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CANADA

MEDICAL & SURGICAL JOURNAL

JUNE, 1881.

Original Communications.

CLINICAL LECTURE ON A CASE OF FIBROID PHTHISIS.

By WM. OSLER, M.D., M.R.C.P., Lond.

Professor of the Institutes of Medicine in McGill University, and Physician to the Montreal General Hospital.

(*Delivered at the Montreal General Hospital in the Summer Session Course, May* 10, 1881.)

Reported Stenographically by S. A. Abbott, Esq., of the Hansard Staff.

Gentlemen: There is no disease that you will have greater difficulty in thoroughly understanding than phthisis. I have no doubt that to many of you the difficulties which this subject presents have already become apparent. It is, in fact, at present, the bugbear of medical students, particularly in their last year. This is owing in great part to the inherent complexity of the subject, and in part, I am sorry to say, to the exceedingly diverse theories and views which at present prevail upon the pathology of the disease.

The simplest classification of phthisis is into pneumonic, tuberculous and fibroid varieties. It is of the last that I wish to speak to you to-day, and to show you this interesting example of the disease which many of you have already studied in the ward. This form of phthisis is characterized by certain peculiar features. In the first place, it runs an unusually long course. Patients may live for twenty-five or thirty years; in many instances, indeed, it does not diminish to any great extent their term of existence. I will refer, in a few minutes, to a case of a gentleman who has

been under Dr. Howard's observation for the last twenty or twenty-five years, and who only died last week of the affection.

Then, in the next place, it lacks certain of those characteristic features which we recognise in ordinary phthisis. The patients have not night sweats; they rarely have diarrhœa, and the loss of flesh is not very marked. They may have attacks of hæmoptysis, occurring usually at long intervals. On examination they present certain peculiarities, so much so, that superficial inspection alone may be sufficient to give you a good idea of the nature of the disease from which the patient is suffering. There is generally some contraction of one side the chest, accompanied by deficient expansion and some degree of immobility. There is not much fever throughout the disease except towards the close. Most of the patients are able to engage in the ordinary occupations of life and are only troubled with a cough and more or less expectoration. As a rule they enjoy a tolerably quiet existence for a long period of time. They are subject to recurring attacks of bronchitis, particularly in the winter season. The history of this patient is as follows:

J. W., aged 44, a native of Sheffield, a saw-maker by trade, admitted April 18th with cough and shortness of breath. Family history is good; none of his relations have died of consumption. Has worked at his trade from his youth; the special work which he does is beating the saw blades and is not accompanied by much dust. Has been a pretty steady drinker, though not a drunkard. Was strong and healthy up to about five years ago, when, in the winter of 1875, he spat a small amount of blood and had a cough, but did not leave off work. Had no pain in the side; does not think that he was feverish. The next spring he returned to Canada and remained well until the autumn, when he entered hospital for bronchitis. He has had a cough ever since, and has been laid up part of each winter, getting better in the summer. He has spat blood on several occasions, but never much at a time. Has not had night sweats or diarrhœa. Has lost flesh, particularly in the last four months. Coughing is chiefly in spells, which are violent and very often accompanied

by vomiting. Has never brought up very large quantities at a time; never noticed the phlegm to be stinking. Has not had palpitation of the heart; feet have never swollen. The fingers are clubbed and the nails incurvated.

This man has suffered for the past five or six years from these symptoms, the cough coming chiefly in the winter, during which time he has had to lay up for a longer or shorter period.

(The patient disrobes to the hips and is examined.)

Notice in the first place that the left shoulder is a little lower than the right. There is decided flattening of the left half of the chest, and when he draws a full breath there is deficient expansion. The heart is drawn a little to the left and is beating a little outside the nipple line, but it is not displaced nearly to the extent we sometimes find it. Sometimes you may find it beating high up in the mammary region, owing to the drawing up of the heart by the contraction of the lung. On measurement of the chest the left side is smaller than the right; the left measures 15½ inches and the right side 16½ inches, not so great a difference as one might have expected. On percussion you will notice that there is uniform dulness, a hard, flat note, over the whole posterior region of the chest, and a similar note in front. The note is nowhere tubular, as is sometimes found. There is a little resonance high up in the axillary region. The tactile fremitus is not markedly increased, but the vocal resonance is greatly exaggerated, approaching to bronchophonic over the greater portion of the dull regions.

On auscultation you hear very peculiar and characteristic sounds. The breathing in front is hollow, and of the character known as cavernous. It is accompanied by râles, some of which are whistling and piping, and others, just below the clavicle are more gurgling in character and suggest bubbles passing through a liquid. These cavernous sounds are heard all over the front and in the lateral regions. The breathing at the upper part of the lung behind and in the left inter-scapular region is weak, as those of you who have examined this man will remember. At the outer angle of the scapula the breathing is intensely hollow, approaching to amphoric, and is also accompanied by

râles. The voice sounds are heard with much greater intensity—pectoriloquy.

These are the chief features on a physical examination of this patient. You find flattening of the left side of the chest, deficient expansion, dulness, increased vocal resonance, and numerous cavernous signs over the greater portion of the dull region. At the apex behind and in the left inter-scapular region, the breath sounds are somewhat diminished, being weaker than in the other regions. Over the right lung the breath sounds are clear except at the extreme apex of the lung. At this part you hear coarse breathing, a prolonged expiratory murmur and râles. These are heard in the right infra-clavicular region and at the apex behind. In the rest of the lung the breathing is loud, distinct and unaccompanied by râles.

Now the affections which could produce such a condition as this are very limited. There are only three or four which cause contraction and immobility of one side of the chest, with a dull percussion note. These are fibroid phthisis, or cirrhosis of the lung; chronic pleurisy with retraction, and malignant disease of the lung, and you have to distinguish between them. The immobility of the side of the chest and the dull note might be produced by a general collapse of the lung, or by a chronic pneumonia, but you would scarcely have the flattening and retraction.

Now, between fibroid phthisis and a cancer of the lung there can rarely be any difficulty in the diagnosis. In the case of this patient the phthisis has lasted for five years, cancer of the lung seldom lasts over a year. Cancer of the lung almost invariably invades it from the mediastinum, and you have other symptoms of intra-thoracic pressure which we have not in this patient. Moreover the cachectic appearance of a patient with cancer is marked. There can be no doubt in such a case as this.

The diagnosis between chronic pleurisy with retraction and this condition of fibroid phthisis, presents greater difficulty. In both you have dullness, deficient expansion and retraction of one side of the chest. The shoulder is usually depressed much more on the affected side in chronic pleurisy with retraction than in fibroid phthisis. The chief differences to be met with on

auscultation of the chest are these: in chronic pleurisy with retraction you do not find the cavernous signs, which are so commonly heard in fibroid phthisis. The breathing is weak and feeble. Some of you may remember the patient with chronic pleurisy, with retraction, that was in No. 11 Ward two summers ago. That man had lowering of the shoulder, retraction of the side, and dullness over the greater part of his lung. The diagnosis between collapsed lung and chronic pneumonia I need not go into.

Now with reference to the morbid anatomy of this disease, the affection is known as fibroid phthisis or cirrhosis of the lung, both terms indicating an increase in the fibrous elements of the organ. The latter term was given by Sir D. Corrigan, and I pass around the Plate illustrating his paper. It is, in fact, a fibroid substitution: the normal, histological elements of the lung are replaced by a fibrous tissue which in time undergoes contraction, as all new growths of fibrous tissue do. On examination of one of these patients after death you will have such a condition as you see in the lung I now exhibit to you. This was from a case of cirrhosis of the lung, which died under Dr. Ross's care in the hospital, in January, 1877. In the first place, the lung is greatly reduced in size. It was firmly connected to the chest wall, the pleura is much thickened, in places nearly an inch in diameter. On feeling the lung it does not crepitate, but is firm, dense and leathery. When cut it has a marbled look, being interspersed with areas of pigmentation. At the upper part of it you see an extensive cavity with thick walls, communicating directly with several bronchi. Certain of the bronchial tubes are much dilated, not so marked in this specimen as in others which I have seen.

The characteristics I have given you as pertaining to this special lung may be taken as belonging to the great majority of cases of fibroid diseased lung. In the case from which the specimen was taken, there was a very small cavity in the apex of the other lung, the rest of the organ was healthy.

Now in connection with the morbid changes in this disease you usually find that the heart is increased in size. It is hypertrophied, particularly the right ventricle. That chamber has an

increased amount of work to do, because of the reduction in the number of capillaries in the lungs. The one lung is cut off in great part from the circulation, and in consequence the right heart has an increased amount of work. The unaffected lung is usually of large size, as in this specimen from the case to which I referred a short time ago. The patient requested that after his death his lung should be sent to Dr. Howard for examination, as the doctor had watched the case for many years. You see what a large lung it is. It is much hypertrophied; the other lung was reduced to such an insignificant condition that the medical man who performed the *post mortem* was not able to find it. He speaks of a mass of jelly-like substance, but no lung. No doubt it was shrivelled to a piece not the size of my hand, and flattened against the vertebral column. In the heart from this case you will see the thickening of the right ventricle, the walls of which are much hypertrophied.

In the late stages of the disease, particularly in cases with extensive cavities in the lung, it is not uncommon to meet with amyloid degeneration of the various organs. In a case which was under my care in the summer of 1879, in Ward 23, there was extensive amyloid degeneration of the liver, spleen and kidneys. The kidneys and the liver occasionally present evidences of the same disease, namely, sclerosis.

Now with regard to the causation or etiology of this disease, there can be no doubt that it is complex. In fact, several different varieties may be recognized. We may speak, indeed, of phthisis as a genus which has several species, and each of these species has several varieties. Phthisis being the genus, it has, as species, the tuberculous, the pneumonic and the fibroid. Now the fibroid species has several well marked varieties, just as the species of animals and plants have different varieties. The first you can call the *bronchitic;* that is to say, chronic bronchitis precedes the disease and appears to stand in causal relationship with it. The second is *pleuritic.* The disease is caused by and depends upon a fibroid induration of the pleural membranes. which induration extends to and involves the entire lung. According to some writers, a very considerable proportion of the

cases of fibroid phthisis belongs to this special variety. Thirdly, there is the *pneumonic;* about that there is a great deal of doubt. Certain writers state that one mode of termination of a simple pneumonia is in fibroid induration of the lung. The exudation does not resolve, the dullness persists and ultimately fibroid changes go on in the air cells until the entire organ becomes indurated. I do not know of any instance on record in which the pneumonia has been definitely followed until the case resolved itself into one of fibroid phthisis. The fourth variety is *syphilitic.* There can be no doubt that syphilis may induce a fibroid condition of the lungs. Many cases have now been recorded of fibroid induration, occurring chiefly in patches, which are directly due to syphillis. The last and most important variety is that due to the *inhalation of dust.* This is a variety known as miners' phthisis, stone-cutters' phthisis, axe grinders' and file sharpeners' phthisis. In this variety the inhalation of particles of dust and grit excites a chronic bronchitis; fibroid induration occurs about the bronchi and gradually extends throughout the lung until you have extensive fibroid areas. In the past five years I have had three instances of this variety under my care. I show you here a lung presenting what is known as the carbonaceous cirrhosis, or miners' phthisis. You see that the greater portion of it is converted into a mass of firm, dark tissue, looking more like a bit of hard coal than a lung. The greater portion is indurated by this growth of fibroid tissue and the deposition of these dark carbonaceous particles. That the dark coloring matter in the lungs is due to the inhalation of coal particles, is proved by the fact that on examination you can see portions of the vegetable tissue of the coal. In this drawing which I made from a case of miners' phthisis which occurred under my care in 1876, you will see portions of the scalariform tissue and of dotted ducts, both taken from the case to which I refer. The workers in the foundries and axe manufactories of Sheffield are very prone to a form of fibroid phthisis, produced by the inhalation of particles arising from the grinding of tools. In the same way the workers in the iron mines are subject to a form of fibroid phthisis which is called *siderosis.*

The coal miners' phthisis is known as *anthracosis*. These are the chief varieties of fibroid phthisis, divided according to their exciting causes. In most of the cases both lungs are affected. In the common form such as you have before you, due, apparently, to chronic bronchitis, only one lung is involved; why, it is difficult to say. Usually, at least in all the case I have examined, there have been traces of caseous matter, either in the affected lung or in the apex of the sound lung. This does not necessarily indicate that these were tuberculous in their origin, though it is of course possible for the tuberculous form of the disease to undergo fibroid degeneration.

The course of the disease, I have already told you, is exceedingly chronic. The patient of Dr. Howard's to which I referred was under his observation for over twenty-five years. Indeed, chronicity is one of the remarkable features in connection with the disease. The patients suffer from attacks of bronchitis, which come on during cold weather. The cough is apt to be spasmodic, the expectoration is usually profuse, very often half a cupful or a cupful is brought up at a time. The phlegm is frequently stinking, having remained lodged for sometime in a cavity or in a dilated bronchial tube. There is not much fever except when the patient takes a fresh cold. Several symptoms come on towards the close when the hypertrophy of the right ventricle of the right side of the heart begins to fail. When there is dilatation of the right ventricle and incompetency of the tricuspid valves, they then begin to have dropsy of the legs, sometimes dropsy of the belly. These symptoms usually precede a fatal issue of the case. That is a very common train of symptoms, and it occurred in the case of a woman who was under my care in Ward 23, in 1879. Other cases die of *asthenia* or gradual failure of strength. Expectoration becomes more profuse, and they die of gradual wasting. The man who died under my care this time last year of miners' phthisis, and whose lung I now exhibit to you, died of *asthenia*. He had been under my care for two years, and gradually coughed himself away. Then, again, other cases die of waxy degeneration of the organs. The chronic loss of pus from the cavities in this disease, tends to

produce the peculiar degeneration known as waxy or amyloid. The woman I spoke of as dying in Ward 23, had extensive amyloid degeneration. Lastly, some cases die of hæmorrhage from the lungs, which is not an uncommon symptom. The bleeding is caused either by rupture of a small aneurism on the walls of one of the cavities, or ulceration of the branch of an artery.

