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CANADA  
MEDICAL & SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Observations on some of the Causes of Insanity.* By GEO.  
A. BAYNES M.D.

In your December number of the CANADA MEDICAL AND SURGICAL JOURNAL, the article by Dr. Henry Howard on the increase of Insanity, truly calls, as you remark, for the most serious consideration from the great importance of the subject. Dr. Howard asks, "Can anything be done to stop the increase of Insanity and Imbecility," and as I candidly believe, that something may be done in more than one direction, that is not now even attempted, permit me to give your readers some thoughts that seem to be applicable to the subject.

The greatest benefit must arise from the education of the public to the now-avowed importance of the science of hygiene. We must have this taught in our schools and colleges, as holding a place in general education equal in importance to any subject at present taught. They must know that the great pre-requisite for a happy and useful life is "A sound mind in a sound body;" and as Montaigne says: "That those who separate the education of the mind from that of the body, do a great wrong."

The law of heredity is still a subject of controversy; but there are points upon which all biologists are agreed, viz: any particular characteristic, especially if it be of the nature of a deterioration or taint, when common to both

parents, is liable to be intensified in the offspring. It is on this account that marriages between blood relations are unadvisable, inasmuch as latent morbid tendencies, should they form part of the organic constitution of the family are almost certain to become developed in the children. It is almost patent in England, that the cause of the scrofulous tendency and insanity in the Royal family in the last generation was attributable to the continual alliance with their German relations. I think there is no doubt that consanguinity in marriage is a ground from which so much of our Insanity arises.

The causes of Deterioration and Disease may be classified according to Dr. Wilson, under two heads, viz., "Social" and "Material." The latter are to be treated by legislative enactments, so that we shall content ourselves for the present with the "Social" causes of Deterioration. The state is almost powerless to control these, although some little may be accomplished. But the greater part must be remedied by constant animadversion through the Press, the Pulpit and the Platform, as well as general instructions to family circles and schools by the Physician, the Minister and Journalist, or any other philanthropic person who will carry due weight with them. Intemperance, for instance, begins slowly and insidiously to undermine the general health of a man, and the habit becomes confirmed by an habitual and excessive use of alcoholic liquors. Its effects slowly develop themselves upon the digestion, then follows the impairment of the physical powers generally, then the nervous system is undermined, and nervous exhaustion ensues, evidenced by the tottering steps, the tremulous hand, and twitching of the muscles, and this followed by the mind and will becoming so enfeebled that they are powerless to resist the cravings of this morbid appetite and the drunkard becomes a veritable dipsomaniac, only fit for an asylum. But if these afflictions were to end here we might possibly satisfy our consciences with the knowledge

that he was injuring himself alone, and it was none of our business ; but unfortunately the law of heredity comes in here with great force, and not only the craving for strong drink is transmitted, but the cunning and thieving propensities developed in the parent to obtain it, are intensified in the offspring, making him a bane to society. We also constantly find that the enfeebled mind of the drunkard who is deprived of his mental and moral powers of discrimination is developed in idiocy or some other form of insanity in his offspring. As a proof of this the statistics of the State of Massachusetts affirm, that of 300 idiots 145 were the children of intemperate parents.

M. Morel, than whom no greater authority can be quoted says, " I constantly find the sad victims of the alcoholic intoxication of the parents in their favourite resorts,—the asylums for the insane, prisons and houses of correction."

Much might be added of the general criminal propensities, almost amounting to insanity, of the self made drunkard, as well as the congenital criminal, that would be of interest, but this will suffice for the present.

I can hardly agree with Dr Howard in saying that we must let the marriage question rest, because it touches on so tender a point as Love, but rather use that very incentive to exert some influence in averting the consequences of injudicious marriages. So let us instill into our young men and women the evil results which must inevitably follow from marriages of this description, and seek to warn by their sad results, those who are blindly entering thereon. We must invite the Clergy to aid us, and work incessantly to achieve our object. For we not only have to work at the sad results of unsuitable marriages from the standpoint of Insanity, but the many other dire affections that are transmitted as a heritage to the incoming population, such as Phthisis and Tuberculous affections generally : including Scrofula, Cancer and many others which it is unnecessary to mention.

The mental affections, according to Dr. Burrows, reach a percentage of 84, due to hereditary influence.

Take, for instance, marriages of blood relations alone ;

M. Devay found out of 121 consanguine marriages that of the offspring 22 were sterile, 27 deformed and 2 deaf mutes.

Dr. Bemiss of Louisville investigated 34 marriages of this description with the following result: seven of the 34 were infertile. From the 27 fertile marriages 192 children were born ; of these 58 perished in infancy, or early life, of the 134 who reached maturity 46 appeared healthy, 32 deteriorated, 23 were scrofulous, 4 epileptic, 2 insane, 2 dumb, 2 blind, 4 imbecile, 2 deformed, 5 were albinos, 6 had defective vision, and 1 had chorea. The few remaining could not be traced,

The statistics of Dr. Howe, are still more appalling ; out of 95 children born of 17 marriages of consanguinity, 44 were found to be idiots, 12 scrofulous, 1 deaf, 1 a dwarf, and only 37 who enjoyed tolerable health.

Enough has been said to show the awful results of this discription of marriage, and add to them the marriage of persons who have a taint of disease, and we see that this subject alone touches the very foundation of a nation's prosperity and growth.

All these points must be made clear and plain, and become generally known, not only through our Medical press but by daily newspapers and other household periodicals. So that when we have drawn public attention to these matters, parents will see to the healthy marriage of their own children, by instilling into those of them who are at a marriageable age, the dire results of an injudicious connection.

Dr. Howard has so ably exposed the evils to our children of the present " high pressure " system of education that, to hear his arguments is to be convinced of their truth, the amelioration of the system, and an improvement in the present

order of teaching "the young idea" is most truly to be desired, and I believe will only be thoroughly effected when attention is first paid—not as to how far a boy has advanced to class him, but how far his mental powers can be fairly graded. That intellect can grow like any other of the organs of the human frame, we all allow, and that there is a kind of "pari passu" growth is equally clear, that a healthy development of the body in all its functions is a fair precursor for an equal mental growth, we may expect to find, as a rule, but it is not always so. I knew an instance of a man who as a child was perfectly healthy and strong, intelligent also, but he never spoke a word till he was five years old; he was examined several times, his parents being persuaded that some organic defect was the cause, when, however, he did begin to speak, in three months he was almost equal to any child of his age. The study of the mental capacity of a child should early engage the attention of a parent, nor should there be a hasty judgment as to the power of a child's abilities. In children of large physical growth mental development is sometimes tardy, and a lad who may have been thought dull and stupid as a boy, surpasses the expectations of his friends by an unexpected power to grasp and tenacity to retain what before he was dull of apprehension to master; the reverse is often found also, that those in whom the highest hopes are centred often fall behind, and are passed by the steady plodding student.

The late William Pitt was a remarkable instance of early mental power, his tutor, the then Bishop of Norwich, says that at the age of 12 he could read Greek plays with perfect facility, as if it was his native tongue. His early grave was the consequence of a mind that from his childhood was unnaturally premature, and ultimately wore out the frame that held it. It is a deeply interesting study to trace the gradual dawn of intelligence to the full capacity that the mind can reach, the period of life in which it is most vigor-

ous, the change that comes over it from the elasticity of its first strength to its maturity. The mental powers while they gain in one direction lose in another, the brightness of youthful and rapid apprehension at 22 is before that of 42, while the mature judgment of the latter is far in advance of the former. How much then depends on the cultivation of the mind from its earliest growth, how needful to watch its powers to give it just so much as by a healthy tension demands an advanced action, and avoiding that strain which rather enfeebles than improves its powers. If the exercise of reason in a child was as assiduously cultivated as charging its memory with what it does not understand, or its youthful mind can possibly grasp, far more satisfactory results would follow; and school would once more regain its primitive meaning when *Schola*, with its leisure, sport and games, was indeed remembered in after life as its happiest hours.

