassium in the second stage of the disease, especially when the secretion was viscid, administered in doses of one-fourth to two grains, according to the age of the child. He favored the use of oil of turpentine combined with balsam of fir. —*Therapeutic Gazette.*

IRRIGATION IN BOWEL DISEASES IN CHILDREN.

An eminently practical article on the therapeutic value of irrigation in treating diseases of the bowels in children is contained in the *Archiv fuer Kinderheilkunde*, written by Monti, the well-known Vienna clinician and specialist in children's diseases. The article is contained in the *Manchester Medical Chronicle* for April and deserves special reference at this season, when we are on the threshold of all the anxieties and perplexities incident to summer diarrhoeas and enteric difficulties.

As regards the method of executing the operation nothing special is said. An ordinary fountain syringe, holding from two to four pints, with a soft tube one or two yards long, and a hard rubber nozzle and a stop-cock is used. Soft tubes or gum-elastic catheters can be fitted on. If the fluid is to be retained an obturator is added, consisting of a truncated cone or soft gutta-percha, which is perforated in its long axis in order to let pass the catheter. This cone is oiled and passed into the rectum, where by its expansion it occludes the passage. A low pressure is advised, and suspension if straining is apparent. About 2-2½ inches of soft catheter may be pushed into the rectum in the new-born. Experiment justifies us in saying that practically the whole of the large intestine can be irrigated. The ileo-colic valve may be passed, but only in such cases where abdominal pressure and peristalsis are inoperative.

In speaking of the application of the measure in the special diseases, Monti says, that in dyspepsia the irrigation at once removes tympanites and undigested caseine, half decomposed masses of fat or amylacea in acid fermentation. Colicky pains that prevent sleep and cause convulsions are at once stopped. Simple enemata never accomplish the desired result. The author rejects as useless the much-lauded aromatics, such as camomile, aniseed and fennel water, that only increase acid fermentations. The quantities of water used should be adequate to fill the whole bowel up to the ileo-cecal valve, and vary with the age and weight of the child. In the new-born, weighing

under 6½ pounds, seven to ten ounces are enough; in heavier children, ten to fifteen ounces; in sucklings in the first four months, seventeen to twenty ounces, and so on up to forty ounces. Percussion of the colon tells us when the bowel is filled. If colic comes on, allow the fluid with the gas and solid ingesta to escape; then resume and finish the operation. In chronic dyspepsia the proceeding may be practised twice daily for some time.

In coprostasis the accumulations come away by irrigation, properly done. Some laxative may be injected with the water.

In habitual constipation, not alone accumulated faeces are removed, but also the inertia of the bowel is overcome. The irrigation should be made at a fixed hour and a large quantity of water used. And the temperature of the water becomes an important factor. In the beginning of this methodical treatment the water should be about 86° F., and gradually a temperature as low as 55° F. is to be reached.

The value of the practice in enteritis follicularis is denied by Henoeh; but Monti is emphatic in favorable recommendation. He says: "Thorough irrigations of the large intestine are indicated in all cases of enteritis without exception, mild or severe, acute or chronic. The regulation of the diet on definite principles, and the irrigation of the bowel, either with water or medicated fluid, chosen according to the indications present, are the only rational measures that can be taken in all cases of enteritis. I treat all my cases of enteritis with nothing but suitable diet, and locally with carefully managed irrigations of the intestine, and only in exceptional cases do I ever give internal medicine. The irrigations must be commenced at once, whether the symptoms are local or general; waiting till the case is more serious is only depriving ourselves of a valuable mode of treatment. There are really no difficulties in the way of any one carrying out this treatment. Large quantities of fluid must be injected. Mere clysters are useless. I begin the treatment of acute enteritis with an irrigation of water. The temperature of the water should vary with the severity of the disease. In slight cases, where the stools are just slimy where the tenesmus is moderate and there is no fever I use water at 72° F., in severe cases I take fresh water from the tap. The first washing out, if properly done, is generally followed by good results; straining ceases, and there is no motion for several hours. As soon as the straining and characteristic dejections disappear an astringent irrigation should be given. One or two per cent solutions of tannin or alum may be used, or a half per cent. solution of acetate of lead. Disinfecting solutions, carbolic, salicylic, or resorcin, do not do good in acute cases. These injections should be given twice a day until the pathognomonic stools disappear. In all cases of chronic enteritis, with putrid dejections, disinfecting solutions of benzoate of soda, boracic acid, resorcin or salicylate of soda should be used, and after the dejections have

ceased to be putrid, astringent or simple irrigations should be employed.

In catarrh of the small intestines, Monti considers the irrigation of the large intestine as only an aid to internal and dietetic treatment.

Also in infantile cholera he believes the irrigations indicated only at the beginning of the attack and before collapse is manifest. In collapse they should be discontinued. Three irrigations at the commencement of the cold stage, either of one per cent. of common salt, or two per cent. of tannic acid, and in severe cases a solution of benzoate of soda, 500-1000 in 1000 parts, or six drops of creasote in 1000 parts are useful.

Irrigations are indicated in all cases of dysentery and of conspicuous service. Water is first used to wash out the bowel, and cold compresses to the abdomen are made. Iced milk and tea with lemon and rum are given. The next irrigations should be astringent as described for follicular enteritis, two or three a day being administered.

Monti has also employed weak solutions of common salt (a drachm to thirty-five ounces) to remove tympanites in abdominal typhoid fever; the temperature should be about 66° F., large quantities being necessary to secure good effects. Astringent solutions of a mild character benefit profuse diarrhea. No extended trial of the method has been had in this ailment.

Caution is necessary in cases of typhitis or perityphitis; much harm can come from irrigation during the periods of active mischief, when the temperature is much elevated. Also in invagination of the bowels. Unless the seat of it is in the colon, especially the descending colon, and the intussusception is recent and not too extensive, no good can be expected from irrigation. In ileum or ileo-cecal invaginations success is rare. The author advises a warm bath for a half hour of 95° F., previous to the injection, the patient in addition being chloroformed to relax all muscular effort. The pelvis, too, should be raised very high. And to this end we believe that the posture proposed by Cari Nicolaus, the knee-shoulder posture, as described in the *Review*, March 13, 1886, would be a highly proper and useful one. A soft catheter or tube should be introduced as far as possible into the bowel, and the water introduced at a low pressure first. On regurgitation stop the procedure, and then cautiously begin again, increasing the pressure. Use external manipulation at the same time. If water fails to reduce the obstruction, air may be insufflated or carbonic acid water. Luke-warm water should first be used to relax the bowel and enable the introduction of a large quantity of water. The finish may be with ice-cold water to excite peristalsis.

Helminthiasis, also, especially cases of oxyuris vermicularis, pin-worms, were successfully treated by the complete irrigations repeated a half dozen times or more on successive days. To clear the small intestine, a purgative should first be given.

Medicinal soap, 1-5 parts to 1000 parts of water, is the best irrigation in such cases.

Taenia were also treated by the combined method of washing out the bowel in the morning with 2-4 pints of luke-warm water; the same is done in the evening with the addition of a purgative. Next morning pomegranate is given by the mouth, and, after the first evacuation, a solution containing pomegranate is thrown up into the lower bowel.

The article, all in all, contains many practical points based upon rational thought and actual experience.

THE DIETARY IN INDIGESTION.

BY J. MILNER FOTHERGILL, M.D. EDIN.

When I hear medical men denouncing a regulated dietary in indigestion, my surprise is excited. Is it a malady to be combatted by drugs only? I do not think anyone will support that proposition. Medicinal agents are not without their value; but the medicinal treatment of indigestion is surely but auxiliary to the dietetic management. That a regulated dietary is too often a restricted dietary—so restricted indeed that the patient is practically half-starved—may be admitted. But need a regulated dietary necessarily be a very restricted one? I opine not; if the matter of the dietary of the dyspeptic be given a little more attention.