The prognosis depends entirely on the condition of your patient. In this man's case the outlook is bad. He has lost a good deal of flesh in the past year, disease is evidently commencing in the other lung, in which there is a cavity at the apex, and he very probably has tuberculous disease. Where the one lung is healthy and uninvolved the patient may live for a considerable period of time and enjoy comparatively good health.

Nothing special need be said with reference to treatment. It is entirely a treatment of symptoms. This man came in with severe cough; he was put to bed and given a sedative cough mixture, and soon felt improved. The shortness of breath diminished, and he is now feeling pretty comfortable and is ready to go out. During the summer months these patients always improve; during the winter months their bronchitis is aggravated and they are always more troubled with a cough.

One point with reference to the treatment, and it also bears upon the cause of the disease, and that is, the use of alcohol in phthisis. It is believed by many, that the use of alcohol in large quantities in certain forms of phthisis tends to produce a fibroid degeneration of the affected lung, and of course tends to a cure, because this fibroid substitution in a lung is in a measure a healing process. Now it is a peculiar fact in connection with many of these cases of fibroid phthisis, that they occur in persons who have been habitual drinkers. Such has been the experience of Dr. Andrew Clark, who was one of the first to call attention to this affection. It has also been the experience of the physicians at Guy's Hospital, and of many other English physicians. The man we have just examined seems to have been a pretty hard drinker. I merely mention this as an interesting fact in connection with this disease.

This patient will remain in until to-morrow afternoon, and I

would recommend those of you who have not already done so, to examine him thoroughly and try to get the main features of the case impressed upon your minds, as he affords an exceptionally good illustration of the disease.

CASE OF CHOREA WITH RECENT ENDOCARDITIS.

By W. A. MOLSON, M.D., M.R.C.S., Eng.,
Physician, Montreal General Hospital.

[*Read before the Medico-Chirurgical Society of Montreal.*]

T. B., aged 11 years, a strong and well developed lad, working in a tobacco factory, came to the Montreal General Hospital, July 15th, 1880, suffering from constant twitching movements of hands, arms and legs, having recovered from a previous attack in the month of May. The family history was good. About four weeks before, noticed that he could not keep still, and that there was constant twitching of arms and legs on both sides, also of face, eyes and mouth; these movements ceasing entirely during sleep. From the first the patient was unable to articulate any words, though he can protrude his tongue quite easily and straight. There is no difficulty in swallowing or in urination or defæcation. There is no history of fright, rheumatism, or scarlet fever. The heart sounds are strong and regular, with sometimes slight duplication. Was ordered Fowler's solution ♏ v every four hours. He improved rapidly, so that in about five weeks he was quite recovered.

March 3rd.—Patient came to the hospital again to day, the choreic movements having returned about ten days previously. He was again examined, and no heart murmur was discovered. Ordered the same mixture as before, and was improving again until the 10th of the month, when he began to get feverish. On the 12th, while being moved, in his mother's arms, from one room to another, he suddenly threw his head back and appeared to go off into a faint.

March 14th.—At 6 p.m. I found him with fairly large pupils of equal size. He cannot be roused with shouting or pinching, though the parents say he could be during the day. The tem-

perature in the mouth was 104 3-5° ; incontinence of urine ; no movement of bowels. The left arm is quite powerless and limp ; he can move the right leg ; there is constant twitching of the right arm and leg ; respirations 32, not blowing or stertorous ; no flushing of face ; pulse very quick and uncountable ; muscles on left side of face much relaxed, and face appears slightly drawn over to right side.

March 15*th*.—Pulse 140, Temperature 105 2-5, respiration 43 ; pupil of left eye contracted ; right pupil fairly dilated, though acting sluggishly in light, also ptosis on this side, with sordes on teeth and lips ; has taken about a cup of milk during the last twenty-four hours ; still incontinence of urine and fæces. He cannot be roused ; is said to have moved left arm slightly during the night, though it appears powerless. Ordered Pot. Iod. gr v, and Pot. Bromid. gr. x, every four hours, with cold to head.

March 16*th*.—Patient died comatose last night.

Post mortem made by Dr. Osler.—Body fairly well nourished. A few cutaneous ecchymoses. Heart appears a little enlarged ; petechia beneath the pericardium ; clotted blood in all the chambers ; valves and orifices on right side normal. In the left ventricle the mitral orifice was firmly blocked by a dark coagulum, intimately adherent to the edges of the valves and to the chordæs tendinæ. On removing this, numerous large vegetations were seen springing from the auricular edge of the segments in their entire extent. Those attached to the anterior curtain were the largest, and projected considerably beyond the margin of the valve. They were soft, greyish white in color, irregular on the surface, and coated with a thin coagulum. There was no destruction of tissue, but the projecting outgrowths must have considerably impeded the flow of blood frem the auricle, and also prevented the perfect adaptation of the segments. The left auricle was somewhat larger than normal ; the left ventricle appeared a little larger ; aortic orifice and valves healthy.

Lungs crepitant throughout, collapsed at bases ; ecchymoses beneath pleuræ.

Spleen about two and a half times the natural size, tissue soft; several recent infarctions, greyish red in color, not softened, not puriform.

Kidneys enlarged and presented numerous recent infarctions of a dull red color, not puriform. Some of them were firm and dry, and looked older than the others. Nothing specially noteworthy in liver, stomach or intestines.

Brain membranes healthy, slight thin extravasation over the left occipital lobe, vessels normal, arteries at base full, those of cortex also injected. Substance on section looked healthy, with the exception of one spot about the size of a sixpence, in the right corpus striatum, about its middle, which was softer, greyish red in color, and contrasted strongly with the corresponding section on the other side. The arteries of the corpus striatum were carefully drawn out and examined microscopically; no emboli were found. The greyish red substance presented much granular matter, nerve fibres and large granular corpuscles.

A CASE OF PSEUDO-CYESIS OR PHANTOM PREGNANCY.

By GEORGE ROSS, A.M., M.D.,

Prof. Clinical Medicine, McGill University; Physican to the Montreal General Hospital, &c.

E. C., æt. 48, a well-nourished woman and of good intelligence, entered the Montreal General Hospital on October 14th, 1880, under my care. Enjoyed comparatively good health during childhood. Commenced to menstruate at 18 years of age, and continued quite regular up to the age of 30, when she married, Menses continued regular during the following year, when she thought she became pregnant (menses becoming arrested); there was no return of the latter for three months, when she says she miscarried, an abundant flow having taken place, lasting about four days. From that time the menses did not return for *fourteen years*, during which time she suffered very much from weakness. She frequently sought medical aid for the purpose of having the function restored, but all to no purpose, till at the end of 14 years she had a spontaneous return of the flow for one period

only, this was preceded for some days by sensations of fullness in the head and by epistaxis.

At the next menstrual period there was no return of the flow, but the patient began to suffer from and show some of the common signs of pregnancy, morning vomiting, unnatural desires and longings, &c. Towards end of fifth month thought she felt kicking and jerking movements of the child, growing stronger from time to time. Abdomen gradually enlarged, as did also the breasts, milk appearing in the latter and escaping at the nipples as gestation advanced. Towards end of gestation suffered very much from constipation and incontinence of urine, and about end of ninth month from sharp shooting pains commencing in and radiating from the back, becoming more severe and bearing down in character. The doctor was summoned but on his arrival the pains passed off and returned only at intervals for a few days and ultimately ceased entirely.

At this time, the breasts were large and distended with milk, some of which was drawn off with the breast pump; they then gradually diminished in size, and finally assumed their original dimensions. In the meantime the movements of the child began to grow weaker, and at longer intervals, and finally ceased altogether. During that summer and the following autumn she frequently suffered from pains of a bearing down character (as if she were about to be delivered), and also from violent attacks of vomiting, vomited matter being frequently mixed with blood.

The abdomen did not diminish in size, but, on the contrary, the patient became more corpulent, and about the following new year (1878), she again experienced the jerking and kicking movements, as before mentioned, and the abdomen again enlarged to a much greater degree, as did also the breasts, which again gave evidence of the presence of milk.

Late in the month of January she consulted a physician, who examined her and told her she was carrying a dead weight, and that she was seven months pregnant of her second child. She states that in the month of February she had a discharge from the vagina, somewhat profuse, and lasting from two to three weeks, very offensive and fœtid, as of decayed material.

In March she again suffered violent pains, as of approaching labor, and the medical man was once more summoned, and again disappointed. She says that a quantity of water was discharged from the vagina just before the doctor's arrival, and the pains ceased, something was given to strengthen these but without effect; pains did not return after that time. Breasts soon began to diminish in size and firmness, but abdomen continued enlarged, and the movements of the child also continued, and have done so ever since, but seem to be more of a struggling nature, as if requiring more effort on the part of the child. These movements she says are unmistakeable, and have been frequently appreciated by many of her neighbours, who have naturally become greatly interested in her condition.

The patient is a stout, healthy looking woman; generally cheerful but always anxious to talk about her own condition, on which subject she manifests considerable anxiety. She is perfectly convinced that she is carrying a dead child in her abdomen, and her visit to the hospital has been made with a view to having it removed, if possible. Palpation and percussion of the abdomen showed nothing but a very great development of subcutaneous fat. Exploration per vaginam found the pelvic organs in a normal condition, and the uterine sound entered to the normal depth.

The above case is clearly one of those to which the term pseudo-cyesis has been applied, and exhibits strikingly some of the special features of this illusionary complaint. Its occurrence in a barren woman; a possible early miscarriage, giving rise to the hope of having a family; remarkably prolonged absence of menstruation; the occurrence of one period, recalling the anticipations, now almost given up; renewed cessation, causing suspicion of pregnancy; the simulation of many signs of pregnancy, notably milk in the breasts, the coming on of labor pains at the proper time. No doubt the fact of her medical attendant having agreed to the diagnosis of pregnancy, and then, to account for the non-appearance of the "fruit," having said that the child was dead, served to settle firmly the idea in the woman's mind. An attempt was made to explain to her the real state of the

case, but on this point she was not open to reason or argument of any kind. She *knew* it was there, she had *felt* it moving, and she could feel it still with her own hands, &c., &c. Her husband, however, accepted the opinion given, saying that he had long been of the same mind.

LONDON LETTER.

CLINICAL LECTURE BY DR. ANDREW CLARK, PHYSICIAN TO THE LONDON HOSPITAL, ON ULCER OF THE STOMACH.

COMMUNICATED BY T. W. MILLS, M.D.

The entire class having accompanied Dr. Clark to the ward, one of the students was called out from the throng and asked to interrogate the patient so as to elicit her history and symptoms, the doctor assisting either by suggestions or by criticisms, one of which I well remember was this: "You are told not to ask leading questions; but, as a matter of fact, you are sometimes under the necessity of asking so-called leading questions, if you would get the information at all." This portion of the work being over, all retired to the lecture-room, where the doctor proceeded to discuss the case in some such fashion as follows:

Family history, in a case of this kind, is of importance—for phthisis or gout in the parent may be represented by ulcer of the stomach in the offspring. Our patient, Elizabeth G., aged 35, complains of pain; of pain *after* food, of circumscribed pain, and a pain that shoots through to the back; she also has vomiting frequently, also after food. In a case like this, the differential diagnosis is between malignant disease, perforating ulcer of the stomach, catarrh, and simple erosion. The symptoms of the two latter are so much less acute than those of this patient, that they may at once be left out of the consideration. This patient also often vomits blood; but some neuralgia of the stomach may be associated with extravasation of blood. In catarrh of the stomach, moreover, the pain may be present at any time—is not necessarily present only when food is in the stomach, as in the case of ulcer.

It may be said at first that there is very little ground for

entertaining the suspicion of cancer in this case. The woman is under middle age; she has not had the characteristic cachexia; but patients may have cancer at any age, and they may not only show no cachexia, but even present a rosy aspect.

Cancer is generally associated with loss of flesh, strength, color and sleep. Perforating ulcer has often a connection with amenorrhœa, and may either exist with phthisis or be followed by it. In this case we seem shut up to the diagnosis of gastric ulcer—usually known as perforating ulcer of the stomach.

Now, what are the *perils* to which such a patient is exposed? They are three: Exhaustion, hæmorrhage, and consequent perforation, followed by peritonitis. The treatment may be considered under three heads also: diet, quiet, and medicine; and of the three, the first two are by far the most important.

The patient had better be kept in bed, so that any attempt to heal on the part of the ulcer may not in the least be interfered with by the movements of the body. Now on what shall we feed—and of equal importance is it to ask *how* shall we feed—our patient? In hospital this is a much easier matter than in private practice. I am accustomed to make out for my own patients a regular dietary in the form of a table, giving as much variety consistent with simplicity as possible.

Well, then, to speak generally, the diet must be simple, easily digested, yet nutritious. You will generally find it well to begin with an entirely liquid food; but as soon as possible increas ing quantities of solid material should be mingled with the liquid—so as to make it semi-solid or pultaceous in consistence. The patient should have four or five meals a day. On waking in the morning she may take a cup of warm milk; about 9 or 10 o'clock she should take breakfast, which may consist of the following: "Tops and bottoms" covered with boiling water, this poured off and replaced by milk, with a due proportion of sugar. At 1—2 o'clock she may take dinner, which may be a little heavier; that is to say, may consist of broth—a very little light fish—tapioca, rice, custard or something of that kind. At 5 o'clock she may have a meal in all essentials a repetition of the morning meal; and before going to sleep she may

take a small cupful of milk. It is important that the meals be not too large, as distension of the stomach and the tendency to vomiting may thus be obviated. All food should be of moderate temperature. No wine or spirits should be taken; but if your patient—your private patient—will have spirits, a little brandy and water, in as dilute a form as may be, will be the least objectionable.

As to medicine, it is of great moment that the bowels be kept regular, but that purgatives should be avoided. You will find such a prescription as the following of great service:

℞ Bismuth Subnit.,
Magnes. Carb. āā - - - grs. xv.
Liq. Morph. Hydrochlorat, - - ♏xv.
Aquæ ad - - - - - - - - - ℥i. Misce.