686 Dorchester Street.

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*Uterine Thermometry. Translated from Virchow's Archiv, Bd. lxii. Hft. I.*

In cases where the recognised diagnostic symptoms of the death of the child are absent or uncertain, Cohnstein, states that with the aid of the thermometer we are able to distinguish whether the child lives or not. He bases his assertion upon the fact that the temperature of the child in utero is higher than that of the mother in as much as the warmth communicated to it by the mother is supplemented by that produced by itself. In consequence of this independent development of warmth in the foetus the temperature of the pregnant uterus is higher than that of the vagina. With the death of the child the temperature of the uterus must necessarily sink, because the production of warmth in the child ceases, and also because to the dead mass warmth is given up. If we mea-

sure, then, the proper temperature of the foetus by the temperature of the uterus, and compare the obtained result with the temperature of the vagina, we can in this way diagnose whether the child lives or is dead. It is to be remarked that in the first measurements, only those cases in which the temperature of the uterus is found equal to, or lower than, that of the vagina would speak positively for the death of the child. Repeated measurements, then, would be necessary to establish the death of the foetus, if the temperature of the uterus is found higher than the vagina; that is, immediately after the supposed death of the child. When the child dies its *own* warmth disappears; but the rapidity of the cooling process is not great, because the difference between the warmth of the child and that of the surrounding medium is not much. To this must be added the possibility of a post mortem elevation of temperature. We should only conclude in such a case that the child was dead, if, two or three hours after the first measurement, which showed an elevated temperature, a lowering of the uterine temperature was found. Many cases have proved to the author the correctness of his view, from which he quotes the following: 1.—Primipara; confinement expected on 15th June, onset of the labor delayed, movements of the child no longer plainly perceptible. Careful introduction of a previously warmed thermometer into the cavity of the uterus, between the wall and the membranes gave:

Temperature of the uterus, 38,7C.

“           “       vagina 38,3C.

Diagnosis: the child lives. On the 24th of June, the birth of a living child took place. The introduction of the thermometer had no injurious influence on the course of the pregnancy.

II.—Multipara. Head position, measurement six hours before the birth:

Temperature of uterus 38,1C.

“           “       vagina 38,1C.



Birth of a decomposed child :

III.—Primipara ; presented the known subjective symptoms which point to the death of the child. Heart sounds not distinctly heard. Head position. In the beginning of the first stage, before the water escaped :

Temperature of uterus 39,0C.

“ “ vagina 38,6C.

Repeated measurements after three hours :

Temperature of uterus 39,2C.

“ “ vagina 38,7C.

The diagnosis, that the child lived was confirmed.

IV.—Premature labor in the seventh month cervix uteri patent, and easily passable to thermometer.

Temperature of uterus 38,5C.

“ “ vagina 38,5C.

Birth of a decomposed foetus 10 hours after measurement.

V.—At the end of the third month in this case, pains and metrorrhagia came on. Repetition of the bleeding in the 4th and 5th month. Measurement in the 5th month :

Temperature of the uterus 38,4C.

“ “ vagina 38,6C.

From these measurements, retention of a dead foetus was diagnosed. The author states that the value of his method has been tested by Fehling of Leipzig, and held good in a series of eighteen cases, with the exception of two. In one of these cases the elevation of temperature with the dead foetus depended upon a febrile condition of the patient, which had set in before or during the labour. Both authors met with cases in which the death of the foetus was rendered probable from the statements of the woman, and the deficiency of the heart sounds, where the thermometer afforded an exceedingly delicate test.

The thermometer introduced into the uterus, serves not only for the differential diagnosis between the life and death of the foetus, but also for the establishment of an ex-

isting pregnancy, and this on the grounds before given. True, it is maintained that no conclusion can be drawn from the higher temperature of the uterus in opposition to that of the vagina, because also in the non-pregnant condition, the uterine temperature exceeds the vaginal. This assertion is as weak as the proof is deficient. In experiments on guinea-pigs, the author found, using the delicate method of thermo-electricity, that in the non-pregnant condition hardly any difference was discoverable in uterine and vaginal temperatures; while, on the other hand, a marked and constant elevation of the uterine temperature was noted in pregnant animals.

The author admits that even in a non-pregnant condition of the uterus its temperature may be even 1, 5, C higher than that of the vagina. He has met with this in acute endometritis, metritis, para and perimetritis, and in excoriations and ulcers on the inner surface of the os uteri. On the other hand in Fibroma uteri, in ovarian tumour, and in enlargement of the belly by accumulation of fat, no increase in the uterine temperature can be detected. This negative evidence is of essential significance, because it relates to pathological conditions, which most easily are and have been confounded with pregnancy.

Should these conditions exist simultaneously with pregnancy the extraordinary difficulty of the diagnosis can be removed by the temperature measurements. It cannot be denied that the introduction of a thermometer, even for a few millimetres above the internal os, may prematurely interrupt the pregnancy. These cases, however, always form the exception, and do not outweigh the advantage of the thermometric investigation, if by the uncertainty of the ordinary symptoms of pregnancy a sure diagnosis seems necessary in the interests of the patient.

## HOSPITAL REPORTS.

*Case of Double Aneurism—Cured by Carte's Compressors,*  
after the failure of Flexion and Digital Compression.  
Under the care of Dr. FENWICK. Reported by Mr.  
S. J. Tunstall.

W, H., aged 57, was admitted into the Montreal General Hospital under the care of Dr. Fenwick, 1st October, suffering from Double Aneurism. Patient is a carpenter and joiner by trade, a well-nourished, powerful man, While serving his apprenticeship he had a great deal of heavy lifting, in placing bars, rafters, &c. ; but for the past twenty-one years his occupation, although requiring constant standing, has not been very laborious, He has had no severe strain, no unusual muscular exertion, has never suffered from Acute Rheumatism. He has been a hard and steady drinker for several years, but has always enjoyed excellent health. About the middle of June, 1874, he noticed for the first time an œdematous condition of the left leg ; then a swelling about the left knee, followed in a few days by stiffness and pain in the joint. The leg was most comfortable when semiflexed and the pain became very severe when he attempted to straighten it. He at once applied for admission into Hospital ; while there, with rest and quiet, the swelling gradually disappeared ; no aneurism was made out. On the 8th of July he was discharged and returned to his employment, but found that after working a day or two, the pain and swelling returned and he was obliged to rest, For a whole month he continued working one day and resting the next. About the end of July he noticed a pulsation in the swelling, which increased so much that he was obliged to return to Hospital, where he came under the care of Dr. Roddick.

Upon examination, a large pulsating tumor was found in the left leg, involving the popliteal and the lower portion

of the femoral, situated immediately above the knee on the posterior and internal lateral aspects of the thigh. The following measurements were taken:—

Circumference of left leg around the most elevated part of the tumor . . . . . 17 $\frac{3}{4}$  inches  
 Circumference of right leg at the corresponding situation . . . . . 16 $\frac{3}{4}$  "

Digital compression was tried for eighteen hours, when the tumor was found to have become somewhat harder, but the pulsation still continued; while a small fusiform aneurism of the Popliteal in the other leg was distinctly made out. As there was not a sufficient number of students in town at the time to continue Digital Compression, it was determined to give Flexion a trial. A broad cotton belt with elastic sides, fitted with tapes and eyelets for lacing, and attached by straps to a waistband, to prevent it from slipping, was accordingly adjusted to support the limb in a flexed position, with as little fatigue to the muscles and discomfort to the patient as possible. It was found that flexion could not be kept up on one leg longer than twenty-four hours; it was, therefore, applied to the legs alternately. At the end of four days, the popliteal aneurism of the right leg was found to be a little smaller, while the femora popliteal of the left remained unchanged. A few days afterwards he left the Hospital and attempted to resume work. He was readmitted on the 1st of October, under the care of Dr. Fenwick. He has had no pain in the leg since flexion was tried. Pulse is slow and regular, and the heart sounds quite normal. The following measurements were taken:—

Circumference of left leg at summit of tumor	17 inches
"                    "          centre          "	18 "
"                    "          base          "	17 $\frac{1}{8}$ "
Extent of pulsation felt : extreme breadth	10 $\frac{1}{2}$ "
"                    "          "          length	5 $\frac{3}{4}$ "

The peculiar aneurismal pulsation is well marked, and

and the bruit very distinct. The edges of the tumor feel harder than they did in the summer, On the 17th of October, digital compression was commenced on the left leg and kept up by relays of students, who kindly volunteered their time and services. Hypodermic injections of morphia were administered freely, yet he suffered a great deal. At the end of 28 hours digital compression was discontinued, and the tumor was found to have become harder, especially around the edges, while the pulsation seemed to be more distant and the bruit less distinct. Encouraged by this evident improvement, Dr. Fenwick at once adjusted two of Carte's Compressors to the femoral above the aneurism, giving the patient instructions to apply them alternately himself. Improvement was now daily noticed; the tumor became gradually harder and harder, and the pulsations more and more indistinct, till on the 23rd, the bruit could be heard in two places only, one about  $1\frac{1}{2}$  inches and the other about  $2\frac{1}{2}$  inches above the internal condyle. On the 29th no pulsation or bruit could be detected; the tourniquets were accordingly removed, and a large firm tumor occupied the site of the aneurism. The patient was kept quietly in bed, and absorption of the tumor went gradually on. On the 5th of November the circumference was  $27\frac{1}{2}$  inches, and on the 8th it had decreased to  $16\frac{5}{8}$  inches. On the 24th of November two Carte's Compressors were applied to the femoral of the right leg, and were managed by the patient himself, as before. Consolidation went gradually on till, on the 15th of December the popliteal aneurism of the right leg was completely cured and the tourniquets removed. On the 19th the man was up and walking about, with neither pain nor swelling.