And for this it is well to keep the physiology of indigestion in mind. Digestion is solution by hydration so that the carbo-hydrates and albuminoids may pass through the wall of the alimentary canal; after which they are de-hydrated—else they would pass out by the kidney, giving glycosuria and peptonaria, and leaving the body unied. But a preliminary to solution is disintegration. If mastication be not properly performed the "lumps" of food find their way into the stomach and offend it.

Pastry, pieces of hard potato, cheese, are notorious offenders. The solvent action of the gastric juice can exercise no disintegrating effect upon the substances, while they act as irritants and set up pain. A piece of meat comparatively unchewed is less objectionable, because the gastric juice acting upon the connective tissue allows the muscular fibrillæ to fall asunder. But even with muscular fibre there is a wide difference. Pork and veal are hard meats, and, not readily falling to pieces in the stomach under the action of the gastric juice are held, and rightly too, to be indigestible. On the other hand, a thin slice of well-boiled ham, cut across the fibre is very digestible. So is the loose fibre of a sheep's head. This is the mechanical aspect of the digestibility of food. Hard stringy meat is very indigestible. So are ill-cooked vegetables, and especially the cruciferae, so are hard-boiled eggs.

Fish, and especially white fish, whose fibres very readily fall to pieces, are in repute with dyspeptics for obvious reasons. Fish which are fatty, are indigestible (because the fat resists the

action of the gastric juice) as the flesh of the salmon, the mackerel and the herring. The short fibre of the whiting, "the chicken of the sea," makes this fish especially digestible. Then come the flat-fishes, the haddock and the cod. They all are best boiled, for, if fried, care is requisite that the flesh be not soaked in fat—when it is highly indigestible. There are few more indigestible matters than a fried sole which has not been skillfully cooked. And the same holds good of birds. Chicken and game are digestible, while the duck and goose, greasy-fibred meats, are as certainly indigestible.

Potatoes have an evil reputation, but that again is largely a matter of cooking. A potato which is imperfectly cooked has a hard centre. A "stone" an Irishman calls it—and if palpable pieces of such hard indigestible matter be swallowed gastric distress is the intelligible result. But if the potato be well cooked and put through a sieve it ceases to be indigestible from "the mechanical point of view." It is the question of disintegration which militates against vegetables, and cooked fruit. Pieces of hard apple will sit lightly on the most irritable stomach. The flesh of the grape is in great repute in all conditions of gastric irritability and debility, whether primary or secondary, to some general sickness.

Fat is an offence to a susceptible stomach, even as liquid fat floating about in it; but still more as lumps of fat upon which the stomach can exercise no solvent influence. Hence many persons, children and adults, reject sweet pieces of fat, and (after the meal) take some fishy oil. As the digestion of fat does not commence till the food has left the stomach, it is not well to give fat till its "time draws nigh." Thin stale bread with butter rubbed well in and doubled is much more digestible than the same bread cut thick with a stout layer of butter plastered over it.

Pastry, when fat and flour are well rubbed together, form a most indigestible compound, resisting all disintegration except mastication. Suet puddings also are indigestible.

On the other hand, milk puddings, especially of made without an egg, are in repute, and not without reason, for dyspeptics. They are light and sit easily on the stomach, the farinaceous matter being readily disintegrated, and what escapes disintegration is soft and does not give offence to the stomach.

There is another matter not of accult, but of microscopic disintegration, or actual solution which has yet to be discussed—a matter of vital importance. As savage man sat grinding the cereals which form so large a factor in human food, the action of the jaws produced a free flow of saliva, and as fast as the finer particles were broken off the seed, by the crunching of the teeth, diastase of the saliva converted the insoluble starch into the soluble dextrine and grape-sugar. The toil of the miller produces disintegration and relieves the jaws of much of the labor. But disintegration

is only the precursor of solution. The starch granule remains. By heat the cook cracks the starch granule so that the solvent diastase can readily act upon it. So far, so good; but heat does something more. It has an actual solvent action, and heat will, if sufficient, cause conversion of starch into dextrine. A thoroughly well baked flour if subjected to the iodine test under a microscope will readily show this.

When a large quantity of raw unconverted starch enters the stomach it is a burthen to that viscus. The gastric juice has no effect upon starch, and the starch granules merely embarrass, the action of the stomach until they find their way out of it by the pyloric ring—and sometimes by the way they entered, viz., the gullet. Undigested starch hampers the stomach and makes the labor of that viscus a painful toil to it. New bread is a gross mechanical irritant, resisting disintegration. The impediment caused by isolated but numerous starch-granules is another matter. Biscuits and crackers, if insufficiently masticated, cause indigestion. So do cakes which have not long been exposed to heat. The cakes which are held in such favor by the breakfast table in American households have been regarded as indigestible, and a glance at an American cooking book explains why. These cakes are exposed to heat for from thirty to forty minutes only. [The language of England sometimes requires translation. For cakes read rolls, and for biscuit read cracker.—ED.] A good biscuit or loaf is much longer in the oven. Potatoes are indigestible as ordinarily eaten, because they are not long exposed to heat. But if well mashed potatoes be put into the oven to brown, or be placed before the fire for that purpose, the longer exposure to heat tells upon the starch-conversion.

Honey that is well-boiled or subjected to the final heating process of cooking is decidedly digestible. Cereals that have been steam-cooked are in repute with dyspeptics either for adding to meat teas, or for preparing milk-puddings. Some cooks who have to cater for dyspeptics boil all their rice, sago, and tapioca thoroughly before making these up with milk for a milk-pudding. In Germany pearl-barley thoroughly well boiled and passed through a sieve is in request as an addition to meat teas for invalids. The porridge of Scotland, being made with coarse oatmeal, is boiled a long time, while in England a short boil is enough with the fine ground oatmeal in vogue there.

The advantage of the numerous prepared foods—whether babies' food or invalids' foods—which are all more or less compounds of starch which has been to a certain extent predigested either by baking or the malting process, lies in their ready digestibility. A touch of saliva is enough to complete the conversion of such carbo-hydrates, and the soluble matters pass out of the alimentary canal, and the stomach is not burdened with a weight of undigested starch impeding its work.

Gross and fine disintegration of food are cardinal matters in the dietary of dyspeptics.

Mastication must be perfect, else gross particles embarrass the stomach. Starch granules which have escaped the saliva interfere with the solvent action of the gastric juice on albuminoids. The dietary of dyspeptics must be conducted on the above lines; and if the dyspeptic were properly informed he could find a sufficient variety of food; but if he be told to diet himself upon a numbea of articles of food he soon begins to loathe them and often goes without food sooner than partake of them.

Of course there are dyspeptics and dyspeptics! Some only require to give a sufficiency of time to the process of mastication to be free from suffering. Others must eschew pastry, veal and pork. Others again have to abandon solid meat and vegetable and adhere to meat broths, with cooked starch, malt-extracts, malted preparations, milk puddings and fish. When the stomach has been outraged and offended care is requisite for its restoration. When there is present a condition of general exhaustion food will disagree which ordinarily can be taken with impunity. When a condition of acute indigestion is set up a very careful dietary for a few days is directly curative.

Ready disintegration and solubility of food constitute the base line of the dietetic treatment of indigestion.—*Journal of the Reconstructives.*

FOOD IN THE TREATMENT OF NEURASTHENIA.

By J. A. GUNNING, M.D., New York.

Neurasthenia is a peculiar condition brought about in two ways: First, by the hurry and bustle and severe mental strain of this age. Second, through the ignorance of the majority of human beings as to the physiological action of foods.