The carbonate of magnesia in this mixture will correct the constipating effects of the morphia, while the other constituents will tend to soothe the irritable organ.

Now as to your prognosis. There is nothing that so makes or mars a physician as prognosis. Fortunately, in most cases you can tell friends that if they perseveringly carry out this treatment, especially the part relating to diet, in which they can lend so much assistance, the patient will probably get well.

I have omitted some details in the treatment that the lecturer dwelt upon, for Dr. Clark is a man whose treatment is a very marked part of his practice. He has that good feature of the old school with all the accuracy in physical diagnosis of the new. Upon reading over what I have written, it seems but very imperfectly to convey to me what the original lecture did. The salient points are noted, but every good teacher has about him much—much that is indescribable perhaps—certainly much that no mere report, even a *verbatim* one (which mine is not), can ever convey. If the reader will suppose that he is listening to a man with indications of the age of about 55 or 60, but with all the enthusiasm, the vim, the dash, and almost the rapidity and brilliancy of 25, and, at the same time, much of the concentration growing out of a vast experience and long practice in teaching men of all degrees of knowledge, he may have some

idea of how a clinical lecture by Dr. Andrew Clark really impresses the hearer. Whatever opinion I may be inclined to hold as to Dr. Clark's relative place among the distinguished men of London, I have no hesitation in saying that he is one of the best *teachers* of medicine in this great metropolis. He understands what so few people who teach seem to realize in any appreciable degree—that is, the state of mind of the listener, the learner. I have known him to check men in details, and with purpose keep to broader, general outlines.

"That is sufficient for a practical diagnosis, and leave the minutiæ for after investigation." He thus in a short time furnishes the student with a skeleton knowledge of disease, that has the merit of being clear and readily applicable—which view of disease I notice some men never seem clearly to have in their own minds.

But, Mr. Editor, this letter is long enough, and I shall probably be compelled to return to this fruitful subject of lecturers, teachers and students in another letter. I confess to having no desire that the eye of the famous doctor should light upon my report, for I fear he would think I did him but scant justice; but then, good doctor, sweet doctor, I am not a writer of shorthand, so forgive me this once and I don't think I shall do it again. And will you do likewise, Mr. Editor?

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

MEDICAL CASE UNDER THE CARE OF DR. MOLSON.

Case of Sunstroke.—Reported by Dr. A. Henderson.

Jane K., æt. 25, a strong, well-nourished woman, of plethoric habit, arrived in the city on the morning of the 24th May last, by the emigrant train from Quebec. During the voyage from Ireland, very rough weather was experienced, and the patient suffered greatly from sea-sickness, in consequence of which she was in a very exhausted condition on her arrival. The day was most oppressively warm and sultry and the patient had occa-

sion to walk about the city, during the greater portion of the day, somewhat heavily clad and carrying a bundle in her arms. During the afternoon she suffered greatly from heat, thirst and a violent headache and also from severe palpitation of the heart and dizziness. About five o'clock she fell in a fit on Notre Dame Street and was taken to the St. Bridget's home in an insensible condition. She was subsequently removed to the Hospital where she arrived about seven o'clock in the evening. She was then quite unconscious. Breathing natural, inclined to be full and slow. Pulse 100, full and bounding; skin dry and harsh; temperature 105° F. Face flushed, pupils contracted to size of pin's head. Had defæcated in her clothing; no paralysis.

Ordered ice cap to head, blister to nap of neck, and two drops of croton oil to be given internally. At midnight she was much better and could be roused to answer with difficulty. In the morning of the 25th was bright and intelligent, answered questions promptly and declared herself well. Temp. 100½°, pulse full but less bounding 94, pupils not contracted, still slight headache, skin dry and harsh. In the meantime the ice was kept to the head and the bowels kept freely open, on the following day all disagreeable symptoms had entirely disappeared.

MEDICAL CASE UNDER THE CARE OF DR. GEORGE ROSS.

Case of Singularly Intermittent Pyrexia, accompanied by acceleration of the pulse and peculiar nervous disturbances.—Reported by Dr. A. Henderson, Assistant House Surgeon.

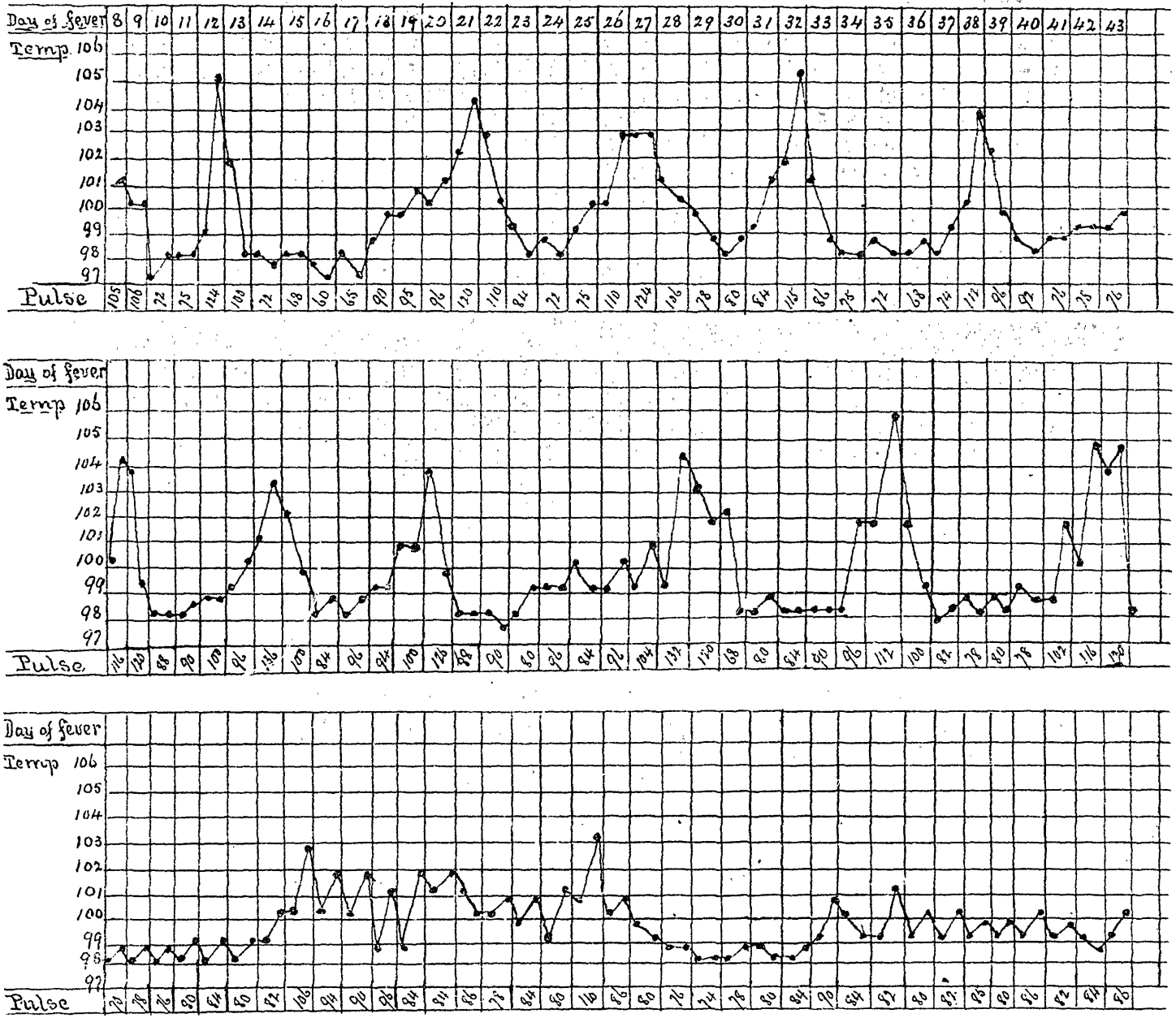
Jane D., æt. 20, a well-nourished Welsh girl, of good previous history, but strong tubercular family history, was recommended to the hospital as suffering probably from typhoid fever, during last winter.

She states that ten days prior to her admission she was suddenly seized with severe chills followed by fever, intense headache and intolerance of light, wakefulness and spectral illusions at night, and severe and urgent vomiting which came on the next day. This condition continued with greater or less severity during the next three days, when the vomiting ceased and

she gradually began to improve, and was soon able to resume her duties as housemaid, which she performed for the next five days, when she was seized in a similar manner, and thereupon sought admission into the hospital, when she presented the usual symptoms peculiar to a febrile condition: slight fever, rapid pulse, furred tongue, headache, constipated bowels and high colored acid urine; no iliac tenderness and no rash present. A mild calomel purge was administered with good effect; on the second morning after admission the temperature and pulse had become normal, and the general symptoms had subsided. Her condition continued improved for 36 hours, till on the evening of the fifth day the temperature suddenly rose to 105°, and coincidently with this there was an aggravation of all the symptoms already complained of, viz., intense headache, vomiting, wakefulness, with severe epigastric pain and tenderness, great retraction of abdomen, constipation, profuse perspiration, breathing shallow and considerably hurried, tongue moist and furred, breath offensive, eyes staring, pupils widely dilated and oscillating (ophthalmoscope revealed nothing abnormal); special senses unimpaired, beyond slight spectral illusions during the night; pulse rapid—124—full and regular; thoracic and abdominal organs normal. A brisk purgative was given, which acted freely. On the following morning the temperature had fallen to 101° and pulse 100, with a corresponding improvement in the general condition, and on the following evening the temperature and pulse had returned to natural frequency, with almost total disappearance of the abnormal symptoms; tongue only slightly coated, lips more moist, pupils still widely dilated, but oscillations are less marked and no intolerance of light.

During the four days which followed, the patient seemed to have quite recovered, and was lively and talkative, and taking her food well, and was at length allowed to get up, when she again began to complain of a feeling of malaise, with returning headache and loss of appetite, with pain in region of stomach. The temperature now began to rise gradually and the pulse increase in frequency until the fourth day, when the former reached 104°, with complete renewal of all the symptoms

Case of Intermittent Pyrexia.—Dr. ROSS.



already described, and in addition there was found to be marked hyperæsthesia of the left side of the body, and slight loss of tactile sensation on that side. The decline in temperature in this attack was less abrupt than in the previous one, it having taken forty-eight hours to reach the norme, where it remained for two days, and rose again, but this time only to 102½°, remaining at that point for two days, then falling gradually to the norme, and then suddenly rising to 105°, and on the following day falling as suddenly to 98½°. During the interval between the last attacks, there was very little relief from the general symptoms, the vomiting and headache were more or less constant, and the hyperæsthesia of the left side was very marked, condition of pupils unchanged; abdomen, however, much less retracted.

From this time (25th day) the return of the pyrexial state was much more regular and periodical, so that it was possible to predict the exact day on which the patient was likely to be seized; in view of this fact the rise of temperature on the 48th day was anticipated by 20 grs. quinine, which, however, did not prevent an elevation to 103 4-5°.

On the 57th and three following days quinine was given in 20 grain doses, and during that time there was only a slight elevation of temperature, varying between 99° and 100°, and the patient was quite well and comfortable beyond slight headache and deafness from effects of quinine.

On the evening of the 57th day (the third day after the quinine was omitted) the temperature again rose to 104°, as was also the case on the 64th and 71st days, (the temperature of the 64th day being the highest recorded in her whole illness.)

From this time the intervals between the attacks became gradually longer, and the attacks themselves less severe, ultimately disappearing entirely, and the patient was discharged from the hospital apparently perfectly recovered.

It should be said that this patient had no history of any hysterical affection, nor was there any indication of such tendency during her stay in the Hospital. At first a suspicion of Tubercular Meningitis was entertained, but soon abandoned. Although the symptoms pointed clearly to a cerebral origin, no positive diagnosis was arrived at.

Correspondence.

ONTARIO MEDICAL ASSOCIATION.

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL.

SIR,—That the majority of the members of the medical profession in Canada take no interest other than pecuniary in their calling, would appear evident from the half-hearted way in which the societies and associations are kept up. It seems impossible to get more than about 100 men together for any common object, and for the discussion of questions relating to the welfare of their profession or the advancement of science. Many of the men who should set a good example in this respect persistently ignore both local and general societies. Where are many of the teachers at our medical schools on the occasion of these meetings? Too often conspicuous by their absence. Not a school in the country is free from these professional drones, who ought to be thoroughly ashamed of themselves. The ears of many of them must tingle, if there is any truth in the old adage. When men in their position systematically neglect such plain duties, how can fault be found with the overworked country practitioners, who have to make much greater sacrifices in order to attend the meetings.

There can be no doubt that our brethren across the border are much more enthusiastic than we are in the matter; perhaps because they have a more systematic arrangement. In most States there are County and State societies, the former sending delegates to the latter, and the State societies sending representatives to the American Medical Association. Many of the County and State Societies even hold biennial meetings. Whether any such arrangement can be adopted in Canada the future will decide, but a step in this direction has been taken by the formation of an Ontario Medical Association, which held its inaugural meeting in Toronto on the 1st and 2nd of this month. A Provincial society has been in existence in Nova Scotia for some years, and the other Provinces will perhaps follow these examples. A fear has been expressed that the estab-

lishment of such associations may be prejudicial to the interests of the Dominion Association, but it is not, I believe, well grounded. The geographical position of this country renders it impossible to make the meetings of the Dominion Society national gatherings of medical men from all parts, but each one is largely representative of the Province where it is held. Thus at the meeting in Ottawa last year only one member from the Maritime Provinces was present; and when the meeting is at Halifax or St. John, very few from the Western Provinces can possibly attend.

The following is a brief summary of the proceedings:

The morning of the first day was occupied with general business and the election of officers. Dr. Workman was chosen as President, Dr. J. E. White as Secretary, and numerous committees were formed.

In the afternoon and evening sessions, many interesting papers were read and discussed.

Dr. Loran L. Palmer of Toronto read the report of a case of primary Laryngeal Phthisis, the throat symptoms having existed for some time before any changes could be detected in the lungs.

Dr. Groves of Fergus reported two cases of supra-pubic Lithotomy, and gave a detailed description of his method of operating. Both were successful. He referred to certain advantages of this plan in some cases.