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*Case of Typhoid Fever. Severe Hæmorrhage from the Bowels.—Recovery under DR. WRIGHT.*

Joseph Seale, æt. 21, admitted 12th November, a groom

(living with Mr. P. D. Browne above Sherbrooke street,) tall, well nourished, fair complexion. On admission he had all the usual initiatory symptoms characteristic of typhoid fever. He was ordered milk diet, with extra milk and corn starch and the following mixture :

R. Hydrarg. Bichlorid. gr. i, Syr. Zingib. 4 oz., Aquae 6 oz. A teaspoonful every 4 hours.

Pulse and temperature as in chart.

The bowels acted four or five times in the twenty-four hours for the first few days after his admission. The tongue, which was at first heavily coated with red tip and edge, became gradually dry and brown. There was not much local tenderness over the abdomen or any distension, but few spots were discovered. The Biniodide of Mercury ointment was applied to the abdomen.

The diarrhoea continued four and five times in the 24 hours up to the 18th instant, when it increased to eight and ten times in the twenty-four hours.

18th.—To-day also had some epistaxis, and on examining his chest the physical signs of bronchitis were found present. He was ordered, in addition to his other mixture, the following prescription :

R. Vin Ipecac. 2 dr., Ext. Seneg. fld 3 vi ; Mist Camph. ad viii oz. ; tablespoonful every three hours.

21st.—To-day he again had epistaxis, and he passed blood from the bowels for the first time.

He was given 6 oz. wine, and a pill containing Plum. Acet. gr. ii ; Calomel gr 1-3, and pulv. opii. gr.  $\frac{1}{2}$  every three hours, and bran poultices were ordered to the abdomen.

22nd.—The hæmorrhage still continued, the bowels having acted four times since yesterday, with blood in each motion. An enema containing tr. opii. m xi, with four ounces of starch was ordered twice a day.

23rd.—Hæmorrhage still continues ; ordered 4 oz. brandy in addition to his wine.

24th.—Hæmorrhage still; bowels opened three times since yesterday; extremely weak; low muttering delirium. Sleeps with eyes half opened.

25th.—Hæmorrhage arrested. Only one motion to-day, scanty, and of an ochre color. Eight ounces Wine and six ounces Brandy given; opium enemata stopped.

26th.—Bowels acted three times to-day; no blood.

28th.—From this date he began slowly to improve: the bowels only acting twice a day.

He is still in hospital, and is gradually getting strong, though still confined to bed. His cough is gone, tongue cleaned, and bowels regular. He is very deaf though there is no otorrhœa. The stimulants have been reduced to two oz. Brandy in the 24 hours.

The Bichloride mixture has been stopped.

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*Case of Typhoid Fever; Severe Hæmorrhage from the Bowels; Recovery.* Under DR. WRIGHT.

Robert McCletchey, groom (in employment of Dr. Reddy) was admitted into the Montreal General Hospital on the third October, 1874. He is 20 years of age, well nourished and healthy looking.

For about a week previous to his admission he had been complaining of headache and general malaise, but had endeavored to keep on with his work. On admission he complained of severe headache, his skin was hot, pulse frequent, and tongue heavily coated, with red tip and edges. Pupils dilated, and expression dull and heavy. Slight tenderness in the right iliac fossa. Bowels open three or four times in the twenty-four hours. Motions loose and light in colour.

He was ordered milk diet, with extra milk and corn starch, and the following mixture was given him:

R. Acid sulphurosi, 3 iv. Syrup 1 oz., Aquae ad viii oz., a tablespoonful every 4 hours.

*Oct. 5th.*—Bowels acted seven or eight times in the last twenty-four hours, and a camphor pill was therefore given him every 4 hours, and the biniodide of mercury ointment  $\text{ii sc.}$ , to the  $\text{oz.}$  was ordered to be rubbed over abdomen. No spots discoverable.

*7th.*—His tongue has become dry and brown, there is low muttering delirium at night and the diarrhoea still continues.

*9th.*—Ordered him 4 oz. of wine to-day, and on examining his chest the physical signs of bronchitis were present, he was also given the following mixture:

R. Liq. Ammon. Acet.  $\text{ii oz.}$ , Vin Ipecac.  $\frac{1}{2}$  oz. Ext. Sene.  $\text{fd. iii dr.}$  Mist. Camph.  $\text{ad viii oz.}$  Tablespoonful every 4 hours.

*10th.*—To-day, for the first time blood was discovered in the motions passed from the bowels, for this he was ordered the following pill:

R. Plumb, Acet.  $\text{gr. ii.}$ , Calomel  $\text{gr. 1-3.}$  Pulv. Opii.  $\text{gr. } \frac{1}{2}$ . every 3 hours, and a blister was applied over the right iliac region.

*12th.*—The hæmorrhage from the bowels continued; in the last 48 hours he had had 6 motions with a considerable quantity of blood in each.

He was ordered an enema, containing Tr. Opii.  $\text{mxl.}$  Mucilage amyli 4 oz..

*13th.*—There was no hæmorrhage from the bowels to-day. He seems extremely exhausted, however, face pale and pinched, subsultus tendinum; pulse very weak and dichrotous; tongue dry and glazed. He was ordered 6 oz. of wine to-day.

*16th.*—Last night had a return of the hæmorrhage. To-day poultices were ordered to abdomen. 4 oz., of Brandy ordered in addition to his wine, and the following mixture:

R. Beber Sulph.  $\text{i sc.}$ , Acid Sulph. Co.  $\text{ii dr.}$  Spts. Eth. Sulph. Co.  $\text{ii oz.}$  Aqua 4 oz., tablespoonful every 4 hours.

The pills are still given every three hours.

*18th.*—Hæmorrhage from bowels arrested.



Is now taking 8 oz. wine, and 4 oz. Brandy in the 24 hours.

20th.—No return of the hæmorrhage, and diarrhœa less. On account of his extreme debility he was given the following powders; R. Quinae Sulph. gr. iii., Pulv. Camphor grij. every 4 hours.

From this date he rallied and began gradually to improve, and though convalescence was slow, he steadily progressed.

He was not able to leave his bed until the second week in November, from which time he rapidly gained strength, and was discharged on the 30th.

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## Reviews and Notices of Books.

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*A Practical Treatise on the Diseases of Women,* By T. GAILLARD THOMAS, M.D., Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, New York, &c., &c., &c. Fourth Edition, thoroughly revised, with one hundred and eighty-six illustrations on Wood. 8vo., pp. 801; Philadelphia, Henry C. Lea, 1874.

The general appreciation of this work by the profession is apparent, when it is stated that three large editions have been exhausted in little over four years. Stimulated by this favorable reception, the very able author has spent no pains in the revision, so as to make this, the fourth edition, a faithful exponent of the recent advances of gynecology. In his preface the author expresses the high gratification he has experienced at the cordial reception of his work, the former editions of which have been translated into German, and he announces that preparations are now on foot to render the present edition into French and Italian.

The work is divided into forty-eight chapters. The opening chapter gives a highly interesting historical sketch of the

subject of diseases peculiar to women. The author remarks that "a knowledge of what has been accomplished in reference to any subject, and what was known concerning it in previous ages, cannot fail to interest the student and render him capable of appreciating recent advances." In discussing the methods of examination the author gives preference to the use of Sims' speculum, and to the posture on the side instead of on the back. In the use of Sims' instrument the operator is forced to have an assistant, which is not always either convenient or attainable. Still, we fully concur with the author in his views with regard to this instrument, as we believe it to possess many advantages over the old cylinder or the various valvular specula now in use. It is certainly indispensable in all operative procedures. In speaking on this subject the author observes. "I have elsewhere called the results of the labors of Récamier and Simpson eras in the progress of this department. I now venture so to style those of Marion Sims. \* \* \* Récamier marked an era by improving our powers of diagnosis in exposing the Cervix uteri; Simpson another, by opening to investigation the body of the uterus; and Sims a third, by rendering both investigations more simple, complete and satisfactory." While admitting to the full the decided advantages of Sims' instrument, yet we do not think his invention can with justice be called an era in the history of the progress of this department, nor that the admitted advantages of this speculum to the practical gynecologist are to be compared with the beneficial results of the life-long labors of Récamier and Simpson.