At the time we are consulted as to treatment, we find that the symptoms presented are dependent upon an extremely low condition of vitality throughout the entire chain of systems, more particularly that of the digestive and circulatory. Upon inspection of these patients we find a lack of vitality, tone, elasticity, color of skin, and a loss of flesh, or that peculiar enlarged under-nourished tissue, having the appearance of flesh, but really indicating a condition worse than loss, and one notes also a peculiar condition of the brain, vacillating between an unnaturally active and excitable condition, to one of quiet, melancholic depression and moroseness. The organ that is the greatest sufferer, and one upon which all others depend to a very great extent, the stomach, the first great reservoir or receptacle of tissue supply, is in a correspondingly low type of inactivity and uselessness from loss of vital force, consequently, its action is impaired, its products are of inferior quality, its solvent powers are impeded, either from a defective supply or a deficit in quality. Hence, all the tissues fail to receive their proper amount of nutrition, and the supplying corpuscles, in consequence of this loss, lose their ability, and, necessarily, their power

to work, and begin to deteriorate; white ones take the place of red, causing two very trying things to contend with, the already enfeebled corpuscle being unable to transport a supply of building material to the tissues, is also incapacitated to bring on its return, the worn out, disintegrated material that ought to be eliminated, instead of which, it is absorbed, or, by some catalytic action, exercises its poisonous influence upon the nerve centres, thereby still further interfering with, and cutting off their stimulation, and hurrying on the condition of starvation, and placing the economy in this extremely trying position. No material for rebuilding, and no means of supplying it, even if it had it under the circumstances mentioned. How can a wagon without bottom or sides carry a load? First thing to do is to mend the wagon. How is it to be done? Put life into the corpuscle by carefully selected materials. This cannot be done by bromide, belladonna, strychnine, etc., for reasons already given, but by life-giving properties.

When examining patients for a cause among his histories recorded, I find that it extends back into the past and that the principal cause was the penalty of transgressing the natural law governing the supply of proper renewing material through the digestive system. By way of illustration, I beg to present an ordinary history of these cases about as follows: The patient will say: "Years ago when I became very much interested in my business, circumstances were such that I had to devote a great deal of time and individual attention to it, and so wholly absorbed would I become that meal times were entirely forgotten, and I would go an entire day without eating, and even should I take the meals I felt my time was so precious that it was only wasted, and as a consequence I ate as hurriedly as possible, only partially masticating my food, and at night, between indigestion and the pressure of business, I slept but little; still I thought it was not injuring me, and kept on in the same careless way. Now I have succeeded in accomplishing what I was striving for, but am in no condition to enjoy it. What shall I do?"

Believing, as I do, that in most cases of Neurasthenia the condition is one of actual starvation, I will now consider the remedy. This consists in proper feeding. The remedy is not a new one, but how much time do we give to the thought of nourishing our patients, or bother our heads, especially about the tissue or tissues involved, and the physiological needs of the system. As a rule when beef tea, mutton broth, milk and eggs have been suggested, we leave it entirely to the patient to make the choice, and they select the most palatable, and so leave them. Food is as much a therapeutic agent as any of the materials called medicine, and if we were to devote one-fifteenth of the time to therapeutical research that we do for pathological we should soon have less pathology to investigate.

Very little reasoning is required to show that there ought to be a close chemical relationship be-

tween the food eaten and the tissues which it is designed to build up and the ever impressive fact that the tissues are constantly undergoing change and being thrown off through the lungs, kidneys and other excreting organs show that unless this supply of renewing material is of the proper kind, quality and quantity, we have a wasting that will be more rapid than repair. In this enfeebled condition what food is demanded and how administered? We find that of all the materials furnished for a complete nourishment of tissue, milk is the best, because it contains material for every kind of tissue, hair, skin, bone, muscle, nerve, and it is the first form received into the body. Any other food then would only act as a foreign agent producing death. When we have a condition of worn-out, partially operating tissue that cannot use general food, milk should be substituted and used, and, in the use of it, it is quite as necessary to watch its effects as upon the infant. When not received or becoming burdensome, dilute with water or add antacids or digestive ferments until it begins to be acceptable to the stomach and not causing distress, and by carefully watching you can judge how much and how frequently to order it. Patients vary from one teacupful to two teacupfuls every hour and a half to three hours. The next article is chopped beef in connection with milk because it furnishes the important part of a more concentrated albuminous food, and, lastly, taking advantage of the researches of chemistry, the beef peptonoids carefully given in small quantities often repeated, are a great saving of wear, as they contain the materials for renewing and are more easily assimilated.

The application of these foods I divide into three classes or divisions that I make in this disease. In that class that complain of weariness, easily fatigued, no appetite, fair form or weight, rather disposed to restlessness, I employ milk used as a drink during the meal in lieu of tea or coffee, and insist upon the time of thirty minutes being devoted to each meal. Exercise or short walks and light gymnastics may be commenced in a mild way and gradually increasing them until a certain gentle stimulation is felt, with a little recognized line of medicine such as phosphorus, maltine and strychnia. The second class of patients, that are pale, feeble and thin with a general wasting away of tissue (not only by absorption, but by actual breaking down) I add to the milk chopped or ground meat. I use chopped or ground meat because if the patient is careless, and swallows his food without chewing, the stomach can manage it better than in lumps. One of the most trying habits to overcome and requiring close watching is this of hurriedly putting the food into the stomach without being thoroughly masticated, and I always require them to rest after each supply of food an hour to an hour and a half. The next, or third class, is more complex and the most trying. In this we have the blending or grafting on of an hysterical condition upon the already low condition of neurasthenia presenting symptoms of both, and requiring a treat-

ment for both. It is needless to say that it is not an easy thing to carry out this treatment. First, they require to be very closely examined to see that they are free from what is generally called organic disease (a difficult matter in some cases, to tell where the functional ends and the organic begins), and we should be very careful in selecting the cases on this point. I think the great error is carelessness in this matter, and consequently the reason we have so much fault found with the plan of treatment. An important and necessary condition to further the effect and to apply the treatment properly is absolute isolation, with complete and continued rest in some regularly appointed or arranged place. Dr. Mitchell, who first suggested the combined plan, says: "It is rare to find any of this class of patients described so free from the influence of these habitual surroundings as to make it easy to treat them in their own homes.

"It is needful to disentangle them from the meshes of old habits, and to remove them from the contact with those who have been willing slaves of their caprices. I have often made the effort to treat them in their own homes and to isolate them there, but I have rarely done so without promising myself that I would not again complicate my treatment by any such embarrassment. Once separate the patient from the moral and physical surroundings which have become a part of the sickness, and you will have made a change which will be in itself beneficial and aid in the treatment, using all the forms of food mentioned, milk, ground beef, peptonoids with a general line of mixed diet. The mechanical means in inducing the assimilation of food from the very commencement, is massage; properly applied in a cautious way until it is applied over the entire body, carefully and thoroughly.

Never use massage unless you can secure rest for your patient, varying from a period of not less than one hour thereafter, and this rule will apply to all cases where massage is used. In the first class I mention, it is only necessary to apply it to the upper extremities, because the lower have all the exercise necessary if the walking is kept up.

The second need it for a longer period and more generally, while the third class, need it twice daily, morning and night, or when the food seems burdensome, for a period varying from forty-five minutes to an hour at each time, with complete rest in bed.

The following will illustrate the mode in which I treat an ordinary case of neurasthenia, belonging to the second class in which I feed and give a limited amount of massage.

Foods used at the beginning of treatment:

1. *Milk*, diluted or pure.
2. *Chopped or ground meat*, (principally beef) made into cakes and broiled to a slight brown tint.
3. *Beef Peptonoids*.
4. *Bread* with plenty of *butter*.
5. *Thin Soups*, made from *Beef Peptonoids*, or to which the *Peptonoids* are added.
6. *Eggs*, small amount.

Diet for a Day Third Class :

At the beginning I order half to one goblet of milk every two or three hours, alternating with beef peptonoids in soup form. These peptonoids I generally give stirred into soup or broth, or even in the milk, sometimes a little pepsin or lactopeptine is given. I do not find that peptonised milk is agreeable to patients.

Later, after digestion is better established, I put patients on a diet somewhat as follows :

7 a.m.—One cup of strong coffee with sugar, but no milk.

8 a.m.—Chopped meat, steak or chops, one glass of milk, bread and butter, thoroughly baked potatoes, vegetables in season.

10 a.m.—One goblet of milk.

11 a.m.—Massage.

1 p.m.—Dinner of meat, potatoes, vegetables, light farinaceous pudding.

5 p.m.—Goblet of milk.

7 p.m. Light supper, with stewed fruit, not very sweet, bread and butter.