Dr. King of Toronto gave a very interesting record of a case of Pernicious Anæmia in a woman, coming on after delivery. This is the first Canadian case in the special category of *parturition-anæmia*, to which so many of the German cases belong. I saw, in consultation with Dr. Walker of Dundas, another well-marked case of this kind.

Dr. Oldright showed a very remarkable specimen of Dislocation of the Hip-joint, of 55 years' standing. The upper part of the bone was rounded and attached by ligamentous tissue to the ilium above the acetabulum, which was atrophied. A prominent nodular mass of bone was attached to the ilium near the crest, and some discussion took place as to the nature of this—whether an osteophyte or the remains of the head of the bone.

Dr. Roseburgh of Hamilton read a paper on "Forward Dis-

placement and descent of the uterus and description of a new anteflexion pessary." A case illustrating the use of the elastic bandage and compression in thoracic aneurism was read by Dr. Cockburn of Oshawa.

A short but very forcible paper by Dr. Curry of Rockwood, on the "Science of medicine and common sense," was well received. Many of his points were very well made. Homœopaths in his section of the country must have a hard time of it.

Dr. Graham of Toronto drew the attention of the Association to the use of sapo viridis in skin diseases. Mr. Shuttleworth, pharmaceutical chemist of Toronto, makes a very good preparation, and as it requires to be carefully prepared, we would recommend his manufacture. It is a remedy which should come into more general use, and Dr. Graham has done well to remind the profession of its advantages.

An unusual case of intestinal disease, persistent hæmorrhages without recognizable cause, was detailed by Dr. Woolverton of Hamilton.

On the morning of the second day the members visited the General Hospital and the two Schools of Medicine, and expressed themselves highly pleased. Nothing could exceed the clean, tidy, comfortable appearance of the hospital, and its condition reflects the highest credit on the superintendent, Dr. O'Reilly. The number of patients does not appear to be so great as usual, only about 145, and I noticed an unusually large proportion out of bed. This accords with the opinion I heard universally expressed as to the remarkable healthiness of the season.

Both of the schools have made additions to their buildings, and have improved the lecture-rooms. Dr. Sheard, the newly appointed professor of physiology in Trinity School, had a number of beautiful preparations under the microscope.

In the morning session of Thursday, Dr. Canniff read a paper on an "Obscure affection of the Brain," which I did not hear. Dr. Harrison of Selkirk exhibited a young man with enlargement and elongation of one leg, which came on when about 3 years of age. There was no thickening of the skin or brawny state, as in ordinary elephantiasis; the enlargement and elongation of the bones were the most remarkable features of the case, which

excited a good deal of discussion, opinion being divided as to its nature, whether elephantiasis or not. A paper on "Mastoid Disease," by Dr. Ryerson, was then read. Dr. John Campbell of Seaforth brought forward the important question of school hygiene, and in an able and eloquent address urged that systematic instruction should be given in matters relating to public and personal health. The matter was referred, after a long discussion, to the committee on public health.

The other papers of the day were: On Separation of the upper end of the Tibia, by Dr. Powell of Edgar; on Empyema, by Dr. Yeomans of Mt. Forrest; on Sewer Gas, by Dr. Oldright; and on Asthma, by Dr. McKelcan of Hamilton.

The following officers were then elected for the ensuing year: President—Dr Covernton. Vice Presidents—1st, Dr. Mullin, Hamilton; 2nd, Dr. Yeomans, Mt. Forrest; 3rd, Dr. Hamilton, Port Hope; 4th, Dr. Irwin, Kingston. Secretary, Dr. White. Treasurer, Dr. Graham. WILLIAM OSLER.

Reviews and Notices of Books.

A Treatise on the Principles and Practice of Medicine: designed for the use of practitioners and students of medicine. —By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, &c., &c. Fifth edition, revised and largely re-written. Philadelphia, Henry C. Lea's Son & Co., Montreal, Dawson Bros.

Eight years have elapsed since the last edition of "Flint's Practice." It was, therefore, imperative that a revision and extension of it should be undertaken, in order that it might continue to hold the same prominent place as hitherto amongst the standard text books. The entire work has evidently undergone careful examination, and numerous corrections and additions have been made. It would be unnecessary to particularize many of these, suffice it to say that they certainly serve to carry out the author's aim, viz., "to bring it up, in all respects, to the level

of the present state of advancement in both the principles and the practice of Medicine." Amongst the changes are, the introduction of a new section, devoted to the diseases of the hæmatoprietic system, the classification of the diseases of the nervous system on an anatomical, in place of a symptomatic basis, a fuller consideration of various diseases and the addition of several which were not considered in the previous editions. In its present renovated form it constitutes one of the best and most reliable and most complete, whilst not too bulky, hand-books for general practitioners and also one of the text-books which is highly to be commended for the use of students. It is to be had handsomely bound in Russia and is an elegant addition to the library.

A practical treatise on the diseases of women.—By T. GAILLARD THOMAS, M.D., Professor of Diseases of Women, in the College of Physicians and Surgeons, New York; President of the American Gynecological Society for 1879; Surgeon to New York State Woman's Hospital, &c., &c. Fifth Edition, enlarged and thoroughly revised, containing two hundred and sixty-six engravings on wood. Philadelphia, Henry C. Lea's, Son & Co.; Montreal, Dawson Bros.

It is twelve years since the first edition of Dr. Thomas' classical work on Gynecology. Since that time it has passed through five consecutive editions, and we have now the pleasure of drawing our readers' attention to the fifth. It has been not only the increasing demand, but also the great advances in the science, which have thus necessitated such frequent alterations and extensions of the text. The excellence of this text-book is so universally admitted, and the reputation of the author, in his specialty, stands so high, that criticism or praise, on our part, would be entirely superfluous.

In the preparation of the present edition much care and time has been expended, so that it will now be found abreast of the most advanced views of the present day. Such an immense mass of literature on the subject of Gynecology is being daily produced that necessarily the bulk of the volume has been very

materially increased, so that now it is nearly double the size of the original volume. An entirely new index has been added which will be found very complete, and will therefore prove of the greatest service for purposes of reference. As to the general appearance of this book we need only say that it belongs to the handsome library series, in half-russia binding, which are so eminently creditable to the enterprising publishing firm of Philadelphia. The typographical execution and woodcuts are in every respect of the highest class.

A guide to the clinical examination of patients and the diagnosis of disease.—By RICHARD HAGEN, M.D., Privatdocent to the University of Leipsic. Translated from the second revised and enlarged edition, by G. E. GRAMM, M.D. Boericke & Tafel, New York and Philadelphia.

The above is a concise little compendium for the use of students of clinical medicine. It has attained considerable popularity in Germany, requiring a second edition within one year from its first appearance. The careful study of a guide of this kind by any one about to enter upon the actual work of the Hospital wards, would be of the greatest advantage, and would relieve the clinical teacher from most of his preliminary work. The arrangement is extremely good, and well calculated to induce habits of regular and systematic examination of patients, with a view to careful diagnosis, habits which, it is needless to say, it is of vital importance to every one aspiring to be a physician to acquire at the very outset of his clinical career. A short introduction serves to define the most important of the technical terms which will, later on, be frequently employed, such as subjective and objective symptoms, pathognomonic symptoms, differential diagnosis, &c. Then three main sections are made; the first treats of general considerations, the examination of patients, methods of determining the status præsens, *i.e.*, all the modes of practising physical explorations, including the examination of the urine. The second is of general clinical examination of patients. Under this heading are given the principal important facts to be observed, relative to all the chief structures

of the body. The third is of special clinical examination. Here there is a general review of all the leading diseases of every group; their chief diagnostic features are laid down, and the best means for arriving at a correct opinion in each case pointed out. For the sake of conciseness the less important and rare diseases have been omitted; others, which cannot be recognized without great difficulty, or the diagnosis of which is very uncertain, are only mentioned. We cordially recommend this clinical *guide* to the notice of all senior students and clinical clerks.

The Antagonism between Medicines and between remedies and diseases, being the Cartwright lectures for the year 1880. —By ROBERTS BARTHOLOW, M.D., L.L.D., Professor of Materia Medica and general Therapeutics in the Jefferson Medical College of Philadelphia and Fellow of the College of Physicians of Philadelphia, &c. New York, D. Appleton & Co. Montreal, Dawson Bros.

We have no doubt that many of our readers are familiar with, at any rate the substance of these lectures by means of the abstracts which appeared at the time of their delivery in the New York *Medical Record*, and the full text in the New York *Medical Journal*. Extracts moreover, of greater or less extent, have since appeared in nearly all the Medical Journals of this country. The criticisms made upon these lectures have invariably been most favorable, the topic itself is one of the most interesting in the entire range of medicine, and it is treated of by the accomplished author in a most scholarly manner. Dr. Bartholow worthily ranks as one of the best writers, whilst at the same time one of the most diligent workers, in the medical field in all America, and there can be no doubt that this, his latest contribution to medical science, will add materially to his previously high reputation. Much profit, no little pleasure and material assistance in the solution of many therapeutical problems is to be obtained from a perusal of these lectures. The author has done wisely and conferred a boon by permitting their publication in the present book form, and we are satisfied it will be extensively asked for and just as extensively read and appreciated.

We would earnestly counsel every so-called homœopath in this country to digest the facts it contains, and then say honestly what he thinks of similia.

An elementary treatise on Practical Chemistry, and qualitative inorganic analysis, especially adapted for use in the laboratories of colleges and schools, and by beginners.—By FRANK CLOWES, D. Sc., Lond., Fellow of the Chemical Society of London and Berlin; Fellow of the Institute of Chemistry, &c. With illustrations. From the third English edition. Philadelphia, H. C. Lea's Son & Co.; Montreal, Dawson Bros.

This book, intended for the use of commencing students in chemistry, has been put together with a good deal of care, and is evidently the result of the experience of one who has had much to do with the actual teaching of the science to others. The author has thus been able to avoid many of the errors common to several of the small text-books on the same subject, which are in general use. One of these is their too great conciseness in many cases, which thus involves a considerable amount of verbal explanation, on the part of the teacher. The directions how to work, and the descriptions of the preparation and use of apparatus are given rather more fully then usual, which viewed in this way, is a decided improvement. The value of a sound elementary instruction in practical science is becoming more widely appreciated, both as a means of mental training, and as a preparation for the chemical and medical professions, as well as for many branches of manufacturing industry and enterprise. The present work therefore supplies, in a very efficient manner, the demand for a suitable hand-book for the chemical laboratory.

Lectures upon Diseases of the Rectum and the Surgery of the Lower Bowel: Delivered at the Bellevue Hospital Medical College. By W. H. VAN BUREN, M.D., LL.D. (Yalen), Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College; one of the Consulting Surgeons of the New York Hospital, etc., etc. New York: D. Appleton & Co. Montreal: Dawson Bros.

The treatise of Prof. Van Buren upon rectal disorders is no

doubt the standard American work on the subject; and at the same time it is certainly one of the very best and most scientific in the English language. There are so many peculiarities connected with the diseases of the lower bowel and the parts immediately connected therewith, that it is impossible to acquire a proper knowledge of them from the comparatively short description devoted to them in the systematic treatises on general surgery. And still, the affections of this region are amongst the most common in ordinary practice. A special treatise on rectal pathology and rectal surgery comes, therefore, to be an essential part of every physician's library. The first edition of this work was received with evidences of marked favor on the part of the profession, and has been extensively consulted by them. The present edition has been largely re-written, the newer parts containing principally cases and opinions of others, which have been deemed by the author useful for illustrating various points in the advancing knowledge of the day. Thus the employment of all the modern methods of treatment are described and the cases found most suitable for them pointed out. The style of Dr. Van Buren is very pleasing—clear, concise and accurate —whilst the whole work shows at once the scientific mind and wide learning of its accomplished author.

How we fed the baby, to make her healthy and happy; with health hints. By C. E. PAGE, M.D., 144 pages. New York: Fowler & Wells, 753 Broadway.

This treatise shows a new departure in the alimentation of infants, and gives evidence of conscientious and intelligent study on the part of an author of broad experience, familiar with all the details of the nursery. The central feature of the work represents the infancy of the author's own daughter, whose first months were happily made free from the common inconveniences, not to say horrors, popularly supposed to be unavoidably connected with this period of life. Our author makes plain how infantile diseases may, in great measure, be avoided, and infant life made as free and joyous as that of the most fortunate among the lower animals. We know this manual will be welcomed by

many mothers in all parts of the land, as one of the most important questions with parents is *how* to feed the baby, to promote its health, its growth, and its happiness. The hope of the children must be found in an enlightened motherhood, and every effort in this direction should be welcomed. *Physicians* will know how to prize the work of a specialist in this particular branch of medicine.

Books and Pamphlets Received.

An Introduction to Pathology and Morbid Anatomy.—By T. Henry Green, M.D. Lond., F.R.C.P. Lond. Fourth American from the fifth English edition. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.—By Roberts Bartholow, A.M., M.D., LL.D. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Traité de l'Acide phénique, appliqué à la Médecine.—Par le Docteur Déclat. Quatrième édition. Paris: chez Lemerre, Libraire-éditeur.

Proceedings of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting was held May 13th, 1881. The President, Dr. Hingston, in the chair.

Dr. Osler exhibited the following specimens:

1. A very large vesicular mole, or hydatidiform degeneration of the chorion. It was made up chiefly of clear cyst-like bodies, which varied in size from a pin's head to a large walnut. It was obtained from a patient of Dr. Brown's, who believed herself to be about 4 months pregnant. Hæmorrhage had occurred at intervals, and it was suspected that all was not right. The mass passed easily; a considerable quantity of clots came away, but very little decidual tissue.

2. A second specimen, showing how early in development the cystic degeneration of the villi began. This was from a patient of Dr. Ross's, and represents an ovum at about 6th or 7th week. The chorion was uniformly beset with villi, many of which had become cystic.