The second chapter is devoted to the etiology of uterine diseases. In discussing this subject the author believes that the human female, if placed under favorable conditions, should in physical and mental development be in no great degree inferior to the male, and he maintains that the customs of, what is termed, civilized life have depreciated her

powers of endurance and capacity for resisting disease. The author bases his argument on what he has himself observed, and although he does not state that uterine disease is unknown amongst the class of the former slave population of the United States of America, he says when it is met with in that class it does not so profoundly affect the constitution, nor has it the direful consequences so frequently seen in the upper ranks of society. He remarks, "Those influences which, growing out of civilization and refinement, tend most decidedly to produce uterine disorders, may thus be enumerated :—

- " Neglect of out-door exercise.
- " Excessive development of the nervous system,
- " Improprieties of dress.
- " Imprudence during menstruation.
- " Imprudence after parturition.
- " Prevention of conception and induction of abortion.
- " Marriage with existing uterine disease."

Each one of these subjects is considered in its general bearing in the production of uterine disease, and in summing up the author observes: "Neither appreciation of nor desire for, physical excellence sufficiently exists among the refined women of our day. Our young women are too willing to be delicate, fragile and incapable of endurance. They dread above all things the glow and hue of health, the rotundity and beauty of masculinity, the comely shape which the great masters gave to Venus de Medici and Venus de Milo. All these attributes are viewed as coarse and unladylike, and she is regarded as most to be envied whose complexion wears the livery of disease, whose muscular development is beyond the suspicion of *embonpoint*, and whose waist can be almost spanned by her own hands. \* \* \* These are they who furnish employment for the gynecologist, and who fill our homes with invalids and sufferers."

The next chapter is devoted to the diagnosis of the dis-

cases of the genital organs, and here we have touched upon the various rational signs which should always be first elicited before proceeding to a physical examination. In this connexion the author advises the use of an anæsthetic in cases where the investigation is attended with much pain, or in tonic spasm, or where we are forced to examine a virgin, in whom, from over-sensitiveness, a correct diagnosis would be impracticable without anæsthesia. In this chapter is described the various instruments used by the gynecologist to aid him in his inspection, such as the speculum, the uterine sound, tents of sponge and laminaria, the aspirator, &c. We next come to the more practical part of this valuable work. In chapters four to twelve are discussed the various diseases and injuries met with as affecting the vulva, vagina, and perineum, urinary and fecal fistulæ, and the various means adopted by the surgeon for their removal or cure. There is a chapter on rupture of the perineum, an accident of not unfrequent occurrence during parturition. The author classifies all cases under two heads: "Complete and partial rupture. These include " the following degrees of destruction :

- " 1st. Superficial rupture of the fourchette and perineum, not involving the sphincters ;
- " 2nd. Rupture to the sphincter ani ;
- " 3rd. Rupture through the sphincter ani ;
- " 4th. Rupture through the sphincter ani and involving " the recto-vaginal septum."

In discussing the treatment of these injuries by bringing the torn edges together with sutures, the author is decidedly in favor of immediate action. He remarks that the worst cases met with generally follow instrumental or manual delivery. After the birth of the child the mother is most likely in a profound anæsthetic sleep. Every practitioner should therefore be prepared to attempt repair of the injury by operative measures at once. If successful much suffering to the patient will be saved, and

if the attempt fails the patient is in no worse a condition. There are names of high eminence who condemn the practice of immediate operation in these cases, and in verity we have always regarded their teaching as erroneous; with all the disadvantages attending such injuries the, simple tying the legs of the patient together will, in some minor degrees of rupture be followed by kindly union, and on more than one occasion, when the rupture has been extensive we have proceeded at once to close the wound with the quilled suture, and success has always been the result. The directions given by Dr. Thomas are very practical, he furthermore advises that if failure should follow, no further attempt should be made until all the results of the parturition have entirely passed away.

We have an excellent chapter on vaginismus, a condition of over-sensitiveness of the ostium vaginæ, or, as our author terms it, hyperæsthesia in the nerves of the vaginal mucous membrane at the site of the hymen, which occasions spasmodic contractions of the sphincter vaginæ muscle, sufficient to resist any attempt at intercourse. This is a condition more frequently met with than is supposed. Dr. Sims was consulted seventeen times in well-marked cases in the space of two years. We have ourselves met with this condition frequently, and in some have attributed it to over-sensitiveness on the part of the husband, and have simply advised the employment of moderate force to secure his marital rights. In some of these instances success attended the endeavor; in others, however, signal failure followed, and other means had to be resorted to.

Chapters seven, eight and nine are on Vaginitis, atresia vaginæ and prolapsus vaginæ and vaginal herniæ. We next have a most important subject discussed in chapters ten and eleven, viz., Fistulæ of the female genital organs. This is perhaps the most distressing accident that can occur to the human female; fortunately, however, it is usually amenable to relief by operative measures. Specific directions are

given by our author for the performance of this operation, but the peculiar circumstances of each case, the extent of the injury and the size of the opening, will have to guide the surgeon in the method to be followed.

The author mentions four methods which are at our command for curing, or at least relieving a patient suffering from urinary fistula.

"1st. Cauterization; 2nd. Suture; 3rd. Elytroplasty; and 4th. Occlusion of the vagina or uterus."

The first method, our author states, has almost fallen into disuse. Malgaigne says it should never be employed except when the fistula is almost imperceptible, and even then Sims' operation is far preferable. In describing the operation by the suture some difference of opinion exists with regard to paring the vesical mucous membrane. While Simpson and Marion Sims caution the operator against wounding the mucous membrane of the bladder Simon of Heidelberg intentionally involves it in his incision, and the success attending Prof. Simon is remarkable; out of 105 patients operated on by him for vesico-vaginal fistula, he reports as cured, 92; almost so, 5; discharged as incurable, 2; died, 6.

The next seven chapters are devoted to the consideration of uterine pathology and treatment; then we have discussed the subject of uterine displacements in eight chapters. The author then considers periuterine cellulitis, pelvic peritonitis, pelvic abscess and hematocele; and subsequently takes up the consideration of fibromata, uterine polypi, sarcoma and cancer. Then follows disorders of menstruation such as dysmenorrhœa, menorrhagia, amenorrhœa, and after taking up the subject of amputation of the neck of the uterus, the author enters upon the discussion of diseases of the ovaries at chapter forty-three. We shall not follow on to the consideration of the operative measures, which are ably discussed in chapter forty-six, for already has this notice extended beyond the space allotted.

The statistical tables are very valuable ; at page 729 will be found the remarkable results of ovariectomy in the hands of Spencer Wells, Clay, Marion Sims, Keith, the author himself and others. These are very encouraging to the surgeon. We have always thought, and believe that a small ovarian cyst can be removed with less risk to the life of the patient than one of enormous size. Why then delay ? If our diagnosis amounts to anything, and that we are convinced that an ovarian cyst exists, we should have no hesitation in advising its early removal. In conclusion, we heartily commend this valuable treatise. The style is clear, pleasant and very readable. The publishers have done their part, and produced a volume in the highest degree artistic.

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## Periscope Department.

### SURGERY.

*Clinical Lectures Delivered in the Middlesex Hospital.* By  
J. W. HULKE, F.R.S.

#### ON A WOUND OF THE PALM.

GENTLEMEN,—In wounds of arteries attended with such hemorrhage as to require ligature, the aphorism so well expressed by the late Mr. Guthrie, and which he so ably illustrated—that “two ligatures are necessary, one on each end of the divided vessel, or one above and one below the wound should the artery not be divided,”—still remains and will remain the rule of practice, subject perhaps to the modification that some surgeons will prefer to completely sever a merely pricked artery, and to twist the discontinuous ends instead of to tie them.

You saw this done a short time ago in the case of a boy in Broderipp ward, who was brought to the hospital with a wound in the forearm made by a broken bottle. He had lost so much blood as to be blanched and nearly pulseless.

The skin wound was at the inner side of the forearm, making it most likely that the ulnar was the injured artery. In order to reach the bleeding vessel a tourniquet was placed on the brachialis and the wound enlarged. It was then found that the piece of glass had crossed in front of the ulnar artery without injuring it, and had nearly severed the radial. A wide gaping hole in it was plainly seen. A thread was placed around the vessel above, and another below this, and on removing the tourniquet the bleeding did not recur. He made a good recovery. In the following case you also saw the same practice adopted :—

A man was stabbed through his left cheek with a table-knife which made a skin-cut one inch and a half long, and passed slantingly downwards into his mouth, deeply notching his tongue. Blood ran so freely from his mouth and cheek that in a short time his clothes were drenched. Whilst an assistant temporarily lessened the bleeding by grasping the cheek between finger and thumb, and by compressing the facial artery against the lower jaw, the wound was enlarged, the severed facial found, and both its ends tied. The gaping notch in the tongue was closed by stitches placed deeply so as to compress the bleeding vessels. The bleeding did not recur; the wounds healed quickly, particularly that of the tongue, and the man despite his large loss of blood, was quickly well.