9 p.m.—Goblet of milk, sometimes a small steak.

If this treatment is carefully and thoroughly carried out one will be greatly pleased and surprised to see these listless, feeble, thin, pale creatures gradually transferred into rosy, well-formed, cheerful, renovated and able beings, ready again to combat the vicissitudes of life and care, with an elastic skin, bright eyes, rosy hue, digestion good, blood red and increased in quality and quantity, minds clear, buoyant, cheerful and happy.—*Journal of Reconstructives.*

A FEW PRACTICAL OBSERVATIONS ON VACCINATION, THE PRESERVA- TION OF LYMPH, AND OTHER POINTS.*

By ENOCH SNELL, F.R.C.S.E.

District Medical Officer and Public Vaccinator for Nottingham.

MR. PRESIDENT AND GENTLEMEN,—I propose in this paper to consider not only the manner which experience has shown me is the most appropriate method in which vaccination should be performed but to treat of the preservation of lymph, some of the objections that may be urged against vaccination, and, lastly, to refer to the question of vaccino-syphilis.

In the first place, let us consider the operation of vaccination and the preservation of lymph which my own experience as a public vaccinator has taught me to be of practical importance.

Use a plain bleeding lancet for vaccinating, it being the most readily cleaned. A sewing needle is a convenient substitute, it is always at command, is found in every house, and, being only used once, cleanliness is insured.

Make the punctures or scratches on the child's arm as far apart as possible, having regard to the

appearance of the arm from the position of the cicatrices in after life; by attention to this the vesicles are less likely to coalesce. Without adopting this precaution much trouble may follow, especially in scrofulous children.

In summer the formation of the vesicle is more rapid than in winter.

Three months is stated to be the best age for performing the operation, but I decidedly think above this age to be preferable, between the fourth and fifth month.

The risks of vaccination are undoubtedly increased by opening the vesicles, and unless lymph be required, such a proceeding is most unjustifiable. Never under any circumstances postpone a vaccination without certifying such postponement, as, if the child be taken to another for the performance of the operation, and information withheld, the vaccinator will obviously be placed at a disadvantage. Be very careful not to take too much lymph from a single vesicle, as by so doing irritation is produced and erysipelas and other complications may follow; and never under any circumstances countenance the use of vaccination shields.

I will read an extract from a letter which appeared from me in the *British Medical Journal* last year which expresses my views in respect to these potent agents in the spread of erysipelas, &c.

"As regards vaccine shields, I look upon them as a source of harm, and sometimes of actual danger to the children upon whose arms they are used, and, personally speaking, I do not know a single good point in their favor. The shield, to hold it in its position, has to be tightly tied round the arm, which obstructs the circulation and produces more or less congestion in the immediate neighborhood of the vesicles, and this, I need hardly say, it is most necessary to avoid. On the other hand, if the shield be not tightly fixed, it moves about on the arm, and its hard and dirty edges coming in contact with the vesicles, rub them into open sores, and probably inoculate them with impure discharge from another child's arm, as, and I make a strong point of this, in poor localities the mothers are in the habit of lending them to one another."

I was called to see, not long since, a child I had vaccinated in this town, and was let in for a fair share of wrathful indignation. It was suffering from erysipelas, which soon assumed a serious character. I was at a loss to account for this disorder, knowing the origin of the lymph, and having used it also for three other children, all of whom had done well. I discovered one of these objectionable shields in the room, which I found on inquiry had been sent in to the mother by her next-door neighbor, with full instructions as to its use and with an earnest entreaty that she would use it for her child, as she had done for hers a few weeks before.

Just a word in respect to the treatment of vaccine vesicles.

I always urge upon the mothers who bring their

*Read before Nottingham Medical Society.

children to my station, on no account to use any moist application, but, on the contrary, to let the vesicles dry and form a scab; and, if there be a tendency in the vesicles to "run," then to dust them well with powder of oxide of zinc. In cases of tardy recovery, especially those associated with an eczematous condition, I find an invaluable remedy in this ointment:—

Unguentum hydrargyri ammon. ʒj. to

Unguentum plumbi carbonatis ʒj.

Of this prescription I cannot speak too highly, for it rapidly promotes a healthy appearance in the vesicles.

Dr. Sinclair (I think of Edinburgh) has lately suggested the use of white blotting paper, when the vesicles remain moist for a considerable time. But I have no experience in its use.

The Preservation of Lymph.

Much has been written in respect to the preservation of lymph, both animal and humanized.

Humanized lymph preserved in tubes soon becomes inert, and after being stored for a few weeks, *always* fails to produce when used, *typical vesicles*. This is a startling opinion to express, and I am conscious that I make it before those who are accustomed to use lymph after being preserved in this way for months. But my opinion is based on a long experience; and I never obtain with lymph stored beyond a few days such typical vesicles as those produced by it in its fresh state.

Lymph in tubes may be preserved for a far longer period, if the precaution of keeping them in a cool place be adopted. But even then the results are not satisfactory.

Warlomont says:—"Vaccine may be preserved in tubes for ten, twelve, or fifteen months, but to say of a thing, that it may be, is not to say that it always or often happens." And he mentions it test case between two vaccinators. He says: "We vaccinated together, and for purposes of comparison, an equal number of children, some from arm to arm, others with vaccine preserved in tubes. The difference in the two modes was apparent in the result. The second produced about half as many vesicles as the first, although the vaccine in tubes had not been taken a month."

How then can lymph be best preserved to suit our requirements? For we must have it ready at hand.

On July 21st last I took some vaccine in tubes from a carefully selected vesicle, and sealed them. I also took some of the *same* lymph in my watch glass, mixing it with about 25 per cent. of glycerine, covering it over with another glass, and placed them in a pill box in a cool cellar.

On October 16th I vaccinated from both sources obtaining, as I expected, my accustomed ill-success from the tubes; but after thoroughly stirring up the lymph preserved in glycerine with a lancet, I obtained from it as good results as if my vaccination had been performed with fresh lymph.

The result of this experiment may perhaps

induce some of you to try the same method of preservation, and your results will, I have no doubt, be equally gratifying.

At what period in the development of the vesicle is it best to take lymph for preservation?

For all practical purposes the eighth day does very well, but in hot weather a little earlier is preferable, as lymph taken from vesicles too fully matured is liable to fail.

THE PROPHYLAXIS OF ASTHMA.*

BY DAVID W. YANDELL, M.D.

Many years ago, when Trousseau was urging the value of belladonna in the treatment of spasmodic asthma, I began its use in certain cases where the disease affected children. Occasionally I got good results—occasionally failure. Subsequently, when the bromides were brought prominently forward as antispasmodics, and, combined with belladonna, were so much used in the management of whooping-cough, I begun, as some one had suggested, the administration of the bromide of potash and atropia as a prophylactic in asthma. The results have been so satisfactory that I wish to ask attention to the treatment.

What I am about to say applies exclusively to children, for, as seen in adults, asthma has usually existed so long that it has wrought changes in the pulmonary apparatus quite beyond the control of the remedies under consideration; and, even in children, the full good of the drugs is only obtained when these are given with the utmost regularity during long periods of time, and in doses sufficient to produce their distinctive physiological effects. Under these conditions, conjoined to certain hygienic measures which I will mention further on, I am persuaded I have prevented asthma from fixing itself on many subjects who, otherwise, would have become permanent sufferers from this dismal affection.

Perhaps, by describing the management of a case, I shall be able to put what I wish to communicate in the fewest words:

One night in July, 1865, I saw a well-developed girl, six years old, in a sharp asthmatic seizure, which was soon relieved by a few doses of tincture of lobelia. I found that for two years before she had been subject to such attacks whenever she caught cold, and that the paroxysms had gradually grown more frequent, less and less "cold" being required to excite them. She was usually much worsted by a seizure, two or three days elapsing before she felt fully well again.