3. Kidneys from a case of Uræmic Coma. The patient, a

strong, powerfully built man, was admitted under Dr. Osler's care on May 7th, with the following history: For 15 years has been temperate; before that had taken a good deal of liquor. Has been troubled occasionally with headache and nervousness, and his wife states that he has lately made water somewhat more frequently than usual. On Wednesday evening, the 4th, he had a chill: went to work on Thursday, but returned in the afternoon complaining of soreness over the body, chilly sensations and severe headache. In the evening he became delirious and could not be kept in bed, but walked up and down the room, talking incessantly. When brought to hospital, on the evening of the 6th, the active delirium persisted, and he required constant watching through the night. The urine was examined and found loaded with albumen and finely granular casts. May 7th, at time of visit, patient was quieter. Does not answer questions intelligently; puts out the tongue when told to do so. Pupils slightly contracted; temperature 100°, pulse 120. No œdema of ankles. Amount of urine could not be estimated, as he passed some of it in bed. It was moderately high-colored, 1039, very albuminous, and contained a very large number of finely granular casts, chiefly of small size. On examination of organs, nothing abnormal detected; no hypertrophy of the heart, radials not stiff, arterial tension moderate. He was given pilocarpine hypodermically, and has had chloral and bromide of potassium for the delirium. Evening, temperature 98.2°, pulse 104. May 8th: Was quieter through the night. Temperature 99.5°, pulse 120; pupils contracted. Is drowsy; has sweated a good deal with the pilocarpine. Throughout the day the drowsiness deepened to coma, and when seen at 8.30 p.m. he was breathing very rapidly, 80 to the minute, pulse 148, temperature 101°. He was bled to 20 oz. without any benefit. Passed little or no urine through the day. Dr. Buller examined the eyes and found œdema of the optic disks. Patient died at 2 a.m. of the 9th. At the autopsy, the membranes of the *brain* were found œdematous and the substance was moister than normal. *Heart* weighed above the average, and the walls of the left ventricle were a little thickened; aorta

not atheromatous. *Kidneys* not contracted, surfaces smooth, substance a little firmer than normal, but the ratio between the cortex and medulla was maintained. Organs were not congested, and had none of the appearances of kidneys in acute Bright's Disease. On superficial inspection they would pass as healthy. Dr. Osler remarked that he had no doubt that the symptoms which the patient presented were uræmic, and owing to disturbed function of the kidneys. The points to which he wished to call special attention were these: 1st, the suddenness of the onset in an apparently healthy man. 2nd, the delirium, which came on early and formed such a prominent symptom. This is one of the rarer uræmic manifestations. 3rd, The occurrence of such grave cerebral disturbances at such an early period of the renal trouble.

4. A specimen of Ulcerative Endocarditis, from a patient admitted to the General Hospital three weeks ago. On examination a loud double murmur was heard at the base. His statement was that up to February last he was not sensible of any trouble about his heart. Then his joints were painful, though he continued his work, followed by giddiness and sometimes loss of consciousness. While in hospital for a time he improved under rest and digitalis. Three days ago respiration became frequent, 48, and his pulse 40; death ensued. During life there was no evidence of any heart hypertrophy.

5. Heart from a Hospital case showing advanced disease. At the *post mortem* great mitral stenosis was seen, also aortic disease and fibroid degeneration of the apex.

Dr. Shepherd exhibited the following specimens:

1. A case of malformation of the feet, from the museum of the McGill Medical Faculty; no history. In each foot there were only two toes, and also considerable talipes equino-valgus. On dissection, the metatarsal bone and phalanges of great toe were normal; the second entirely absent; the third metatarsal bone was fixed to the fourth and there were no phalanges; the fourth toe had only two phalanges, and the fifth toe was normal. The rudimentary 3rd, 4th and normal 5th toe were covered by skin so as to appear as a single toe.

2. Old fracture of the acromial end of clavicle, from the dissecting room; no history.

3. A wrist joint, from a female subject in the dissecting room, in which there was eburnation of the lower end of the ulna, and also of part of the scaphoid and semilunar bones. The triangular fibro-cartilage had almost disappeared, having apparently been worn away by friction. This was considered to be a case of ruptured sacciform ligament, as all the other joints of the body were perfectly normal.

4. An example, also from the dissecting-room, of bony anchylosis of all the bones of the carpus, considerable enlargement of the lower end of ulna, and great deposit of new bone where it articulated with the lower end of the radius; eburnation of the lower end of ulna, and also of scaphoid and semi-lunar bones. All other joints in body normal. Thought to be probably due to old injury.

Dr. Molson read a paper on "Chorea, with recent Endocarditis." (*See Original Communications, page* 650.)

Dr. F. W. Campbell said he had now under observation a girl aged 9, who had suffered with constant movement of the muscles of the face. All medicinal remedies having failed, he applied galvanism to the spine and in 48 hours improvement was seen and in a month all convulsive movements had ceased.

Dr. Geo. Ross said a matter of interest in Dr. Molson's case was that there was never any physical evidence in life of organic disease of the heart, and yet mitral disease was seen at the *post mortem*. This acute endocarditis is often seen in chorea. He had had one *post-mortem* in chorea; the case was one with a rheumatic history and an enlarged heart following valvular disease. There was also acute inflammation of the mitral cusps, with a finely-granulated condition of their surfaces.

Dr. Trenholme presented to the Society a photograph of the uterus and ovaries removed by him seven years ago. He had recently heard from this patient. She enjoys good health.

Dr. Hingston said he had at present in the Hotel Dieu Hospital a patient with an aggravated form of talipes equino-varus. He divided the plantar fascia and the usual tendons, but not

having a satisfactory result, he introduced a knife to the bone and cut clear round. The leg was put in a tin splint, and extension kept up for three weeks, the result being perfectly satisfactory.

The meeting then adjourned.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Latham's Neurosal Theory of Acute Rheumatism.—Professor Latham (Cambridge Medical Society, November 5th, 1880) maintains that action of the "inhibitory chemical centre," or nervous centre, which controls oxidation in the muscular tissue, is lowered. The oxygen from the oxyhæmoglobin, instead of entering the muscular tissue to be exhaled therefrom in the form of carbonic acid gas, has its sojourn in the tissue shortened, and passes into the blood in the form of lactic acid (a substance which appears in muscle almost instantaneously with its death); the oxygen acts also more energetically on the muscular tissue, and the resulting lactic acid being oxidized rapidly in the blood, instead of in the muscular tissue, an abnormal amount of heat or pyrexia is developed.

Quinia lowers temperature by simply impeding the carrying of ozone from the lungs to the tissues by the red blood-corpuscles, as in Binz's experiments with ozonized turpentine and guaiacum: and so the remedy *might* act beneficially in rheumatism, but would have no effect on the *materies morbi*. Salicylic acid, on the other hand, lowered the temperature and cured the disease by chemically combining with the substances from which the lactic acid is derived, and producing less heat than would result from the oxidation of that substance. The theory advanced explains the relapses which so often recur after apparent cure with salicylic acid, the necessity for large doses of the remedy, and the reason why it should be less curative in other pyrexial disorders, such as pneumonia, typhoid fever, etc. Referring to locomotor ataxy as an example, he suggested that possibly the local symptoms might be the result of the

lactic acid acting upon the posterior columns of the spinal cord, producing functional change; and in reply to a question, in the discussion afterwards, as to the connection between rheumatism and chorea, considered that this disorder was the result of the lactic acid inducing functional change in the nervous centre which co-ordinates muscular movement, that centre being weak, and therefore a point of minimum energy, and this condition being hereditary or acquired. He also applied his theory to explain why the same cause (cold) which in one person appears to produce acute rheumatism, in others produces pneumonia, tonsillitis, etc.

Dr. Latham has extended his theory also to diabetes. If it be true, it ought, he says, to explain the phenomena of that disease with a normal or sub-normal temperature, and he maintains that the lowered nerve action is sufficient to do this. Salicylic acid may cause the sugar to disappear from the urine and lessen the the amount of that secretion without altering the condition of the nervous system upon which the symptoms depend.—*Alienist and Neurologist.*

The Nature of the Action of Belladonna ON THE SYSTEM.—The *modus operandi* of belladonna in its action upon the human system, as stated by Prof. T. Wharton Jones, Professor of Ophthalmic Medicine and Surgery in University College, London, in a communication upon this subject to the *American Journal of the Medical Sciences* for April, 1881, is essentially different from the views generally held, which in the author's opinion are for the most part fundamentally erroneous. Taking the familiar experiment of dropping atropia upon the web of a frog's foot and demonstrating the fact that the venous stasis resulting is due to constriction of the small arteries from contraction of their muscular coat, as is evidenced by the increase in thickness of their walls, which retards the flow of blood and directly causes congestion, he concludes that the phenomena of belladonna-poisoning stand in this order: 1st. Constriction of the small arteries by stimulation of their muscular coat; 2nd. The establishment of venous congestion in the

brain and spinal cord ; 3rd. The cerebral and muscular disturbance arising from the venous congestion in the brain and spinal cord. In considering the mydriatic effect of atropia upon the pupil the elasticity of the iris is a factor which has been generally overlooked, thus with the two sets of muscles, the circular and antagonistic radiating fibres, there is a certain amount of physical elasticity, which requires to be taken into consideration, without a proper estimate of which no correct analysis of the motions of the pupil can be made. Dr. Jones claims that belladonna operates by directly exciting to action the radiating muscular fibres composing the *dilator pupillæ*, and not by paralyzing the sphincter and giving scope to unrestrained action of the dilator. This latter view, which physiologists continue to teach, is controverted by the fact that in paralysis of the motor oculi, the pupil is not widely dilated, but is restrained by the elasticity of the iris ; it may, however, still be dilated by atropia. When the dilator and sphincter are both inactive, as they are after death, the natural resiliency of the iris keeps the pupil at a medium degree of width. Calabar bean, although it exercises apparently a contrary effect upon the pupil, is not a real antagonist to atropia, for it acts upon the sphincter pupillæ ; in an analagous way it relieves congestion by stimulating the muscular coat of the venous radicles, but has no effect upon the arterioles.

Catarrhal Diphtheria.—Marx, who has, under the superintendence of Professor Ortel, studied a series of these cases, defines catarrhal diphtheria (*Archiv fur Klin. Med.* Band xxvii., Heft 1, 2) as that form in which there is only superficial and limited diphtheritic membrane combined with simple catarrh of the mucous membrane, slight constitutional symptoms, inconsiderable glandular swelling, and limitation of the disease to the throat. That it is a true diphtheria, he considers, is shown (1) by its clinical character ; (2) by its not unfrequently passing into the severer forms ; (3) by its infective power ; and, lastly (4), by its microscopic pathology. The disease begins with slight fever, malaise, and pain in swallowing.

The mucous membrane of the throat at some part, generally the tonsil, is swollen, red, and has on it one or more grayish spots like hoar-frost. These spots are superficial, limited, and disappear in two or three days, rarely lasting six days; unless, as sometimes occurs, the disease passes into the severe form with thick and spreading membrane. Microscopically these spots are found to consist of colonies of micrococci, which pass through the comparatively unaltered superficial epithelial layers into the deeper layers where the cells are swollen up and contain large nuclei. After twenty-four hours, pus forms in the deeper layers, and the superficial layers are thrown off. Catarrhal diphtheria differs from the severe form in the absence of a fibrinous exudation between the epithelium, and from simple catarrh of the mucous membrane by the presence of micrococci in place of the numerous organisms in catarrhal muco-purulent secretion, such as leptothrix buccalis, oïdium albicans, etc. In the treatment of this affection, the author recommends (1) immediate isolation of the case, notwithstanding apparent mildness; (2) frequent inhalations of steam; and (3) disinfection of the mouth with gargles, etc. Astringents ought to be avoided, as checking the separation of the membrane, which is furthered by a rapid formation of pus under the influence of warm inhalations.—*London Medical Record*, March 15, 1881.

Circumcision.—Dr. J. Edwin Michael, in *Maryland Medical Journal*, says: "My method, which I learned in Vienna about eight years ago, and have since modified in some trivial particulars, has the advantages of being neat and cleanly, and avoiding the mistakes which result from traction. It is as follows: Having covered the anterior portion of the penis with a towel, I grasp it with my hand, and being careful to allow no slipping between prepuce and glans, gradually increase the pressure until it has acquired considerable force. Then a tight band, elastic or not, is placed round the organ as close as possible to my hand. When my hand is removed I have the natural relation of the parts undisturbed and the penis free from blood. The first step of the operation is to pass a director

round between glans and prepuce to find adhesions and remove them if any exist. The prepuce is then split up to the *corona* with a bistoury on a director, and afterwards the two lateral halves trimmed off according to taste with scissors. The relation of the parts being preserved, and no traction being necessary, we can in this way see exactly what we are doing. The absence of blood also adds greatly to the neatness of the operation. After all the cutting has been done it is usually easy to find the orifice of any artery big enough to bleed, and it can be twisted or ligated. The edges of mucous membrane and skin are thus neatly stitched together with fine silk or wire, and sometimes the line of incision carefully painted with collodion. If any ulcers are present they are well treated with fuming nitric acid. A layer of wet lint or cotton is then placed round the part and the whole included with a bandage firmly applied. The last step is to remove the constricting band. In twenty-four hours this pressure bandage is removed and the wound treated on general principles. This plan has been followed by such universally satisfactory results that I have felt justified in bringing it forward, not, of course, as anything original, but as offering what I consider useful modifications of the usual operation of circumcision."

Incision in Purulent Pericarditis.—An extraordinary and interesting case is recorded in the *Berliner Klin. Wochenschrift*, No. 5, 1881. A boy, ten years of age, suffered from empyema and purulent pericarditis. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion was withdrawn. The pericardium was tapped, and about four ounces of pus taken out. The patient's condition did not much improve; there was very considerable and increasing dyspnœa, with lividity, and some œdema of the feet and legs; sleep was very much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An

incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage-tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not, however, until at least two hours later that the pulse became appreciable. On the day following the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks the pericardial wound, which had been gradually closing, was cicatrized. There were no further pericardial troubles. But the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition therefore was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient sent out of the hospital cured.