Cases such as these might be almost indefinitely multiplied; but there are others, fortunately of less frequent occurrence, where the practice so strongly insisted on by Guthrie cannot be adopted, and deligation of the feeding arterial trunk at a point between the wound and the heart is preferable. Under some circumstances, indeed, the surgeon has no choice but to do this. For instance, an artery opened by a wound or by ulceration may be quite inaccessible. Thus in the later stages of cancer of the tongue, where by extension of the disease to neighboring structures the lower jaw can be separated from the upper to only a



very slight extent, it is often quite impossible to find the bleeding point ; and within my recollection in several cases there was no choice but to tie the common carotid. Again, an artery less deeply placed, and not absolutely inaccessible, may yet be so embedded amongst other important structures that an attempt to reach it where wounded may be more damaging than tying the trunk above the wound. Wounds of the palm very frequently exemplify this. The vessels are not large, and therefore are not conspicuous in the wound ; they bleed very freely owing to their free anastomoses ; the loose tissues about them soon become infiltrated with blood ; and they are so bedded between the tendons that where the wound must be enlarged to find the bleeding vessel this can hardly be done without risking the integrity of the hand, and it becomes preferable to tie a main vessel above the wound ; and here the choice lies between the radial and ulnar arteries above the wrist and the brachial artery. In the following case recently in Broderipp Ward the latter was selected :

A man, aged 28, on March 2, in corking a bottle broke it, and a splinter of glass was driven into the inner side of his right palm. The little stab bled so freely that by the time (only a few minutes after the accident) he reached the hospital his clothes were already drenched, and the blood had run down into his boots. The house-surgeon applied a graduated compress, which perfectly stopped the bleeding, and the man, who would not be persuaded to become an in-patient, went home. All went on well during five days, when on the morning of the seventh, on his way to the hospital to have the wound dressed, as he jumped off the foot-board of an omnibus, a fresh and profuse hemorrhage began. The house-surgeon now put a tourniquet around the arm, and cautiously enlarged the puncture in the palm in search of the wounded vessel. It could not be found. He therefore again methodically applied a graduated compress, and made the patient enter the hospital, which he previously

would not do. Three days after this, at 8 a.m., he coughed and felt directly blood running from his hand. He again lost a large quantity. The bleeding ceased when a tourniquet was put around his arm. The compress was removed, the wound cleared of a large clot, the cuticle around it which had become loosened was clipped away, but the wounded vessel would not bleed, nor could it be made to do so by violently kneading the hand and forearm, although the radial and ulnar arteries pulsed strongly.

This is a very frequent circumstance in wounds of arteries. They will not bleed when you want them, and in the absence of bleeding you often cannot tell the point whence the blood has come. Unwilling to tie an arterial trunk at a distance unless absolutely driven so to do, I again renewed the palmar compress, adopting the former precautions of carefully bandaging the fingers, hand, and forearm, and placing long, firm compresses upon the radial and ulnar arteries. The forearm was also flexed at an acute angle on the arm—a posture in which the acute flexion of the brachial artery at the elbow greatly lessens or quite obstructs its channel. Two days later (March 12) a fourth hemorrhage occurred. It was arrested as before, with a tourniquet, and when the wound was exposed again it would not bleed; it was clean, and not at all sloughy. He was now so weak that I was unwilling to expose him to the risk of a further loss; and therefore, in contravention of the rule not to tie an artery unless there is hæmorrhage actually at the time, I tied the brachial artery, adopting scrupulously the customary antiseptic precautions, and dressed the wound antiseptically. The vessel was secured with very little disturbance of the parts around it. The whole arm, forearm, and hand were now fixed upon a well-padded splint in order to insure perfect rest. The palmar wound was also covered with a light carbolised dressing. An abscess now formed here, and pointed at the root of the ring finger. On the 14th, about forty-eight hours after deligation, the wound

in the arm was found to be suppurating ; the pus was very fetid, though the antiseptic dressing had not been disturbed. The incision was washed out with a solution of carbolic acid and again antiseptically dressed. Not till the fifth day could pulsation be felt in the radial and ulnar arteries above the wrist. Meanwhile a little fleshy-looking button rose up in the portion over the interspace between the third and fourth metacarpal, and two days later (March 19) it visibly pulsated—it was manifestly a miniature false aneurism. The day after, when the dressings were being changed, it broke, and blood spurted from it in a stream out of all proportion to the size of the little tumour. This was snipped open, and a thread placed above and below it on the small artery from which it arose. From this time there was no further cause for anxiety respecting the palm. The incision on the arm healed slowly ; a sinus persisted obstinately over the point where the brachialis had been tied ; and I often regretted that I had used a carbolised gut thread and cut it short instead of the old hempen ligature. The wound did not finally close till the middle of April, and even then much hardness remained.

This case, gentlemen, is an example of what too commonly happens in wounds of arteries in this situation. The wound is more often a puncture with a chisel or penknife, or some such small tool, than a gash. It bleeds furiously ; the vessel cannot be seen ; a compress is applied (often with greater tightness than necessary, and without the precaution of methodically bandaging the fingers and hand, and without securing their perfect immobility with a suitable splint) ; the bleeding at once ceases. The patient and the surgeon congratulate one another on the good progress of the case. Then, after a few days, blood bursts out, and the palm becomes swollen and infiltrated. The chances of now finding the vessel by enlarging the wound are greatly lessened, and the recurrence of hæmorrhage calls for ligature of the ulnar and radial artery (for it is seldom

that ligature of one alone suffices ; it has never been enough within my personal observation), or deligation of the brachial if preferred. In my early professional life, I several times saw my old teacher, the late Professor R. Partridge, tie the brachialis successfully for palmar wounds, and I adopted this practice myself three times with a favourable termination. Later I was led to prefer ligature of both ulnar and radial arteries just above the wrist, and the result in two cases was equally favourable, although, in consequence of extension of cellulitis from the hand into the forearm, the local conditions were less promising ; and now I find myself going back to my first practice. After both, I have seen, as here, occasionally a renewal of the bleeding, but it has been much moderated ; and, happily, I have not yet found it difficult to deal with, though the larger experience of others forbids me to believe that this will be always the case.—*Medical Times and Gazette*,

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*Royal Medical and Chirurgical Society.* C. J. B. WILLIAMS, M. D., F. R. S., President, in the Chair. Tuesday, November 24.

CASES OF SYPHILITIC REINFECTION, WITH REMARKS.

Mr. George G. Gascoyen read a paper on this subject, in which he gave the details of eleven cases of syphilitic reinfection which had passed under his observation, and seven of which he had himself treated in both attacks. Ten of them had previously had general syphilis, and in six of these constitutional symptoms again manifested themselves, while in the other four an indurated chancre only was the evidence of a second contamination. The remaining case was one of well-marked indurated chancre, with inguinal adenopathy for the first disease, but the reinfection showed itself as an indurated chancre followed by tertiary lesions without the intervention of any of the secondary affections. The importance of these cases was

dwelt upon as evidence that the diathesis created by syphilis may completely wear out and leave the individual free from all trace of his former attack, so that he may become the parent of healthy offspring, and also liable to contract again the disease if exposed to contagion. That examples of syphilitic reinfection cannot be so rare as is commonly supposed was proved by a table appended, in which sixty cases had been collected from various sources; and as in most of them, as well as in those which formed the subject of this communication, a full mercurial treatment had been employed, they were considered to afford strong testimony to the value of the drug, not only as a remedial, but actually as a curative agent in this disease. The author endeavored to show from these cases what is the real meaning of the induration which commonly accompanies an infecting chancre. He did not regard it as one of the strictly local processes attendant upon, or essential to, the development of such a sore, but as the first of the so-called secondary symptoms—the earliest expression of a constitutional contamination,—which usually manifests itself at the point of inoculation, and which is as pathognomonic of a general taint as any of the affections admitted to be secondary. In most of the cases related the sore followed at once upon intercourse, and it was urged that a period of incubation is by no means necessary to the evolution of an indurated chancre. Much difference of opinion existed on this point, and the author considered that the presence or absence of incubation is determined by the nature of the lesion from whence the chancre has been derived, whether from an infecting sore which is still suppurating and in full local activity, or whether from an indurated chancre which has become indolent and ceased to form pus, or from some other constitutional affection. In the former case, which was regarded as an example of primary syphilitic inoculation, no incubation preceded the pustular origin of the chancre;

but in the later, which constituted an example of secondary syphilitic inoculation, a period of inculation always preceded the papular development of the resulting sore. And as the phenomena which have been observed to follow the inoculation of an indurated sore were precisely the same as those which attend the successful inoculation of mucous tubercles or of syphilitic blood in a person previously healthy, this fact was considered to afford an additional reason for placing a non-suppurating indurated chancre in the category of secondary syphilitic accidents. Some of these cases of reinfection threw light upon the position which the more remote lesions following upon syphilis really occupy with regard to the disease. Six of the cases recorded (one of the present series and five given in the table) occurred in persons suffering at the same time from tertiary syphilis; and it was sought from this circumstances to show that some of the more advanced symptoms must be the sequelæ of a past, and not the manifestations of a still existent disease. For since it was impossible to believe that two distinct attacks of general syphilis can take place in the same individual at the same time, these later manifestations, characterised by cachexia, ulcerations, etc., due to the injury inflicted upon the economy by a previous disease; and the fact that a fresh infection can take place under such circumstances would seem to be convincing proof of the accuracy of such an assumption.