At my next visit I directed ten grains of bromide potash to be given in a glass of seltzer water every morning on rising and at bed-time. To the latter dose was added the one hundred and twenty-fifth

*The notes of which this paper is an abstract were made in the main while the writer occupied the chair of the Theory and Practice of Medicine in the University of Louisville.

of a grain of sulphate of atropia. The mother was instructed as to the pathogenic effects of the medicines. Two days after it was found necessary to increase the bromide by five grains at a dose, which soon produced anesthesia of the fauces, when the quantity was reduced to twelve grains, an amount which was not exceeded. Dryness of the throat and slight dilatation of the pupils followed after four days' use of the atropia. This medication was continued steadily for three months. Throughout the greater part of this time, the patient had iron and strychnia after food. She was required to live in the open air and take a cold sponge-bath daily. She was provided with a cough mixture containing a considerable quantity of opium, and her mother directed to use it on the appearance of the first symptoms of a cold. She had, in the period named, but two attacks of asthma, both slight. In the ninety days preceding the treatment, she had five attacks. The treatment was now suspended for a fortnight, when, the weather growing cold—this was in November—it was resumed and continued for the succeeding four months. In that time she caught several slight colds, but had no asthma until in March, when, after a wetting in a sleet, she had a mild seizure that yielded to five grains of Dover's powder. This was her last attack. For the next four months the medicines were given fifteen days in each month, and then omitted until the following December, when they were given uninterruptedly for sixty days. Ten months having passed without a seizure, notwithstanding the patient had suffered several sharp catarrhal attacks in the time, further treatment was deemed unnecessary. It is proper to add that the patient made no change of house, and had practically the same surroundings during the entire time. She remains free from asthma to this day.

Since this case I have treated, by the same method, eight other cases of asthma in persons aged respectively three, ten years; two, eleven; one, twelve; one, thirteen, and one fourteen years old. All recovered but two, and in neither of these was the treatment fairly carried out by the parents. None were dismissed under fifteen months, while two were under treatment for two years.

In five of the nine cases, the disease was hereditary. Eight of the nine were unmistakably neurotic. Perhaps this fact may serve as an explanation of the success of the treatment.—*American Practitioner*.

THERAPEUTIC.

Copis tecta, a plant native of China, has been found to slow the pulsations of the heart similarly to digitalis, so that we have another addition to our cardiac sedatives.

Capparis Coriacea, a native of Peru, in the shape of an infusion, three drams of the powdered fruit infused in red wine being the dose, has been

found useful in epileptic, hysterical and other similar disorders.

Salix nigra in fluid extracts is much lauded as a sexual sedative, being used in ovarian irritation and in some cases of dysmenorrhœa where there is a sexual excitement.

Urtica urens, a decoction made from the common stinging nettle, is strongly recommended by Rothe as a local hæmostatic.

Parthenine, from the Cuban plant known as parthenium-hysterophorus, comes forward as a new anti-periodic. It appears to have great power to reduce temperature in fever, in the maximum dose of thirty grains.

Peroxide of hydrogen is reported to have produced excellent results in the treatment of diphtheria. It may be administered with glycerine.

Capsicum annuum will be found of great service in alcoholism, where there is a great restlessness, burning in the stomach, and coldness between the shoulders.

Phormium tenax, a botanical product of New Zealand, bids fair to prove a valuable auxiliary to the surgeon, in producing healthy granulations in wounds.

Chronic acid, ʒi to aqua ʒi applied locally at intervals of a week, is said to be an excellent remedy in endocervicitis.

Myrtle, an ounce of the leaves of the common variety, boiled in a litre of water, is said to be an excellent injection in the treatment of leucorrhœal discharges.

Antipyrine still holds its place as an antipyretic, and it has been successfully used in scarlatina, in five grain doses every hour, in children. Good results are said to follow its alternation with digitalis. Sweet spirits of nitre is incompatible to antipyrine, the combination forming a blue aniline.

Adonis vernalis is claimed to be superior to digitalis and to convallaria, in many cases of cardiac disease. It is said to be powerfully diuretic, and not cumulative in its action. It is used largely in chronic heart diseases.

Electricity is said to be a most reliable agent in increasing the secretion of milk. Both currents are allowed to pass through the breasts for fifteen minutes twice a day.

Kali chloricum is recommended by Dr. Richard Hughs in simple stomatitis.

Stigmata maidis is extolled by Dr. Burt in angina pectoris, when the pain is increased by ascending steps.

Iodol is highly spoken of in syphilitic and other ulcerations, where there is no gangrenous tendency. Buboes are injected with a solution of one part iodol to sixteen of alcohol and thirty-four of glycerine.

Aluminium acetico-tartaricum is claimed as a new specific in ozœna. The dose is one teaspoonful of a fifty per cent. solution in one-half to a pint of water, we presume applied locally.

Pichi (fabiana imbricata), native of Chili, is said to have a wonderful effect upon the formation

and discharge of renal and vesical calculi. The profession will be glad to add to their armamentarium in this tedious affection.

Ichthyol, in thirty per cent. solution, is said to relieve the severe itching of senile prurigo, and a ten per cent. solution relieves pruritus. Four tablespoonfuls a day, of a one per cent. solution internally, has relieved the worst cases of gastritis.

Trypsin (Fairchild's) is now offered as a solvent for diphtheritic membrane. The well-known properties of the pancreatic juice give the strongest grounds for anticipating success in its application for this important purpose. Trypsin acts quickly and powerfully upon fibrin and fibrinous membranes. It is not dependent upon the interaction of acid, as is the case with pepsin. It is most active in a slightly alkaline media. It may be applied by spray or brush. In practical use the results have been very encouraging. It may be obtained of the principal drug houses in this country, and is dispensed in $\frac{1}{2}$, $\frac{1}{4}$, and 1 oz. bottles, with full directions.

. Demange says (*L'Union Medicale*) that diabetes insipidus is best treated by valerian, in doses of two to four drachms of the powder per diem. —*Technics.*

MANAGEMENT OF BREECH PRESENTATIONS.

At a recent meeting of the New York Academy of Medicine Dr. Robert A. Murray read a paper with the above title (*N. Y. Med. Jour.*, March 13, 1886), which dealt principally with the measures necessary to be taken to deliver in breech cases and to diminish the percentage of mortality. The importance of an effort in this direction was apparent from the fact that the statistics quoted from authorities gave a mortality in breech presentations of about one in eight and a half cases. Among the causes of this class of presentations were a contracted pelvis, an excessive amount of liquor amnii, violent movements, and a peculiar formation of the lower segment of the uterus. It was also remarkable what a large proportion of the cases occurred in premature labor and multiple pregnancy. The statistics of Simpson went to show how frequently, the child being dead, the loss of tonicity of the spine and the presence of flaccidity in the tissues caused malpresentations. Those tables demonstrated that there was a constant tendency after the sixth month of pregnancy for the head to present.

In a case of breech presentation in which the mother's pelvis was of full size and regular form, and the child of moderate proportions, labor would probably be accomplished without particular difficulty, and the obstetrician had only to wait. If, however, the indications were that the labor would be difficult, if the pelvic cavity was not roomy, or the child of large proportions, version, if it was to be performed, should be done early, before the

rupture of the bag of waters. If the case was allowed to progress, no obstruction being met with, the critical moment for the child would be just after the birth of the trunk and lower extremities, for now the cord was in danger of becoming compressed between the unyielding head and the pelvic wall. The cord should be pulled down and placed next the sacro-iliac synchondrosis by the side of the child's head, where it would be least likely to become compressed. The contractions of the uterus might be followed up by the hand, and flexion of the head might be aided by rising the trunk of the child. But in cases in which the limbs were extended upward over the front of the child, so that the toes were near the face, the breech was not nearly so large as the child's head, and, being readily moulded, entered the pelvic cavity; the entire fœtus then presented, as Barnes had well described, the form of a wedge with the base upwards. Now, if traction was made by means of hooks, fillet, or forceps, and unsuccessfully, as it was likely to be, the apex would be dragged into the pelvis, and, the cavity becoming more tightly filled, compression of the cord would be increased and the uterus rendered more irritable, and here the only measure for the safety of the mother and child was to bring down a foot. The use of the blunt hook to do this was difficult, as it was apt to slip and injure the soft parts or cause fracture of the thigh; consequently, if the child was living, it should not be resorted to. The fillet, if it could be guided over the limb, might cut the tissues or prove too weak to overcome the difficulty. The obstetric forceps had been recommended in these cases, but it was condemned by most authorities. It was only adapted for use on the head. The performance of cephalic version, recommended by Spiegelberg, would be possible only before rupture of the bag of waters and before the breech became wedged.