The author draws the following conclusions from his case: 1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or œdema of the tissue, so that the nature of the exudation can only be decided after an exploratory puncture. 2. We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3. In cases of considerable pericardial effusions, change of position may not influence the line of dullness; but this fact must not always be interpreted in favor of dilatation of the heart.—*Medical and Surgical Reporter.*

Treatment of Diphtheria.—Dr. Jacobi, in answer to an inquiry concerning the benefit of pilocarpine, said that his opinion of it was unfavorable. It was proposed as a specific by a Dr. Guttmann, who recommended it first about eight months ago, but he must not be mistaken for the well-known

author, Paul Guttmann, of Berlin. In his opinion the recommendations of the drug were too positive and the author too self-asserting. Besides, when he says that he used it in twenty very severe cases, he does not specify what those symptoms were. It is recommended as the best remedy for diphtheria for the present, and probably also for the future, and as a specific. Such assertions, of themselves, are suspicious, and are not likely to be reliable. Mild cases will get well under any treatment, or with no treatment. Seven cases Dr. Jacobi had treated with pilocarpine, and in at least one instance it had hastened the fatal termination, for pilocarpine, either directly or indirectly, debilitates the power of the heart. Dr. Jacobi had tried it, though feeling that the assertions of Guttmann were too sweeping. That a croupous exudation deposited upon a mucous membrane should be liable to be removed by increased secretion beneath it, appeared natural; but that diphtheritic membrane imbedded in the mucous membrane and submucous tissue, with necrotic disintegration of the parts, could be thus swept away, was from the very beginning improbable.—*N. Y. Medical Record.*

Methods of Surgical Dressing.—Mr. Wm. Berry, F.R.C.S., observes in the *Medical Press & Circular* of March 23rd: While Listerism in surgical practice is *sub judice*, perhaps more especially in private practice, owing to the want of time, help and appliances, on the part of the general practitioner, it is well, perhaps, that some safe, simple and effective mode of dressing can be employed. The examples from hospital practice, afforded by Mr. Sampson Gamgee of Birmingham, are certainly satisfactory, and will, I think, commend his mode of treatment to the busy practitioner. His *dictum* of rest, drainage and pressure, if duly carried out, will save much time and trouble, and show results comparable with the antiseptic method. I have endeavored, through the small means at my disposal in private practice, to carry out this plan, using absorbent wool as dry dressing, proper means of drainage, and firm and even bandaging; so far, I am admirably satisfied with the results. The absorbent wool, which can be obtained either in bulk or in

pads, is an excellent material for carrying out this mode of treatment. When applied to a wound it forms a nice, soft covering, takes up any discharges which may escape, and allows the parts to be undisturbed till the dressings are saturated and uncomfortable. If the discharges be fœtid and unhealthy, the wool can be made antiseptic by means of terebine, salicylic, carbolic or boracic acid. Dressings of this material are easily carried and applied, they need not be disturbed for some days, unless the thermometer indicates some disturbance of the system or the dressings become saturated, then the covering should be removed, the wound cleansed, and a renewal of fresh dressings made. In large wounds and in chronic abscesses it is always better to insert a drainage tube, so as to allow of the free escape of fluids which may collect, then a sufficient covering or pad of absorbent wool, firmly and evenly bandaged on with an ordinary roller, will constitute a light and compact dressing, which may remain undisturbed until one of the conditions mentioned above necessitates a change. I would here mention the importance that should be attached to the indications of the thermometer in all surgical cases; for long before either pulse, tongue, facial expression, or pain in the part show any disturbance, the thermometric rise will indicate something wrong; then the dressings should at once be removed and the wound examined.

Albumen Water.—In the discussion on Dr. William Pepper's paper on Typhoid Fever, in the Philadelphia Medical Society, (Med. Times,) Dr. J. W. Keating stated that "Albumen Water" was a good substitute for milk and beef tea, in cases where these substances disagreed with the patient, or could not be obtained. The preparation is not mentioned by the Medical Journals of this country. It is largely used by the French. It is made by dissolving the white of one or more eggs in a pint or two of water, sweetening with glycerine, and flavoring with orange flower water. This must be taken cold and used "*ad libitum*" It is an excellent food in Typhoid Fever and Typhoid Dysentery. It may be given for a change even when beef tea and milk do not agree.—*Pittsburgh Medical Journal.*

Enteric Fever.—Dr. Bristowe considers the treatment of enteric fever under four heads: 1. Diet; 2. Medicine; 3. Alcohol; 4. Baths; and in concluding his paper says: "Let me state briefly the treatment to which I should like to be subjected if ever, unfortunately, I should become affected with enteric fever. I should like to be placed in a cool, well-ventilated room, and covered lightly with bedclothes; to have a skillful and attentive nurse to look after me; to be fed solely with cold milk, unless vomiting should demand the addition to the milk of medicine calculated to allay the vomiting. If diarrhœa became troublesome, or ever there was much pain or tenderness in the cœcal rings and in the bowels, I should like to be treated, not with laxatives, but with opium, given either by the mouth or the rectum. If constipation were present, I should, excepting in the first week, like to have enemata only for its relief. In the event of intestinal hæmorrhage coming on, I should like to have ice to suck or ice-cold fluids to drink, cold compresses to the belly, and cold injections into the bowels; and, though I am skeptical of their efficacy, I should still choose to have astringents, and more especially lead, given to me at short intervals. If perforation should take place, let me have large and repeated doses of opium. Stimulants I should prefer to be without early in the disease; later, however, and during convalescence, I should like to have them in moderation. As to the cold baths, I would rather not have them; but I would, nevertheless, leave it to my physician to exercise his discretion in the matter. I would leave it also for him to decide, according to circumstances, whether alcohol should be administered to me in large quantities. I should prefer not to be treated at a temperance hospital."

Muriate of Pilocarpin in Diphtheria.—Dr. Lax, working on the suggestion thrown out by Dr. Guttman, has tried the effects of pilocarpin upon diphtheria during a recent epidemic. The results at which he has arrived have been so striking as to induce him to recommend its farther trial in this disease. During the epidemic, which lasted from September 24 to November 15, sixteen children, varying from 1 to 16 years

of age, were attacked by the disease. The first six were brushed with a 4 per cent nitrate of silver solution, and were ordered a chlorate of potash gargle. Of these six children four recovered, whilst two, which from the commencement exhibited serious symptoms, died. In the last ten cases the pilocarpin was employed; six of these were exceedingly serious, and in two cases death was expected to occur any night; and yet all made a good recovery under the treatment. The remedy, producing an increased secretion of the mucous and salivary secretion, caused large masses of false membranes to be expelled both through the mouth and nose; the breathing at the same time becoming more free, the rattling in the throat ceased, the fever diminished and the appetite returned. The children improved visibly in three to five days after the appearance of a herpes labialis, which was in every case the precursor of a recovery. Three days later every trace of membrane had disappeared from the fauces and gums. According to the age of the patient, the following solution was given: 0·02-0·04 of pilocarpin muriat. in conjunction with peps. 0·6-0·8, to which a trace of hydrochloric acid (gtt. ij.-vij.) had been added, out of distilled water 70 grams. One tea or dessert-spoonful to be taken hourly. This treatment was further supplemented by the administration of one tea or dessert-spoonful of tokay wine every hour, and the application of warm wrappings to the neck. (*Aerztl. Intelligenzbl.—Med. chir. Rundschan*, December, 188.)—*The Practitioner.*

America Leads.—In his address at the American Medical Association, Dr. Chadwick says: "To America I have no hesitation in according pre-eminence in this special field [Obstetrics and Gynecology]. Our countrymen meet the emergencies incident to child-bearing with a quickness of perception and readiness of action rarely seen in other countries. Their ingenuity has led them to devise new operations in gynecology and to carry their art with brilliant results, so that to-day the practice of that branch has reached a stage here far in advance of other nations. Of course our natural aptitudes lead many of us to over-estimate the beneficial results of surgery,

but taken all in all close observation and study in most of the countries of Europe has confirmed me in the opinion that in obstetrics and gynecology America leads the world."—*Medical Gazette.*

Use of a new Silver Salt in the Treatment of Organic Nervous Disease.—Dr. Allan Lane Hamilton states that phosphate of silver possesses advantages over the other silver salts which entitles it to a fair trial. The phosphate of silver is tribasic; and is prepared by precipitating a solution of silver nitrate with a solution of trisodic orthophosphate, washing with distilled water, and drying in the dark; a heavy powder of a dark lemon-yellow color, which darkens slightly on exposure to the air, is thus obtained. Dr. Hamilton has given this remedy for months, in doses varying from $\frac{1}{8}$ to $\frac{1}{2}$ a grain, without any skin discoloration whatever, its administration being unattended by the gastric irritability that so often follows the use of either the nitrate of silver or phosphide of zinc. At the same time its therapeutic effects are much more pronounced. It is best given with some such excipients as ergot and glycerine, for vegetable substances tend to decomposition, and for this reason it cannot be made into pills with confection of roses. The drug is of especial value (1) in cases of more or less acute myelitis, with disturbance of the bladder and rectum; (2) in cases of sclerosis of the nervous substance. —*The Lancet*, Feb. 19, 1881.

Ultimate Effects of Tracheotomy.—In a note read at the Academy of Medicine (*Bulletin*, April 5th) Dr. Mongeot drew attention to the ultimately fatal results of tracheotomy. He had for a considerable time investigated the subject, and had come to the conclusion that children who had successfully undergone tracheotomy, and had worn a canula for a more or less prolonged period, did not live to attain their majority. He had long made inquiries among a great number of practitioners, and had only succeeded in discovering five or six adults who had undergone this operation in their infancy;

while military surgeons, interrogated for more than twenty years past, all avowed that in examining conscripts they had never met with the scar characteristic of tracheotomy.—*Med. Times and Gazette.*

Treatment of Vomiting in Phthisical Patients.—M. Ferrand, physician to the Hospital Laennec, sums up as follows, in *L'Union Médicale*, the principal indications presented in the vomitings of consumptive patients. The forms of vomiting are: 1. the mechanical vomiting resulting from the excitation of the respiratory nerves, which is sometimes combined with a certain degree of pharyngeal or gastric irritation; 2. gastric vomiting properly so-called; central and bulbar vomiting. These varieties of vomiting differ, not only in their mechanism, but also in their period of appearance, and in the nature of the vomited matters, etc. The mechanical vomiting of phthisical persons, which may be called direct vomiting, occurs at the outset of the disease. It brings up substances which are in a large measure alimentary. The first indication in this case is to calm the cough. This, however, is more easily said than done. Emollients, alkaline, and soothing gargles should be employed. When the irritation of the pharynx is deep-seated, modifying astringents (alum, tannin, confection of roses, etc.) should be resorted to, and even such remedies as tincture of iodine, nitrate of silver, or ammonia. What are most often employed are the narcotics, the fumes of belladonna, datura, and then anæsthetics and antispasmodics. In this contingency, M. Woillez recommends touching the pharynx with a solution containing one-sixth of bromide of potassium. Gastric vomiting is the most common of digestive disorders in phthisis. It occurs in three-fifths of patients, according to Andral, and in four-fifths, according to Louis. It is the vomiting of the middle period of the disease. These matters are not purely alimentary; they are substances more or less changed by the digestion and fluid. They include also mucus and bile. There are four varieties of gastric vomiting. 1. Vomiting from apepsia. For this, bitter and tonic digestives are to be employed, or, in case of need, an emetic; in default of the latter, chloral, and chloroform in preference to ether; and diastase,

because of its peptic qualities, may render real service in these cases. 2. Vomiting from "hypercrinia," observed especially in cachectic patients, is combated by absorbents (magnesia, charcoal) or astringent powders (rhatany, calumba). Powdered opium renders great service in these conditions. 3. The vomiting from convulsive gastralgia demands the administration of narcotics (opium, chloral, ether). The application of ether-spray to the epigastric region and the back has given good results. 4. Vomiting by gastric irritation. Here the diet must be regulated, the meals must be given at fixed times, and milk-diet prescribed. Alkaline remedies and iodide of potassium in small doses should be given. Opiate blisters should be applied, and in case of failure, revulsive agents (tincture of iodine and blisters) should be used without fear. Central or bulbar vomiting may occur at the outset of the tuberculosis, but usually at an advanced stage. It may be symptomatic of an encephalic irritation, or the effect of bulbar anæmia. The vomited matters consist mostly of mucus and bile. The therapeutic agents at the disposal of the physician are first chloral, then chloroform, opium, and morphia. as well as bromide of potassium, in doses of 1 to 2 grammes (15 to 30 grains) at meal times.—*Lond. Med. Record*, April 15, 1881.

Diagnosis of Coxalgia.—The Paris correspondent of an English contemporary states that M. Cazin, of the Marine Hospital of Berck-sur-Mer, has published his researches on the exploration of the hip-joint per rectum. He states that in young subjects the finger can always recognize a quadrilateral space corresponding to the cotyloid cavity, and which it is proposed to call the "post-cotyloid surface." This mode of examination, hitherto reserved for special cases, should, in future, form part of the investigation in every case of coxalgia. In ninety-six cases of hip-joint disease observed by M. Cazin, rectal exploration has furnished information in forty-seven instances. The signs which can thus be noted are: pain on pressure of the post-cotyloid surface, hypertrophy of the intra-pelvic ganglia, general increase in size of the osseous surface, depression, erosion, flexibility, mobility, destruction and perforation of the post-cotyloid

surface; doughiness of the soft parts, abscesses of different kinds, etc. M. Cazin believes that this method of examination will render the diagnosis of coxalgia in early cases a matter of much greater certainty.—*Med. & Surg. Reporter.*

Bloodless Amputation of the Breast.—Stoakovenkof (Med. Obozr Physician and Surgeon,) has practiced bloodless ablation of the breast by means of an apparatus of his own, a compressor consisting of two nearly parallel slightly curved metal rods of the thickness of a pencil, one of which is moveable upon its fellow by means of a screw. One rod is placed above the other below the breast and approximated, the compression thus produced being sufficient to prevent the flow of blood. He has used this in twenty-two successful operations.—*Chicago Medical Review.*

Muriate of Apomorphia as an Expectorant for Children.—Korrmann (*Pharm. Cent.*, No. 53, 1880) has employed this drug extensively in bronchial catarrhs and the capillary bronchitis of children, and now strongly recommends its use in all diseases of the kind. The dry cough of some such affections rapidly yields, and moist râles soon appear. In catarrhal pneumonia he has had equally good results with apomorphia. The salt is given in combination with a few drops of hydrochloric acid and ordinary syrup, in hourly doses. Children one year old get one-sixtieth of a grain, those three years of age one-thirtieth. At ten years he gives one-tenth, and at fifteen one-sixth of a grain.—*Allg. med.-cent.* Jan. 19, 1881.—*N. Y. Med. Review.*

Vomiting of Pregnancy.—Dr. John S. Warren of New York speaks highly of Arsenic in this disorder. He says: "The one remedy which, in my hands, has before all others proved the most efficient in alleviating the distress, if not for curing the complaint, is Fowler's solution of arsenic, administered in drop doses upon an empty stomach. When thus given, and with a restricted diet, it has seemed to me to come nearer to a specific for this neurosis than any other. Indeed, the effect is at times almost magical, and when continued for a considerable period, and given in larger doses when the stomach contains food, affords, in my opinion, a nerve tonic highly essential to women in the pregnant state, and which no other remedy equals."—*College and Clinical Record.*

CANADA

Medical and Surgical Journal.