Mr. Henry Lee regarded Mr. Gascoyen's paper as a highly valuable one. His own experience entirely agreed with what Mr. Gascoyen had stated as to the reinoculability of syphilis on a person who had already had the disease. He was rather surprised to hear that there were so few cases in English literature. He thought that he had published two cases where reinfection had occurred. In cases of reinfection, the character of the sore differed from that produced in a previously healthy subject; it was small, and ran through its course quickly. The period of incuba-

tion was not so long as in an original sore ; and glands were not so definitely enlarged, and suppuration occurred. The secondary symptoms after reinfection were of the same character as those following original infection, but were milder, and yielded more readily to treatment. He could not draw a distinct line at the period at which a person having had syphilis could be said to be free from the disease ; the passing off of the influence took place gradually, like, for instance, that of vaccination. He had treated a patient for syphilis, followed by slight secondary eruption, and who, seventeen years afterwards, was reinfected. On the second occasion there was a small pimple, with enlarged and suppurating glands, followed lately by the development of well-defined copper-colored blotches. He had also seen a case where there was general enlargement and suppuration of the glands, and which was probably one of reinfection. According to Mr. Gascoyen, induration was essentially a constitutional symptom : hence, if there were no induration, there was no constitutional affection. The results of inoculation after reinfection did not seem to be the same as those of inoculation from a soft sore. He had lately seen some inoculations by Mr. Morgan, of Dublin, in which the cicatrix was raised rather than depressed.

Mr. Acton said that there was no doubt that reinfection could take place ; but he could not understand that this occurred so often as was stated. He had not seen more than ten or eleven cases. He was often called to cases of supposed reinfection ; but hardness, not necessarily the result of reinfection, might come on in the site of a primary sore years after the first infection. He had met with a case where a man, supposed to have recovered from syphilis for ten years, again presented symptoms of the disease. Such a case, according to Mr. Gascoyen, if induration were present, would be regarded as one of reinfection. It was an important practical observation, that in cases of reinfection the secondary symptoms were recovered from almost

with the mere use of tonics, without mercury. With regard to inoculation from secondary syphilis, he thought that it was a question of great difficulty. Persons having secondary symptoms cohabited for months without producing infection. He had seen attempts made to inoculate secondary syphilis; but the process was a difficult one. It was said that it was very easy to prove that reinfection occurred frequently. Was he to understand that, in order to prove this, surgeons had undertaken the responsibility of inoculating healthy persons? Unless this were done there was a want of data that could be depended on.

Dr. Drysdale had been long on the look-out for cases of reinfection; but he had only met with one case, in which a gentleman, who had a primary sore followed by sore throat and eruption in 1862, having recovered, was reinfected in 1870. He did not think that induration was a sufficient sign for reinfection; for tertiary induration might be mistaken for that of a primary sore, and he believed that many authors had probably made this mistake. He did not agree with Mr. Hutchinson's view that the tertiary symptoms were not really syphilitic. He thought that, to prove that two attacks of syphilis had occurred in the same person, it was necessary to show that there had been roseola on both occasions. Such writings as those of Mr. Gascoyen tended to shake the dualistic theory of syphilis, which he believed correct. He would ask Mr. Gascoyen whether syphilitic men ever begot syphilitic children without first infecting the mother. Inoculation from secondary manifestations had always resulted in syphilis. Infection had in some cases taken place by the mouth. Prostitutes must sometimes infect by secondary symptoms; it was scarcely possible that there could be sufficient primary syphilis among them to account for all the cases of infection.

Dr. Thin said that the influence of iodide of potassium in tertiary syphilis indicated that it was not merely due to the wearing down of the constitution.



Mr. Trotter said that his experience in a regiment for twenty years confirmed the existence of reinfection. It had several times occurred that a man had a hard chancre, and recovered under treatment; and that, after remaining well for five, six or seven years, he became reinfected. In the interval he had been examined at the regular inspections, so that any sign of disease would have been detected. He was rather surprised that so few cases of the kind were recorded.

Mr. Myers had for fifteen years looked on reinfection as of common occurrence. He had also noticed cases where, after the healing of an indurated sore, induration was again produced by some irritation, without true infection; in one case this had occurred three times. He regarded induration as local rather than constitutional.

Mr. Gascoyen replied.

—*Medical Times and Gazette.*

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#### *Saccharated Calomel contains Corrosive Sublimate.*

Dr. Polk, of Philadelphia, in the *Medical Times* calls attention to the fact that corrosive sublimate is developed when calomel is rubbed up with sugar. He administered ten grains a month after its preparation, with such poisonous effects as led him to test the compound, with the result as stated. He quotes from Vulpius, who says: "When calomel is mixed in powder with white sugar, or calcined magnesia, or bi-carbonate of soda, corrosive sublimate is formed in twenty-four hours. Rather large quantities are formed in powders composed of calomel, white sugar, and bi-carbonate of soda." We believe it is the general opinion among practitioners that the increased activity of the saccharated calomel, which, by the way, is an old remedy, depends on the increase of surface caused by its diffusion. But the development of the chloride puts a serious face on the matter.—*The Doctor.*

## MEDICINE.

*On the Treatment of Tapeworm, with Illustrative Cases.*

By T. SPENCER COBBOLD, M.D., F.R.S., F.L.S.,  
Lecturer on Parasitic Diseases at the Middlesex Hos-  
pital Medical College.

To any experimenter more or less frequently occupied with researches which have for their ultimate aim the practical advancement of the healing art, few circumstances are more calculated to afford discouragement than the apparent resultlessness of his labors. For a brief space of time the investigator may flatter himself that his discoveries or verifications, as the case may be, cannot fail to be immediately productive of benefit alike to his professional brethren and the public, but sooner or later he is sure to find out that his scientific enthusiasm has rendered him the victim of a very natural delusion.

If, to the essentially practical remarks that are to follow I prefix a statement of this nature, I do so partly in order that I may independently, and from recently gathered experiences, afford striking confirmation of its truth, and partly because I think such a statement inferentially offers an adequate apology for again recurring to a subject respecting which so many medical men fondly and, they must pardon me for saying it, erroneously, imagine that nothing more need be said.

Already in the pages of *The Lancet* for the current year (vol. i., 793), I have given a brief analysis of the experiences and results gathered from eighty consecutive and unselected cases of tapeworm occurring in private practice, and I have elsewhere offered an explicit statement of the principles which should guide us in the management of such cases. Now, considering that all of the patients concerned in these as well as in other cases that have come under my professional care had previously undergone treatment, I deem it not unfair to ask such a question as

the following :—“ If the successful treatment of tapeworm be so simple a matter as some persons seem to think, how does it happen that many patients undergo years of drug-ging without being permanently cured?” Of course the answer is to the effect that the head of the worm had not been dislodged in any instance, and therefore the parasite continued to grow until it again arrived at maturity. Precisely so. I have admitted all along that there are cases of difficulty, particularly in the treatment of the armed pork-tapeworm, but it is just these obstinate cases which demonstrate the necessity for special knowledge and tact in their management.