The clear indication in such a case was to break up or decompose the obstructing wedge, which was to be done by bringing down one foot. The position of the breech in relation to the pelvis having been determined by ordinary diagnostic points, the hand was to be passed in front of the breech where the foot lay, and one foot seized by the instep and brought down; then the breech would probably soon descend. The cord would be better protected than if both feet were brought down. The foot nearest the pubes was most easily drawn down. If the case was not otherwise complicated, the labor would now go on naturally. If the breech filled the brim, or was forced into the pelvic cavity, little space would be left for the operator's hand, and under these circumstances the hand would have to be passed up to the fundus uteri in order to grasp the foot. That hand should be introduced whose palm would touch the abdomen of the child when introduced. When the foot was reached, preferable the anterior one, it was seized by the instep and drawn down out of the vulva. It was essen-

tial to get hold of the foot; taking hold of the knee or hooking the thigh in the groin, would be of no use. During the operation the uterus should be supported by the other hand or by an assistant. If inertia uteri should now exist, we should still have attained, by our hold on the foot, security for further progress of the case.

The operation of extraction by the breech might be divided into: 1. Drawing the trunk through the pelvis. 2. Liberation of the arms. 3. Extraction of the head. Traction on the leg should be carefully made, in drawing the trunk down, coincidentally with the pains. The trunk should be drawn downward and backward in the axis of the brim, external pressure being made by an assistant, the traction being kept up until the breech was fairly in the pelvic cavity. After the extraction of the breech, the chord should be carefully looked after. Liberation of the arms might become necessary if the pelvis was at all contracted, or if traction upon the trunk had been too rapid or had not been accompanied by external pressure on the uterus.

The head being at the brim, Smellie's method might be employed in the manner recommended by Schroder, or the method of Scanzoni. In all cases of breech presentation the forceps should be at hand ready for application to the head if it should be necessary. Particular care should be taken during its introduction not to lacerate the cervix. Passing a catheter up into the mouth of the child at this stage would frequently save life.

The subject of the management of breech presentations had been brought to the author's mind forcibly during the past year from the number of cases which he had seen in consultation, in nearly all of which he had found difficulty arising from flexion of the legs on the abdomen, diminishing the size of the breech to a certain extent, and at the same time forming a wedge that became more tightly impacted as the child descended. In all of these cases unsuccessful efforts had been made to extract before he was called, and he was impressed with the advantage of introducing the hand and bringing down the foot over other methods, such as the use of the forceps, the blunt hook, the fillet, etc.—*Therapeutic Gazette*.

INHALATIONS IN PHTHISIS.

I have employed, at different times, a large number of inhaling fluids and many different combinations. The fluid and combination to which I now give the preference is creasote and alcohol, equal parts, to which I also frequently add a like proportion of spirits of chloroform. This combination is certainly very useful in allaying cough and modifying the quantity and quality of the sputa in pulmonary phthisis. I therefore recommend it very warmly. The alcohol if added to the creasote for the double purpose of diluting it and making it more volatile; the spirits of chloroform are added, in view of the experience of Dr. Cohen, of Phila-

delphia, to diminish local irritation and excessive cough. The inhaler must not be worn too long at first, nor should too much fluid be poured on the sponge at any single time. In either event, instead of giving relief, disturbance is caused; the throat is rendered more irritable, and the patient complains of increased soreness and tightness in the chest. Properly and judiciously employed, the creasote inhaler relieves symptoms notably, and in the beginning, at least, of pulmonary phthisis, is, I believe, a means of decided utility so far as the possible arrest of the disease is concerned. It is important that beechwood creasote be used. At first the inhaler should be worn ten to fifteen minutes every two or three hours; afterward, it may be worn half an hour or an hour at a time, or even longer. When the length of time is gradually increased, only positive benefit will result. From ten to twenty drops of fluid should be added to the sponge at any one time. If more is added, it will cause undue irritation. The fluid should not be poured on the sponge more than two or three times in twenty-four hours. Precisely the way in which creasote is most useful is, perhaps, difficult to state. By its antiseptic action it is possibly destructive of bacilli; by its local action and general effect it is certainly of value in combating catarrhal conditions. Where purulent cavities exist it tends to destroy or neutralize putridity. These are certainly sufficient good reasons for its use without pursuing the inquiry further. At all events these inhalations do good. The physician notices it and the patient affirms it. In many instances they allay cough better than any cough-mixture, and they are certainly free from the great objection of destroying appetite, as opium and morphine so frequently do.—*Dr. Beverly Robinson in N. Y. Medical Journal*.

OBSTETRIC.

COLD WATER IN LABOR.—(*Med. and Surg. Rep.*) The only reliable oxytocic that I have found in my obstetrical practice is cold water. Its efficacy in exciting contraction of the uterus in post-partum hemorrhage is well established; and its superiority over other agents in hastening labor with less danger is shown in the cases reported by Dr. H. Garvin (who was the first to call attention to its efficacy in this direction), and also in several which have occurred in my own practice. I think if this method was more frequently employed we would have less rupture of the os uteri or perinæum, and less post-partum hemorrhage. I cannot better explain the action of cold water to the uterus than in the language of Dr. Garvin: Cold when brought in contact with the surface, though locally depressing, through its communication with the nervous centres, acts as a stimulant affecting the whole system or only certain organs, according as it is generally or locally applied. All are familiar with the effect of cold water sprinkled upon the face in attacks of syncope, also

its more powerful stimulant influence upon the brain in narcotic poisoning. It does not act as ergot, producing by its toxic influence on the nervous system an abnormal and dangerous stimulation of the parts which are affected by it, but the reverse; the dormant or flagging powers are, as it were, awakened to renewed action, a normal state of affairs is re-established, and the functions are carried on as they were previous to their failure. The following mode of using this remedy is recommended: The water should be cold; it is not necessary always to have ice-water, as Dr. Garvin suggests; but, if convenient, it is preferable. A towel should be dipped in it, and wrung until only sufficient water remains to wet the parts to which it is applied; this should be quickly placed upon the abdomen, so that as much of the cold will remain as possible; the cloth should be changed every five or ten minutes, or as soon as it becomes warm.—*Technics.*

THE MANAGEMENT OF PLACENTA PRÆVIA.

Dr. Malcolm MacLane offers the following rules as those which should best govern the treatment of placenta prævia (*Amer. Journ. Obstetrics*, March 1886):

First.—In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest,—body and mind,—and a mild opiate is often desirable at this stage to quiet irritation.

Second.—Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to induce premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third.—In primiparæ, and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth.—In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnee's dilator than on pressure by the foetal parts.

Fifth.—Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate, the os may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

Sixth.—The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh.—In the majority of cases, podalic ver-

sion is to be preferred to application of the forceps within the os.

Eighth.—In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In cases of favorable presentation,—occiput or breech,—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and the child will be expelled rapidly and safely without artificial assistance.

Ninth.—The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth.—Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally.—As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

TREATMENT OF PAINFUL FISSURE OF THE ANUS WITHOUT OPERATION.

Mr. C. G. Wheelhouse employs the operation of "stretching" the sphincter ani as advocated, in preference to "cutting" the muscle. This treatment Mr. Wheelhouse recommends in fissure of the anus, because "we can attain our end without causing an external wound, and thereby rendering our patient liable to septic poisoning." I have hitherto treated these fissures without any operative interference at all, and with such success as to warrant a continuance of the method. The following case will illustrate it:

J. T., a coachman, aged fifty-six, had for eighteen months suffered such agonizing pain during defecation that an enforced habit of constipation was established. From time to time he relieved his bowels by enemata, first taking a large dose of laudanum to alleviate his sufferings. On examination with a speculum, I found a fissure, nearly an inch in length, with irregular edges and an indurated base. The sphincter was much hypertrophied, and contracted powerfully and spasmodically during the examination.