MONTREAL, JUNE, 1881.

COLLEGE OF PHYSICIANS AND SURGEONS.

The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons, Province of Quebec, was held in the rooms of Laval University Medical School, 11th May, 1881. The President, Dr. R. P. Howard, in the chair.

The following governors were present:—Dr. Howard, President; Drs. Trudel and Lemieux, Vice-Presidents; Drs. F. W. Campbell, Lachapelle, Perreault, R. F. Rinfret, Comé Rinfret, Lanctot, Robillard, Marsden, Austin, Church, Mignault, Lafontaine, Gibson, Laberge, Rousseau, Kennedy, Rottot, T. Larue, Ladouceur, Rodger, St. George, Marmette, Desaulnier, Hingston, and Prevost.

The minutes of the last semi-annual meeting (in Quebec) were read and confirmed.

The Secretary read a letter from the Registrar of the Medical Faculty of Bishop's College, stating that owing to continued ill health Dr. David had resigned his position as representative to the Provincial Medical Board, and that the Faculty had elected Dr. R. A. Kennedy to replace him.

Dr. Kennedy, the new representative from Bishop's College Faculty of Medicine, was introduced by Dr. Gibson and took his seat.

It was then moved by Dr. Marsden, seconded by the Hon. Dr. Church, and carried unanimously:

"That this Board has received with regret the announcement of Dr. David's withdrawal, owing to ill health, from this Board, and that before

accepting such resignation, it desires to put upon record its high sense of the service rendered to the profession and this College in the long series of years during which Dr. David has been a member of the former and an active worker in the latter. His thorough early and professional training, his large experience and active nature, enabled him to bring great power to the consideration and discussion of all matters affecting the interests of the profession. In parting with him, this College ventures to express the hope that the cause is only temporary, and that Dr. David may yet be spared many years to bring his large store of useful knowledge and ripe experience to the assistance of the profession, and to forward the work of this College."

The reports of the assessors from the Universities of McGill, Bishop's College, Victoria College, Laval, and Laval (*succursale*), Montreal, were then read.

A letter was read from Dr. Worthington, a member of the Board, regretting his inability to be present.

The Secretary then read the report of the Board of Examiners on Preliminary Education, stating that the following gentlemen had passed the required examination and been admitted to the study of medicine, viz.: W. Galt Johnston, M. Brophy, E. Labonté, H. T. Hardman, H. Gaudreau, D. B. Darby, H. B. Smith, C. Bussiere, B. Smith, W. H. Leonard, F. Simard, and P. Morin.

The following gentlemen passed the supplementary examination imposed for partial failure last year, viz.: J. C. Blanchet, F. Jeannotte, J. O. Lambert, A. Lamothe, C. Prevost, N. Tessier.

A. Gaboury was passed for special reasons, the Board two years ago consenting that he should pass his preliminary examination after receiving his degree.

The Board for Preliminary Examination reported that twelve gentlemen had been remanded for a supplementary examination on certain subjects; also, that twenty-four gentlemen had been entirely rejected, having failed to obtain the requisite number of marks. Three gentlemen were rejected for copying.

Dr. F. W. Campbell raised the question whether a student could be examined upon all, or only the final portions of, his examinations at the end of his third session, then go and study a year with a physician, returning at the end of his fourth year and get his diploma. Dr. Campbell stated that this practice was

in vogue amongst some of the medical schools, and according to his interpretation of the by-law (chap. viii., sec. 2), such practice was irregular.

Considerable discussion ensued, when the subject was adjourned till the afternoon session.

Dr. Marsden raised the question of the legality of the new by-law, restricting the attendance of the assessors to three days. He stated that he had consulted counsel, and that the by-law was in direct opposition to the Act.

It was then unanimously resolved to alter and amend the by-law sanctioned by His Honor the Lieut.-Governor on the 3rd September, 1880, in relation to assessors, as follows:—

"To substitute the following for section 6, chap. 10, of the said by-laws: The assessors shall attend during the medical examinations of each University or Medical School; within eight days immediately following these examinations, they shall send their written report to the secretary of the College residing in the city in which these examinations have been held. They shall be paid, in addition to their travelling expenses, a remuneration of ten dollars for every day that they shall be detained by their duties, providing it does not exceed three days, in which case only five dollars shall be paid for each additional day that they shall be detained; but in no case shall their remuneration exceed fifty dollars."

The report of Mr. Lamirande, the prosecuting officer of the College, was read by Dr. Lachapelle. The Treasurer also read a statement of his receipts and expenses during the past six months; also a letter from him with regard to his work.

It was then moved by Dr. Lachapelle, seconded by Dr. Larue:—"That the arrangements made between the Medical Board and Mr. C. E. Lamirande, at the last semi-annual meeting, be continued, moreover the Board engages to pay, from this date, a bonus of twenty dollars for each conviction, which he obtains against a charlatan, and, furthermore, that this bonus shall be 25 dollars for each such conviction where the charlatan is too poor to pay the fine, and goes to prison."—*Carried.*

The meeting then adjourned till 2.15 P.M.

When the afternoon session was opened, the President in the chair, the Secretary read the names of the candidates for License, whereupon Dr. Lanctot asked the President if he had received a protest from the School of Medicine and Surgery, (Victoria College,) against granting licenses to the graduates of Laval University, in Montreal. The President said he had been served with such a protest. At the request of Dr. Lanctot the protest was read.

Proposed by Dr. Lanctot, seconded by Dr. Bonin, That the protest, now before the Board, be accepted, and submitted for discussion.

Moved, in amendment, by the Hon. Dr. Church, seconded by Dr. Marsden, "That inasmuch as section 7 of the act, incorporating this College, provides that the holders of Diplomas from all the Universities mentioned in section 4 of the said act, shall be entitled, under the circumstances in said section 7, to the License of this College; that pending adverse decision rendered in the Courts, this College continue in the future, as in the past, to grant all such holders of Diplomas the License of this College."

The amendment, being put, was carried by a vote of 18 to 6.

The main motion, on being put, was lost on the same division, and the amendment declared carried.

Licenses were granted to the following gentlemen:—

Laval University, Quebec.—J. Pelletier, M.D., Quebec; A. F. Poulin, M.D., Quebec; J. W. H. Blagdon, M.D., Quebec.

Laval University, Montreal.—A. Gaboury, M.D., St. Martin; J. A. Cardinal, M.D., Napierville, Quebec; A. Savard, M.D., St. Eustache; J. H. B. Jeannotte, M.D., Brigham; R. Tranchemontagne, M.D., St. Louis de Gonzague; E. Poirier, St. Cyrille.

Bishop's College, Montreal.—W. C. McGillis, M.D., Montreal; E. Quinones, M.D., Porto Rico, S.A.

McGill University, Montreal.—G. W. Gernon, M.D., Marieville; J. C. Shanks, M.D., Huntingdon; W. A. Shufelt, M.D., Knowlton; J. W. Ross, M.D., Winthrop, Ont.; H. Lunan, M.D., Litchfield, Ont.; F. W. Newburn, M.D., Drummondville, Ont.;

R. T. McDonald, M.D., Montreal; T. L. Brown, M.D., Ottawa; H. E. Poole, M.D., Kazubazua.

Victoria College, Montreal.—H. Legault, M.D., St. Armas; A. J. Prieur, M.D., St. Anicet; J. Asselin, M.D., Joliette; E. Fournier, M.D., Montreal; A. Martin, M.D., Iberville; P. E. Marier, M.D., Terrebonne; E. Lalonde, M.D., Montreal; G. L. Laforest, M.D., St. Liboire; J. O. Soulard, M.D., Quebec; N. Beaudet, M.D., St. Gregoire d'Iberville; J. G. Leduc, M.D., Montreal; J. L. Carignan, M.D., Goubelle; E. Voisart, M.D., Pointe du Lac; T. Hamelin, M.D., Three Rivers; C. Fauteaux, M.D., St. Simon; S. E. Bergeron, St. Etienne.

The license was issued to James Irwin, M.R.C.S., Eng., of Pembroke, Ont., on his English diploma; also to A. M. Gibson, M.D. (Queen's, Kingston), L.R.C.P. & S., Edin., of Massawippi, on his Scotch qualifications.

The following gentlemen submitted to the professional examination, and being found duly qualified, received the license of the College: C. S. Fenwick, Montreal; E. Tremblay, Nicolet.

Proposed by Dr. Lachapelle, seconded by Dr. Marmette, "that at the opening of each semi-annual meeting of the Provincial Board of Medicine, the secretaries shall each deposit on the table a list containing the names of the candidates for the license, the date of their admission to the study of medicine, the origin of their certificates of admission to the study, the date of their diploma and the name of the University, and that the secretaries be authorized to have the necessary blanks printed."—*Carried.*

Dr. Fred. Church applied for the License, he being a graduate of McGill University, Montreal, but not having his diploma, from an oversight of the Registrar; having given satisfactory proof of this, it was on motion unanimously resolved that he be granted said license.—*Carried.*

Moved by Dr. Gibson, seconded by Dr. Prevost, "that in view of certain notices of application to the Legislature for private bills, authorizing this Board to admit certain persons, in such notice named, to examination, this College is of opinion, and respectfully represents, that no such bills be passed, unless

first submitted and recommended by the Board of Governors of this College."—*Carried.*

Moved by Dr. Lachapelle, seconded by Dr. F. W. Campbell, "That a copy of the above resolution be sent to every medical man in the Provincial Legislature."—*Carried.*

Moved by Dr. Church, seconded by Dr. Desaulnier, "that the President, Secretary, (Montreal,) and Treasurer be a committee authorised to prepare an announcement of the College, containing lists of all the text-books recommended by the matriculation examiners, the regulations of the College as to the medical curriculum; the fees; the time and places of holding examinations, etc., for the guidance of medical students, and candidates for the license."—*Carried.*

Moved by Dr Church, seconded by Dr. Lachapelle, that the writing in all diplomas, documents, records, etc., intended to be permanent, be written with an ink which will not affect the material upon which such writing is made nor become illegible from decomposition.—*Carried.*

On motion of Dr. Lafontaine, seconded by Dr. Laberge, it was unanimously decided that the salary of the Registrar from the 29th of September last be three hundred dollars a year.

Dr. Robillard gave notice of motion, seconded by the Hon. Dr. Church, that at the next semi-annual meeting of this College, he will move that the salaries of the Secretaries and Treasurer be increased to one hundred dollars.

Moved by Dr. Marmette, seconded by Dr. Church, "That the members of this College have heard with deep regret of the death of Dr. Michaud, an old member of this College, and they desire to express deep sympathy with his family in their bereavement;" and that a copy of the above resolution be sent to the family of the deceased by the Secretary.—*Carried.*

Moved by the Hon. Dr. Church, seconded by Dr. Lafontaine, "that the account of Dr. Marmette and other witnesses for attendance at the preliminary investigation of the charges brought by Dr. Gilbert against Drs. Fenwick and Worthington, after having been revised and approved by the President and ex-President, Dr. Rottot, be paid."—*Carried.*

Dr. Rodger brought before the College the fact that large quantities of obscene medical literature were being circulated through this Province by Dr. A. M. Ross, a licentiate of this College.

Moved by Hon. Dr. Church, seconded by Dr. Rodger, "that the documents now produced by Dr. Rodger and laid on the table, purporting to have been issued at the instance of Dr. A. M. Ross of this city and circulated through the city and country, be referred to a committee, consisting of Drs. Rottot, Trudel, Craik, and F. W. Campbell, with instructions to examine them and to enquire whether these documents have really been put in circulation by Dr. A. M. Ross; that if the committee shall be of opinion that he put them in circulation, the said committee enquire and report whether the Act incorporating this College affords any remedy for such misconduct, or if not, whether the criminal law affords any punishment for similar conduct; to consult counsel if necessary for the foregoing purposes, and to report the result of their deliberations to the College."—*Carried.*

Dr. F. W. Campbell moved, seconded by Dr. Gibson, "That the subject with regard to the legality of the fourth year of medical study being passed with a practitioner, after he has passed all the examinations for his degree, introduced by Dr. F. W. Campbell, at the morning sitting of the Board, be referred to one school representative, from the medical schools in Montreal, and the two outside governors for the city of Montreal."—*Carried.*

Moved by Dr. Lanctot, seconded by Dr. Marsden, "That the governors of the College of Physicians and Surgeons be notified by post card of the time of holding the semi-annual meeting."—*Carried.*

A vote of thanks to the Laval Faculty of Medicine (Montreal), for the use of their rooms, was unanimously passed.

MONTREAL GENERAL HOSPITAL.