Again, as affording proof of the truth of my opening statement, let any one not unfamiliar with our recent advances in experimental helminthology take the trouble to read the discussion on the treatment of tapeworm which took place at a meeting of the Société Thérapeutique on the 10th of June last. (*Bullet. Gén. de Thér.*) From a scientific point of view, the want of knowledge exhibited by several of the speakers is altogether lamentable. Thus, for example, one gentleman (M. Trasbot) actually asserts, or is represented as asserting, that the flesh of the ox “does not contain cysticerci,” although for many years past we have recognized beef to be the most frequent source of tapeworm both in this and in several other countries. I may also state, for M. Trasbot’s edification, that for many years past I have been in the habit of exhibiting beef and veal measles to scores of students and other persons interested in the matter. Not only so; the experimental proof of the possibility of the occurrence of cysticerci in beef and veal dates back as far as the year 1861 (*Leuckart Die Mensch., Par.* s. 406), whilst Mosler’s limited experiences were announced shortly afterwards. My own much more extended verifications were first made known in *The Lancet* of Feb. 25th, 1865; being repeated in a more complete and emphatic manner in the same journal

during the following August. Subsequently, in the Pathological Society's Transactions and elsewhere (1866) further confirmatory researches were made public, some of these throwing light upon subsidiary questions in helminthology. Quite recently a French experimenter has at length accomplished a similar result. Professor St. Cyr, however, (like M. Trasbot) appears to have been totally unaware of the fact of the German and English experiments, although they were conducted ten or more years previously to his own. This evidence of defective information on the part of those who ought to have known better is, I repeat, exceedingly discouraging; and I wish I could bring myself to believe that such deficiencies were exclusively the prerogative of therapeutists and professional men on the other side of the Channel. Certainly, it ought to be generally known that the representative of helminthology in Paris, M. Davaine, cannot be held to blame on this score, since, in his recent article on the Cestodes in the *Dictionnaire Encyclopédique des Sciences Médicales*, he has given an admirable summary of Leuckart's and Mosler's researches, as well as of the experiments conducted by myself, with Professor Simond's co-operation, at the Royal Veterinary College.

Altogether ignoring, or at least failing to recognize, the practical value of these researches, it would appear that the method of treating tapeworm on the continent—as expounded by the members of the Society above referred to—is still made a matter either of mere drugging or of a mere choice of drugs. Thus one gives pumpkin-seeds, another pomegranate root-bark, a third male fern, a fourth kousso, and so on, *ad nauseam* in more senses than one. It is to be feared that a similar state of things prevails at home. In England turpentine is still perhaps the most popular remedy, at least in country districts. Unquestionably all these particular remedial agents have their value, some being more particularly useful than others. As to the amount of intellectual capacity requisite for the due

administration of either the one or the other, perhaps the less said about that the better. Certainly nothing effective can be done without drugs, and, whatever credit may be accorded to any medical practitioner, on the score of selection, the pharmacutists ought, in my judgment, to receive the first thanks. With infinite care and trouble they have succeeded in giving us some very choice and convenient preparations, and I do not think they have received that share of the credit which is their due in this respect. But, I repeat, the successful treatment of tapeworm is not a mere matter of the choice of anthelmintics, neither is it necessarily dependent upon the degree of drugging. The pharmacutists have executed their part of the business, so to speak, almost faultlessly; but the practitioner's functions have for the most part been conducted in an incomplete manner, and therefore inefficiently to a greater extent than would otherwise have been the case. Without doubt, it would be unjust to maintain that perfect cures of tapeworm were rare; nevertheless, I have before me absolute proof that, under the measures commonly employed, these cures are neither so frequent nor as rapid as they ought to be.

In my publication of the Lectures on Helminthology, delivered at the Medical College above mentioned, I have recorded upwards of forty cases of tapeworm. They were purposely unselected cases, in order to illustrate, not merely the comparative value of particular remedies, but also more particularly those points in the diagnosis, prognosis, and symptomatology which every physician ought to be familiar with. As in the present communication, I am chiefly concerned with the results of treatment (and especially as I have elsewhere, without the slightest reservation, and with little thanks from those I had hoped to assist, frankly pointed out the nature of the steps which I think all who have the management of such cases should adopt), I shall reduce my notes of these illustrative cases to the lowest possible limits. Some of the cases are simple enough, whilst others presented difficulties of their own.

CASE I.—L. E——, a little girl, only two years and three months of age, was placed under my care during the month of February of the present year, there being evidence to show that she had contracted tapeworm about nine months previously. She had been treated with fifteen-drop doses of the male-fern extract, on alternate days, for a period of several weeks during the previous autumn. She was alarmingly ill at the close of that period; and the treatment being for a time discontinued, the medical gentleman under whose care she had been thus far was unselfish enough to hand over the case to my care. The treatment had so far succeeded as to have expelled "several yards" of the worm. The parents were naturally very anxious; and therefore without stint they, like sensible people, afforded me every facility for bringing the case to a successful issue. I do not know that I have ever had to deal with a case of tapeworm presenting such peculiar difficulties. Not merely was it essential to avoid the exhibition of any remedy which could exert a drastic or lowering action on the system, but it was equally important that the parasite should be dislodged, head and all. The stupid plan of starvation so much in vogue abroad, as a preliminary step, was also obviously contra-indicated. In short, I was bound to proceed more cautiously. Accordingly, I recommended that the child should be treated in the country, and not in town, as I wanted her general health to be improved and maintained in comparative vigor. The diet and exercise were regulated. Gentle aperients were taken, the vermifuges commenced with being very small doses of kamala in the first instance and areca nut-powder afterwards; subsequently these were combined with advantage. And thus, without the slightest ill effect upon the child, a considerable part of the body of the worm was dislodged. Still, however, the upper part of the body, the neck, and the head had to be obtained. After a time I felt sure that a small dose of male fern could be borne, and therefore prescribed fifteen minims

of the extract, which had the effect of dislodging all except the head and a few of the upper neck segments. Confident that a second dose could be borne, after a brief interval this also was given, without any untoward result; and, on the 2nd of March I made my final fæcal exploration. This search was continued for one hour and twenty minutes, at the expiration of which time I succeeded in finding the *head*, which had scarcely any portion of neck attached. Curiously enough, also, this head displayed certain morphological peculiarities which I have not found to obtain in any other heads of the beef tapeworm (*Tænia mediocanellata*.) Its form was less truncated, the first neck-segment being as well pronounced as any of the immediately succeeding ones.

The lessons to be deduced from this case are important. In the first place, it shows that success is not unattainable even in instances where the youngest children are afflicted with tapeworms. In the next place, it shows that there are examples of the disorder where it is better to proceed cautiously than to give the largest doses the patient can bear at once. Further, it shows that the male fern may be administered every other day for weeks in succession without bringing away the *head* of the parasite, and that the employment of this powerful drug may give rise to alarm, if not on the part of the practitioner, at all events to the patient's friends. It likewise shows that personal investigation of the fæces affords (to anyone familiar with the facts of tapeworm development and appearances) a true indication of the proper extent to which the treatment has been pushed. Thus, whilst many practitioners would have been contented to have discharged the case when they had learned that the entire body of the worm, or "several yards," had been dislodged, I, on the other hand, felt sure that the almost perfectly isolated head remained behind, and that a second dose of the extract could be borne without ill results to the patient. Had I been content to have

let the matter rest, the still attached head would undoubtedly have grown again, and some third person might have been entrusted with the case. We have seen, I repeat, that the very same drug, in doses just as large as those I eventually administered, proved ineffectual though continued for a lengthened period, the body of the parasite being dislodged, but not the *head*. Now, supposing the head had been expelled, since no special investigation was conducted with the view of ascertaining that fact, it is obvious that it would not have been known when the head actually made its escape; and thus, as often happens, the treatment would have been needlessly continued for a greater or less length of time. Patients have come to me who have been thus roughly handled for several years after the head of the tapeworm had been dislodged. In this case the treatment was not continued longer than was absolutely necessary. Some may contend that this accurate knowledge of the facts of these cases, whether negative or positive, is of no importance. I beg very respectfully to differ from these individuals some of whom have been pleased to favor me with probably the most discourteous anonymous communications that any honest laborer in the cause of practical science ever received. At the risk of receiving further discourtesy from a few eccentric individuals, I do not hesitate again to say that, to go on persistently drugging in total ignorance as to whether the head of the tapeworm is present or not, is, in my humble opinion, a slovenly mode of procedure; and even in instances where you do happen to know that the head actually remains intact, it is sometimes advisable to defer anthelmintic treatment. I hope in the sequel to explain this more fully. In the present case, I was certainly particularly fortunate in securing the co-operation of an unusually intelligent nurse, and thus not a single loose proglottid escaped per anum without subsequently undergoing the necessary scrutiny. But why scrutinize them at all? some unfriendly



hypercritic will say. To persons possessing such ill-adjusted mental processes I know it is useless to make reply. There are others, however, who set a different value on the lessons to be gathered from experience. Let me say, therefore, that it is within my personal knowledge that scores of different foreign bodies have been mistaken by unexperienced persons, both professional and otherwise, either for portions of the body of the tapeworm or for the head itself. I am constantly receiving such productions from medical friends for identification or determination. All sorts of delusions afflict patients also in this respect; thus at the present moment I have under my care a gentleman who is persuaded he has seen the head of one worm which infested him, although the head is described as being larger than the sexually mature proglottid itself! Other patients have repeatedly, during my examinations, flattered themselves that they could pick out the head of the worm, but, with one exception, they abandoned the search in sheer weariness and disgust at their fruitless attempts.—

*The Lancet.*

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### EXTIRPATION OF THE LARYNX.