I ordered a full dose of castor oil, with some rhubarb for its secondary astringent action, forbidding the customary laudanum. When this had operated I had the bowels well washed out with an enema containing Condy's fluid. This done, I passed the speculum and painted the fissure with a solution of chloride of zinc (twenty grains to one

ounce); then introduced a piece of lint, smeared with boric ointment, the contraction of the sphincter keeping it in contact with the sore. The bowels were kept in check by pilula piumbi et opii. Liquid food only was allowed.

The subsequent treatment consisted in the use of a powder (powdered boric acid, half a dram; violet powder, one ounce), which was sprinkled freely on lint, and introduced into the anus to dry up any discharge, and the continued use of the boric ointment.

By these means the fissure was entirely healed in six days, and there has been no return of the symptoms.

I have always found one application of chloride of zinc enough; it usually causes some smarting and uneasiness, but nothing more effectively purifies the ulcer or stimulates the reparative process. The introduction of cocaine robs the operative procedure of one drawback, the necessity of taking an anesthetic; yet I may recommend a trial of this treatment, at least in the case of those who have an innate horror of any thing approaching "cutting"—*A. D. Macgregor, M.B., British Med. Journal.*

THE TREATMENT OF EPILEPSY WITH BORAX.

In the *Boston Medical and Surgical Journal*, February 10, 1886, Dr. Charles F. Folsom calls attention to the use of borax, and reports cases in which the use of borax, commencing with ten grains three times a day, and then increasing up to fifteen grains, finally to twenty grains three times a day, served to greatly reduce the number of convulsions, even although nearly all the other methods of treatment had proved unavailing. In other ways the improvement was also great; the attacks of *petit mal*, which formerly were almost incessant, occurring sometimes twenty in a single hour, are now very seldom the source of annoyance, while the general health is almost perfect. The only annoyance noticed was a dry scaly eruption, giving rise to a good deal of itching, but which disappeared after several weeks' use of arsenic internally, and oxide of zinc ointment with vaseline given externally. Aromatic tinctures given with the borax prevented the nausea which immediately followed its use when mixed with water alone. Borax cannot be claimed ever to cure absolutely cases of epilepsy in which the bromides have failed, but it nearly always will produce improvement in the general health, and will lessen the severity and frequency of the convulsions. Dr. Folsom especially recommends the alternate use of borax and bromides, particularly in cases which have been for a long time under the influence of bromides, and which are therefore in the wretched condition nearly always caused by prolonged use of these drugs. The first few doses of borax often produce diarrhœa, which soon ceases. Eruption

on the skin is readily controlled, and the tendency to nausea, flatulency, and indigestion is easily met by chloroform, tincture of cardamom, compound spirits of lavender, etc., given with the borax.

THE CURE OF ASTHMA.

In a recent communication to the *Medical Record*, Dr. Richard B. Faulkner, says: "I understand by the term asthma, the condition of spasm of the bronchial tubes of both lungs, with hyperæmia approaching or amounting to inflammation, accompanied by rales upon both inspiration and expiration, with great difficulty of breathing, and the term is applied to the paroxysm alone, which returns at regular or irregular periods. Disturbance of function or disease of structure of the pneumogastric nerve is always present.

To cure paroxysms, I originated a method of treatment nearly five years ago; and repeated observation has confirmed its great utility. When called to a case of asthma, with a camel's hair brush, I made a streak of Churchill's iodine over each pneumogastric nerve in its course in the neck, from the upper part of the thyroid cartilage to the upper borders of the clavicles. By counter-irritation thus applied, the capricious and abnormal exercise of nerve-force by the pulmonary filaments is controlled, and bronchial spasm promptly relinquished. Such is my original method—simple, certain, quick. Churchill's tincture is the best counter-irritant, because, first, it is convenient; second, its action is easily controlled; third, it does the work. To permanently cure the paroxysms, it is usually necessary to remove the underlying morbid condition upon which they depend or are associated.

DIARRHŒA AND FEEDING BOTTLES.

"Baby has the diarrhœa, doctor." "Do you nurse him?" "No, doctor, he takes the bottle." How frequently has this conversation taken place between doctor and mother.

One of the commonest causes of diarrhœa, nasty, persistent diarrhœa, that resists treatment, is the use of the bottle. Yet it should not be so; it is not a necessary accompaniment of the bottle.

But the majority of mothers are careless about keeping the bottle clean. Two bottles should be always in use. When one is emptied, it should be well washed in hot water, thoroughly rinsed, and allowed to stand full of warm water, into which a small piece of washing soda has been introduced, until required for use, when it should be again well rinsed.

Long nursing tubes are abominations, and form ready nests for the propagation of disease germs. We should employ the ordinary rubber nipple, without any tube, and, having several on hand, those not in actual use should be kept soaking in water and soda. If we have good milk, that has

not soured, and if we observe these simple precautions we will soon cure these obstinate diarrhoeas without drugs.—*Medical and Surgical Reporter*.

INDUCTION OF PREMATURE LABOR.

Dr. T. Gaillard Thomas says: The method of inducing premature labor which I now invariably adopt is a very simple, and is at the same time a perfectly efficient, one. The patient is placed across the bed, with the buttocks resting near the edge, and under is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub on the floor. In this tub we put one or two gallons of water at a temperature of ninety-eight degrees Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put to bed, rhythmical uterine contractions soon follow, and the labor is completed in a few hours.

THE TREATMENT OF EPILEPSY.

M. Ball, professor at Clinic St. Anne, gives preference to the bromides of sodium and ammonium in the treatment of epilepsy in solution, and belladonna with oxide of zinc in pills. The mixture he employs is the following: Bromide of sodium and bromide of ammonium, 3iiss; water, 3x. Four tablespoonfuls a day in an infusion of valerian, and a pill night and morning, composed of ext. of belladonna and oxide of zinc, 15 grains, divided into 40 pills. He considers the bromide of potassium inferior to the other bromides, which are much more easily supported, and do not produce the loss of memory and weakness of the intellect attributed to a continued use of the potassium. However, in the cases of phthisical patients the bromides of sodium and ammonium are not well borne.—*Medical Press*.

NUX VOMICA IN PROLAPSUS ANI.

M. Schwartz has employed, during the last ten years, with good result, extract of nux-vomica to combat proclentia of the rectum, not only in children, but also in adults, and even in those cases in which, from neglect and want of care, the ease has become chronic. He dissolves one or two grains in a glass of distilled water, and gives seven to ten drops every four hours, and he asserts that the prolapse disappears in twenty-four hours. For children, as a rule, the dose is five drops, and for children one or two years of age, only two or

three drops. To prevent relapse the nux vomica should be given for eight days after the cure, two doses being administered daily. If the prolapse be of long standing and do not at first yield to the nux vomica, one drachm of extract of krameria should be added. The nux vomica overcomes the paralysis of the intestine, and the astringent krameria controls the diarrhoea which the relaxation of the intestine provokes.—*El Dictamen*.

A LINIMENT FOR EARACHE.

Pavesi recommends a liniment composed of camphorated chloral 2½ parts, pure glycerine 16½ parts, and oil of sweet almonds 10 parts. This is to be well mixed and preserved in a hermetically closed bottle. A pledget of very soft cotton is to be soaked in the liniment and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. It is claimed that the pain is almost immediately relieved, and even in many cases the inflammation is subdued.

A PAINLESS METHOD OF INTRODUCING THE CATHETER.

The plan suggested by Dr. J. H. Berst, in the *Therapeutic Gazette* is the spurting of a few drops of a four per cent. solution of cocaine mur. into the mouth of the urethra, and allowing it to seek the deeper parts of the canal by gravitation. This can be accomplished with an ordinary medicine dropper, the point of which has previously been glazed by holding in the flame of a spirit lamp.