Several important changes have been recently made in the medical management of this institution. For some time past the Committee of Management and the Medical Board have had under their consideration a by-law providing for the appointment of a Medical Superintendent, with powers similar to those conferred upon the corresponding officer in several of the American and a few of the English Hospitals. This plan has also been followed for some time at the Toronto General Hospital, and has, we believe, given very general satisfaction. The President of our Hospital, Mr. Redpath, has for the last two years given this matter his earnest personal attention, and has thoroughly investigated the subject both in London and in the United States. At the annual meeting of the corporation of the Hospital the by-law was passed. Although it curtails in some respects the privileges hitherto enjoyed by the attending physicians, especially with reference to their power of admitting patients, still it is believed that the change will result in good, for it gives that which is so essential to the efficient working of these charities, viz., the concentration of authority and therefore of responsibility in one individual. The medical superintendent will now have complete control of the internal management of the Hospital, of the patients, servants, and nurses. We have every confidence that this new departure, thus decided upon by the Governors after mature consideration, will result in an improved condition of this important institution in every respect. The appointment has been conferred on Dr. James Bell of this city. Dr. Bell was highly recommended by the Medical Board for the office. He has already served two years as house surgeon, and during that time has given decided evidence of possessing such administrative ability as will certainly make him an efficient incumbent of this responsible post. We congratulate him upon his appointment, and trust his administration will be as successful as his friends have every reason to expect.

An addition of one has also been made to the staff of resident officers. For the future there will be at least three resident

physicians and surgeons, a separate officer being now constantly in attendance on the out-door physicians, and on them only. This was badly wanted, and will cause the work of the staff to be very much more efficiently performed. The gentlemen appointed resident medical officers for the ensuing year were Dr. And. Henderson (who has already served one year), Dr. J. A. MacDonald (gold medallist, McGill, 1880), who has acted as *locum tenens* for several months owing to the unfortunate accident to the late House Surgeon, Dr. Imrie, and Dr. F. H. Mewburn.

Dr. John Reddy has resigned from the attending staff, and been placed upon the consulting staff. The vacancy thus created was filled by the appointment of Dr. Wm. A. Molson (formerly one of the out-door physicians), and Dr. Wm. Gardner was elected an out-door physician. Both appointments have given general satisfaction (though, of course, there are malcontents), and we are happy to add our congratulations to both these gentlemen upon having obtained such honorable marks of distinction.

It will interest some of our readers to know that the medical staff of this Hospital has now been permanently divided into medical and surgical. Hitherto such division has been made, purely voluntarily, during the winter session by the two professors of clinical medicine and clinical surgery. Now, however, this arrangement has been made to extend over the whole twelve months, and is compulsory. This is only doing what is done in every large hospital of any note where students are taught, and we are sure will here result in great good.

CANADA MEDICAL ASSOCIATION.

The annual meeting of the Canada Medical Association will be held on the 3rd of August, at Halifax, N.S. The place of meeting is certainly at one extremity of our rather extended Dominion, which fact will probably deter some from attending. Still, if the general character of the Association is to be maintained, it is inevitable that some of the meetings shall take place in cities less accessible to all than the leading centres of the older Provinces. We always thought, therefore, that the selection of Halifax this year was to be commended, and we earnestly

hope that as many members as possible will, even at some little personal sacrifice, assist the general interests of the Association by their presence. For those who can spare the time, the journey to Halifax can be made extremely pleasant by going by the Gulf-Port steamer, and an enjoyable holiday can also thus be obtained in the performance of this public duty. We know our *confrères* of Halifax will be disappointed if the hospitality for which they are renowned, and which they are prepared to bestow upon their visitors, should not be availed of by a goodly number. Arrangements have been made with the Intercolonial Railway Company for return tickets at one and one-third fare, and it is confidently expected that similarly favorable arrangements will be obtained from the various steamboat companies. In connection with this matter, we would remind the acting general secretary of a motion passed at the Ottawa meeting last year, viz., that "a general certificate of membership should be supplied through the local secretaries to the secretaries of all medical societies." The carrying of this regulation into effect will be a great convenience to many members. We understand that owing to the continued severe illness of the General Secretary, Dr. David, the duties of the office have been temporarily undertaken by Dr. A. H. Wright of Toronto. We hope to be able, in our next issue, to publish the titles of several of the papers which may be expected at the meeting.

A NEW TARIFF.

It is a curious thing that, with a duly-appointed mouthpiece for the entire profession in this Province, it should be considered competent for any individual member to bring a bill before the Local Legislature making most important alterations in the existing law. This has already been done on more occasions than one, and the proceeding has been severely condemned by resolution passed at the last triennial meeting of the College of Physicians and Surgeons, held in this city. Notwithstanding this, a renewed attempt has been made—the most absurd yet witnessed—to legislate for the profession, not only without their consent, but without their knowledge. The facts are these:

The Provincial Medical Board has had for some time under consideration the matter of a general tariff of fees. In September last, after careful consideration, this was passed, and was submitted to His Honor the Lieut.-Governor for his sanction. (The tariff will be found in the CANADA MEDICAL AND SURGICAL JOURNAL for November, 1880.) The bill was only assented to last month, and is published in the Quebec *Official Gazette* of the 21st May, 1881. By a provision therein contained, it does not become law for six months after publication, *i.e.*, until the 21st November, 1881. On the 30th May, a Mr. Gagnon introduces a bill to amend the foregoing—that is to say, he submits an entirely new tariff. It is quite unnecessary to consider the items of this tariff—it is one that would never be accepted. Mr. Gagnon's bill, embodying *his* ideas of what professional services are worth, was read a second time the following day. After this, through private friends, the President and other members of the College were notified of what had transpired. They have, of course, taken the necessary steps to have the bill officially opposed, but even now it is thought that it may be necessary for a deputation to go to Quebec and attend to the matter personally.

At a meeting of the Medico-Chirurgical Society of this city, held on the 10th inst., this matter was brought up, and a protest was at once forwarded to the Legislature against the proposed interference. Is it not vexatious that the medical profession should be constantly submitted to the impertinent interference of lay members, knowing nothing of our requirements, who yet volunteer radical amendments to our medical laws? Is there no way of strangling such deformities before they see the light?

INDECENT ADVERTISING.

In the report of the proceedings of the Governors of the College of Physicians and Surgeons of the Province of Quebec, it will be observed that Dr. Rodger of this city brought up a very important matter. He submitted to the College a number of documents said to have emanated from a certain person whose name is to be found upon the Provincial Register; and he stated

that he was credibly informed that similar sheets were widely distributed throughout this Province and the country in general. We have seen these productions; they consist of the usual form of announcement to youths, concerning the evils of self-abuse and the frightful consequences which follow the practice, and are abundantly illustrated with the usual startling woodcuts, showing spermatozoa floating about, young men with their hair falling out, &c. Interspersed with these are Scriptural texts, which, thus used, are simply blasphemous. Large envelopes, with the doctor's address in letters an inch long, also accompany them, with full directions for carrying on a correspondence with this good genius of the afflicted. We are glad to observe that the case excited considerable interest, several of the members speaking on the subject. It was very properly relegated to an energetic committee, the members of which live in the same city, and will therefore be able to thoroughly investigate the facts and present them in proper form at the next meeting. The College has done well to take such prompt action, and we owe a debt of gratitude to Dr. Rodger for having introduced it to their notice. It will be seen that a very important subject will have to be discussed with reference to this case. Supposing the allegations to be proven, what then? Then it will be for the College to say how far such grossly unprofessional and immoral conduct is to be allowed to continue by one enjoying the protection of official recognition. It will be for the committee to carefully investigate the law on the question, and report to what extent the registered members are subject to the governing body, when convicted of such irregular practices as we have alluded to above. The profession of this city are peculiariy interested in this particular case, owing to the notoriety which the accused has obtained and the public scandal caused thereby; but the whole profession are concerned in seeing our lists kept free from rank offenders of this kind, who are the very pest and bane of every community.

THE HOMŒOPATHS.—The opportunity of the Jenner-Kidd-Quain controversy was one altogether too good to be lost by the homœopathic fraternity at large. The exalted position of the

noble patient, and the celebrity of all the medical men concerned, naturally caused wide-spread interest to be taken in its every phase. As Dr. Markham has pointed out in the *British Medical Journal*, the homœopaths at once raised the cry of "Io Triumphe." But has the action of Dr. Quain in consenting to consult with Dr. Kidd actually helped the cause of the followers of the Law of Similars? We should think not. It may be assumed that Dr. Kidd treated the Earl of Beaconsfield according to the method which he believed best for the welfare of his august patient. That method was, according to his own showing, not homœopathic. Instead, therefore, of scoring a victory, the homœopathists will have to confess that Dr. Kidd's letter of recantation is a severe blow to their peculiar doctrines. Not to be behind the rest of the world, one of our local practitioners of infinitesimal dosage has been occupying considerable space in the public papers, making capital out of the so-called spirit of persecution evinced by Sir Wm. Jenner, to the great glorification of homœopathy and Hahnemann, and the confusion of the main body of regulars, not sufficiently intelligent to adopt the shibboleth of "Similia," but content only to persecute, when possible, those whose only fault is that they are ahead of the age in which they live. The curious we would refer to the columns of the *Herald* and the *Spectator*.

"Forecasts" of Disease.—Owing to the persistent ratiocinations of our local (but now widely-known) prophet Vennor, we have become accustomed to hearing a good deal about "forecasts" of the weather. Whether or not it be owing to the celebrity earned by this individual, we know not; but certain it is that certain learned men in our neighboring States have taken to foretelling the diseases which are to be confidently expected during certain seasons, and the remedies which will then be most useful. We give an example from an exchange: "The cold, the heavy storms and the lack of sunshine have, without doubt, already had an influence upon the general health, and as spring and summer advance, we will reap the harvest so abundantly sown during the winter. Especially may we expect congestion

to be a prominent symptom in most diseases. Chills, in some form, will prevail. Typhoids will be frequent, and meningitis will probably continue to prevail all through the season. Atmospheric influences will have a decided effect upon the forms of diseases and their particular phases. An innervated (*sic*) contion of nerve force may be expected. Hence debility, muscular weakness and paralysis will result. Electricity, properly administered, will be one of our most efficient remedies this season. Aconite will be *the* sedative, and quinine will be largely in demand." Now the wise physician, in the parts thus blest with a seer, will be able to lay in a stock of aconite and quinine, and feel that, with their assistance, he will surely garner in his share of that "abundant harvest" with which a benevolent Providence is about to bless (?) the land.

Medical Items.

PERSONAL.—Richard N. Mattice (M.D., McGill,) passed the examination for Licentiate of the Royal College of Physicians, London, on April 28th.—Chas. DeWolf Heard (M.D., McGill,) and E. J. Rogers (M.D., McGill,) have recently passed the examinations for L.R.C.P. & S., Edin.

THE INTERMATIONAL MEDICAL CONGRESS.—It is anticipated that not less than 2000 foreign medical practitioners will visit London next August, on the occasion of the International Medical Congress to be held in the early part of that month. It is almost certain that in point of attendance, variety of attraction and extent of opportunities for observation, the London Congress will far surpass any of its predecessors. By the change in the Presidency of the College of Physicians, Sir W. Jenner becomes *ex officio* Chairman of the General Committee of the Congress, a post the duties of which have up to the present time been discharged by the Chairman of the Executive Committee, Sir Ridson Bennett, M.D.

BREAD EARNED BY SWEAT.—A curious industry existed in Rome, which is worthy of mention. The gladiators were accustomed to rub their limbs with olive oil in order to make their

muscles supple. After their contests the mixture of the oil and sweat which formed on the skin was carefully scraped by bronze instruments called *strigiles*, and was highly valued. It was made into pills, and had a great reputation for endowing with strength and prolonging life. Pliny says that certain gymnasts made as much as 80,000 sestertiæ a year by the sale of the *strigamenta*, as the product was called; that is equal to nearly $3,000 of our money.

CURIOUS COSMETIC INVENTION.—In Paris, says the *Lancet*, false ears are a new manufacture for the toilet. Ladies who think they have ugly ears place these artistic productions under luxuriant tresses of false hair, fasten them to the natural ears, and wear them for show. False hair, false teeth, false breasts, false hips, false calves, false ears—what next?

PISCATORIAL.—This, to his assistant, from one of our prominent physicians, who is off on a little fishing excursion:—

Doctor—"Tell everybody I am off to the country in attendance upon a bad case." "But patients are so curious," was the response, "what shall I say of the case; give it a name." "Well, call it, let me see—yes, call it a case of *ichthyosis*."—*Cin. Lancet.*

THE HIGH PRIESTS OF SURGERY.—In other departments surgical ingenuity is strained in its sublimest heights by the invention of steam engines for the destruction of *hypothetical* entities, and the modern surgeon, like the priest of old, performs his thaumaturgy amid a cloud of incense and an abominable smell. —*Press and Circular.*

—In his recent visit to Russia, Professor Charcot was entertained by Madame Dr. Tarnovsky, a woman practitioner of eminence in St. Petersburg. The professor, at a professional banquet, expressed himself in terms of high praise about the "lady doctors," setting an example to the profession across the channel which they ought to imitate.

—The most remarkable instance of heredity on record is a case reported by the *Louisville Courier-Journal.* A young lady

nine years ago had a needle enter her foot. It was never extracted, but continued its meanderings through the body. The lady was married a short time since, and in due course a child was born, a year after which the identical needle, it is said, much corroded, was found in the infant's thigh.

—We understand that the clause in the "Pharmacy Act Amendments Bill" requiring physicians who keep drug stores to pay the same annual license fee as druggists, was lost in the Private Bills Committee, owing to the opposition of a few physicians, of whom Dr. Duhamel was one. We regret this, as we think it is only fair that a physician who abandons his own profession for pharmacy should pay the small license fee demanded. If our information is correct, a man cannot, in France, practice as a physician and pharmacist at the same time.

—The physicians of Nashville have petitioned their City Council to prohibit the tolling of bells for funerals in that place, urging, as a reason for the request, that the tolling "had a *depressing* effect upon the *balance of their patients.*"

—Bulwer says in one of his novels, in defining a medical consultation, that a consultation is a meeting of physicians in which the counsellors agree with the attending physician, and change the treatment.