By this simple method of producing local anæsthesia the writer has been enabled not only to painlessly cauterize his patients, but in four cases perform internal urethrotomy, and carry out the after treatment, viz., the daily introduction of a full size sound, without causing any pain whatever.

TREATMENT OF SCABIES.

Dr. Comessati says (*Pharm. Zeitung*) that the following is an easy, effective method of treating the disease: In a liter of water 200 grams of hyposulphite of sodium are dissolved. The entire body is thoroughly washed in this lotion, at bedtime. The next morning the body is washed in a solution of 50 grams of muriatic acid to the liter of water. By this means sulphur in a very finely divided state is deposited in the pores of the skin; sulphurous acid and chloride of sodium are also formed. These products are destructive to the parasite. The great advantage that the author has found in the use of this treatment is that it need not be repeated.

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EDITORS :

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P. LOND.
Editor and Proprietor.

R. A. KENNEDY, M.A., M.D., Managing Editor.

ASSISTANT EDITORS :

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GEORGE E. ARMSTRONG, C.M., M.D.

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COLLEGE OF PHYSICIANS AND SUR-
GEONS, PROVINCE OF QUEBEC.

We hope to see a large attendance at the Tri-Annual Meeting of the College in Montreal on the 14th July. Perhaps it will be the most important session which the College has had for many years, as the question of a Central Examining Board, and an alteration in the method of electing the Governors comes up for discussion and decision.

In our last issue we intimated that we were in favor of both these changes being made. Indeed a new departure is necessary in electing Governors. or the College will never obtain the support of the mass of the profession, who now give it little or no sympathy and grudgingly pay their annual assessment of two dollars. Our article on this subject in the May number of the *Record* has called forth several letters from subscribers, the most important of which comes from a well-known and distinguished physician in the Eastern Townships, He says :

"I have just been reading your editorial in the May No. of your Journal anent the changes contemplated by the College of P. and S., Quebec. Do not for one moment fancy I have any ambition to gratify in the matter. I have none whatever. But I have had thirty long years of experience in affairs appertaining to our profession, and should know something whereof I speak. You state that the Profession as a whole in this Province take but little interest in the transactions of the College. Do you wish me to suggest a very simple remedy? Bring the constituencies in the first place into more satisfactorily-defined limits, ignore entirely the old and antiquated divisions in use, and take the modern ones, *i. e.*, those adopted at the time of the passing what was called the Judicial Decentralization Act. This every one of ordinary intelligence understands. Although originally intended for judicial purposes, it

was later made the basis of representation in the Senate at Ottawa and also in the Legislative Council of this Province. I might go still further, but it is not necessary—you see, we know each other fairly well, either personally or by reputation—in each of these divisions, and it brings home to every one of us a personal interest in the election, and without which things will go on in the future as they have in the past. Now this point I perceive you mention in your editorial, but you do not seem to think it of the importance that I do.—Fancy any *other* election to take place on any other than the well-defined basis at present in use, and you will soon see much of the interest and zeal in that cause disappear. There will be healthy rivalries and local pride excited, that will never, in my humble opinion, be created if you persist in the present unnatural divisions; dues will be more promptly paid (in order perhaps to secure a vote), and local feeling and interest aroused which cannot but result in the general good of the profession. This of course must exclude the possibility of electing or nominating any candidate not actually a resident of the District at the time of the election.—I do not know the number of Governors now allowed by the Act, but I believe there are *nineteen* judicial districts in this Province. If I am correct, surely that number would not be too great, even with the augmentation you refer to from the Colleges."

"Let me just say, in conclusion, that I think there are very few people living about here, whether medical men or not, who know the limits or extent of our own district. That I *do not* is most certainly true. I am a native of this place, and expected to vote intelligently for the district in which I have always lived, and yet cannot tell you whether or not the man I might favor lives within this jurisdiction. But I *do* know the borders or boundaries of this district. I am led to make these remarks because I notice there is a clause in the proposed changes which bears upon the point. Unless things are better defined in these respects, you will readily see no general professional interest in college matters can be awakened. And I quite agree with you that it is high time that the entire membership should feel that individual concern in the College which its importance deserves."

"Do not misunderstand me—what I feel of *vital* importance is to so change the rules as to admit of *one* Governor being elected from each judicial district in the Province, whether rural or city, and

that the candidate (or candidates) for such district shall be a "bona fide" resident of the district he aspires to represent—without this it will be only representation in name."

One point in the report of the Committee which we fear will give rise to an acrimonious discussion is that which incidentally refers to the advisability of giving the College a permanent resting-place, thus causing it to cease its annual visitations to the good city of Quebec, for if such a decision be come to, Montreal must of course be its location. In the interest of the College it is best that it should have a local habitation, and that locality which furnishes the majority of its business should be the place of its abode. Montreal gives to the College of Physicians and Surgeons over eighty per cent. of its business. This is a fact to which we direct particular attention. We are satisfied that if sectional feeling be put aside, and the question judged upon its merits, no difficulty will be found in endorsing the recommendation of the Committee. We trust this will be done; if it is even those in middle life may look forward with a fair degree of probability to seeing the College housed in a building of its own, and a Library founded which in time will be a boon to the profession of the Province.

TORONTO MEDICAL SOCIETY—The following have been elected officers of the Toronto Medical Society for the ensuing year: President, Dr. McPhedran; 1st and 2nd Vice-Presidents, Drs. Nevitt and Machell; Recording Secretary, Dr. Peters; Corresponding Secretary, Dr. Cochrane; Treasurer, Dr. Spencer; Council, Drs. Atherton, Graham, and Reeve.

CANADIAN MEDICAL ASSOCIATION.

The Nineteenth Annual Meeting of the Canada Medical Association will be held in Quebec on the 18th and 19th of August next. Arrangements have been made with the Railroad and Steamboat Companies, whereby each Member or Delegate may secure return tickets for himself and wife and a patient, at the rate of a fare and a third each. The necessary certificates entitling Members to this reduced rate will be issued by the Secretary on application. Intending readers of Papers are requested to notify the Secretary of the fact, giving the title of the Paper to be read, at their earliest convenience, in order to facilitate the arranging of the Programme of the Meeting.

THE ONTARIO MEDICAL ASSOCIATION.

The *Canada Lancet* says:

The last meeting of this Association, held in Toronto, June 2nd and 3rd, was in every respect a success. The number of well-known gentlemen taking part in it; the character of the papers and discussions, and the friendly spirit evinced by all, will make it remembered as a time of profit and pleasure to all who were present. Not the least pleasant feature was the presence of some American medical brethren. We are sure they were heartily welcomed, and it is to be hoped that that spirit of mutual acknowledgment of merit between members of the profession of the two countries may continue, and lead to more frequent interchange of thought at our meetings. Especially refreshing and encouraging was the presence of the veteran President of the New York State Medical Society, Dr. Moore, of Rochester. All who listened to the clear, incisive sentences, delivered with the force of full conviction of the truth of what he uttered, must have felt that they were in the presence of a mind matured by years of study and close observation. The address of the President was a valuable one, and was well received. It is to be regretted that more opportunity was not given for discussion on the cases presented by Drs. Gibson and Yonkers. Such cavalier treatment will not encourage members to undertake the trouble and expense of bringing patients to the association meetings, for no one would be warranted in asking patients to spend their time and money in presenting themselves were there not some hope of an elucidation of their cases by a general discussion. It is to be regretted that the report of the Committee on Ethics was tabled, owing to some irregularity. It will however be taken up early at the next meeting. Toronto is again chosen as the next place of meeting, which, considering its central position, and the better accommodation which may be obtained will be of advantage to the Association. Dr. Henderson's notice of motion for the appointment of a Defence Union Committee is, we think, timely; and we trust that such steps may be taken at the next meeting as will give adequate defence to practitioners proceeded against for malpractice. The election of Dr. Richardson, as President, is a matter of congratulation to the Society. His popularity and well-known zeal in the prosecution of scientific medicine and surgery make him a most acceptable officer. We anticipate for the next meeting of the Association a greater measure of success even than has heretofore attended its proceedings.