This formidable operation was performed by Professor Billroth of Vienna, for the second time, on the 11th of November last. The patient was a man aged 50 who was under the charge of Dr. Schroeter the teacher of laryngoscopy at the Allgemein Krankenhaus. The laryngoscope revealed a nodulated growth, situated on the left vocal cord and implicating the mucous membrane. It was diagnosed to be epithelioma; it made very rapid progress, and soon engaged the whole interior of the larynx. The dyspnoea becoming urgent, the patient was transferred to Professor Billroth. That gentleman pronounced a favorable prognosis, in respect to the return of this disease, as there was no infiltration of the lymphatic glands in the neighborhood. He determined to remove the entire larynx, which

operation he performed in the presence of a large number of medical men and students. The patient progressed favorably for the first three days, when a change occurred, and he died on the night of the 16th, apparently from pneumonia. A microscopic examination of the growth confirmed the accuracy of the diagnosis.

*Trichinæ in American Pork.*

We are not aware whether the importation of hams from America into this country is large, but it appears probable, from the number sent over to Germany, that the English market must also receive a share. It ought therefore to be known that their use is not absolutely unattended with risk, and more especially in the case of hams which are cured with the residue of the cane sugar manufacture. Five per cent. of the latter kind, according to Dr. Roper (*German Quarterly Journal of Public Health*), who has carefully examined the subject, are infested with *trichina spiralis*. Only 3 per cent. of the hams cured in the ordinary way contain trichinæ. The reason why so many hams are thus diseased is probably due to the circumstance that in the place where the pigs were slaughtered the living pigs are fed with the offal of the dead ones, part of which were affected with trichinæ; the consequence must be a steady increase in the number of infected animals. Roper, after a careful microscopic examination of the trichinæ from American hams, is positive that they are identical with those that have given rise to disease in Germany, the American opinion being that they are of a different and harmless species. He was, however, not been able to convince himself, either by microscopic examination or by feeding animals with the diseased flesh, that the American trichinæ retain their vitality when they reach Europe. An epidemic of trichinosis which occurred at Bremen, in which more than twenty persons suffered after eating American pork, is, however, a sufficient proof that its use is not entirely free from danger.

—*Medical Times and Gazette.*

CANADA

# Medical and Surgical Journal.

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MONTREAL, JANUARY, 1875.

## IS THE MONTREAL GENERAL HOSPITAL A PROTESTANT INSTITUTION?

We have always maintained that the Montreal General Hospital is, in principle, non-sectarian. If any person is desirous of further information on this subject, let the published annual reports of the hospital be consulted.

Some time last spring a deputation of three gentlemen representing the corporation of the Montreal General Hospital waited upon the Premier of the Government of Quebec, with a view of obtaining, if possible, for hospital purposes only, a site of land known as Selby Grange. This property had been donated to the Government of Canada, specially for charitable purposes; and, at the time of the change to the present system of government, was handed over to the Local Legislature of the Province of Quebec. The desirability of this site was pointed out by the deputation, and in view of the rapid increase in the size of this city, the necessity for increased hospital accommodation was represented. Objections were raised on the part of the Government, the most prominent being, that inasmuch as the Montreal General Hospital was a Protestant institution, the Government did not feel disposed to make a grant of public land for its benefit without a like grant being given to the Roman Catholic Hospital. This appears on the face a perfectly equitable decision, but without wishing in any way to interfere with any prospective benefit to be granted

by our Local Legislature to the Roman Catholic institution, we will simply observe that the Montreal General Hospital is, in principle and management, non-sectarian. This institution, for the past fifty-three years, has performed its work of benevolence without reference to creed or country; and furthermore, although it is a City Hospital, supported by the voluntary contributions of the citizens of all creeds and countries, nevertheless in many instances its benefits are extended to persons coming from all parts, of Canada and the neighbouring States, as well as to immigrants and sailors.

In these days of bitter sectarian strife it would be a crime to rob this institution of its peculiar feature. The dispensing of charity to the sick and relief to the maimed should not partake of sectarian littleness.—Our Blessed Lord, in the suggestive parable of the Good Samaritan, which He addressed to the sectarians amongst the Jews of His day, teaches a lesson of love and benevolence to all men. This lesson can with advantage be learnt and put in practice by all, be they Christians or unbelievers. It is just this true spirit of Christian benevolence which has ever guided the management of the Montreal General Hospital. In support of our argument we will give a synopsis of the published annual reports of the Montreal General Hospital for the past ten years :

In 1865 :

There were admitted into the house..... 1278

Of these there were :

Roman Catholics..... 634

Protestants..... 644

Of out-door patients treated during the year..... 7294

Of these there were :

Roman Catholics..... 5699

Protestants..... 1595

In 1866 :

Admitted into the house..... 1117

Roman Catholics..... 550

Protestants..... 567

Of out-door patients treated during the year..... 7187

Roman Catholics..... 5640

Protestants..... 1547

## In 1867 :

Admitted into the house.....	1223
Roman Catholics.....	553
Protestants.....	670
Of out-door patients treated during the year.....	7621
Roman Catholics.....	5843
Protestants.....	1778

## In 1868 :

Admitted into the house.....	1313
Roman Catholics.....	638
Protestants.....	675
Of out-door patients treated during the year.....	8419
Roman Catholics.....	6717
Protestants.....	1702

## In 1869 :

Admitted into the house.....	1406
Roman Catholics.....	648
Protestants.....	758
Of out-door patients treated during the year.....	10,192
Roman Catholics.....	7845
Protestants.....	2347

## In 1870 :

Admitted into the house.....	1281
Roman Catholics.....	636
Protestants.....	645
Of out-door patients treated during the year.....	11,913
Roman Catholics.....	9830
Protestants.....	2083

## In 1871 :

Admitted into the house.....	1,449
Roman Catholics.....	652
Protestants.....	797
Of out-door patients treated during the year.....	11,346
Roman Catholics.....	8,860
Protestants.....	2,486

## In 1872 :

Admitted into the house.....	1,479
Roman Catholics.....	669
Protestants.....	810
Of out-door patients treated during the year.....	11,116
Roman Catholics.....	8,647
Protestants.....	1,469

## In 1873 :

Admitted into the house.....	1,714
Roman Catholics.....	743
Protestants.....	971
Of out-door patients treated during the year.....	11,349
Roman Catholics.....	8,882
Protestants.....	2,467

In 1874:

Admitted into the house.....	1,781
Roman Catholics.....	827
Protestants.....	954
Of out-door patients treated during the year.....	13,137
Roman Catholics.....	10,603
Protestants.....	2,534

In publishing these statistics our sole desire is to show that the Montreal General Hospital is neither a Roman Catholic nor a Protestant Hospital. We firmly believe that the best interests of the institution would seriously suffer if its management partook of sectarianism of any kind. Nor do we wish it to be supposed, that in giving publicity to this statement, we desire to curtail one inch of ground that the Government of this Province deem advisable to give to the Roman Catholic Hospital. Still, we maintain that in giving aid towards this charity the Government will not be giving support to a Protestant Institution. It cannot be denied that the larger number of the governing body of the Montreal General Hospital belong to some Protestant denomination, but it must be stated that a large number of Roman Catholics give of their substance annually towards its support.

By reference to the statistics above quoted, it will be noticed that during the past ten years there have been treated in the aggregate 85,116 Roman Catholics against 28,499 Protestants. And if the reports are more closely scrutinized it will be seen that the patients are made up of natives from every country in Europe, as also from many of the countries of Asia, Africa and America.

### THE MONTREAL GENERAL HOSPITAL.

Eight years ago, in the pages of the CANADA MEDICAL JOURNAL appeared an editorial on the subject of the removal of the Montreal General Hospital from its present site to one further west. Furthermore, we advised the Governors of the institution of that day to acquire property in the vicinity of the plateau overhanging the Tan-

neries village, of sufficient extent to enable them to put up a series of buildings after the style of some of the modern hospitals in other countries. Mr. William Molson about that time had presented the institution with a sum of \$5,000, specially intended to aid in the erection of a fever hospital. In alluding to the building of a fever hospital, we remarked "that while fully alive to the necessity of an institution with the above object, we must be permitted to call in question the propriety of building a fever hospital on the ground at present owned by the institution." We did our best to oppose the erection of the fever hospital on its present site, and the results have fully borne out the note of warning which we at that day sounded.

In providing charities of this nature for the poor or the man with limited means, it is not alone sufficient to give him a place where he can have his bed, board and medical or surgical relief during an attack of illness or after the receipt of bodily injury; but, with the increased light thrown upon this subject by sanitary science, or, as it has been termed, preventive medicine, the hospital inmate should be placed under the most favorable circumstances for rapid restoration to health and strength. How grateful to the sick man is the release from his sick chamber! The monotony of living in, eating, drinking, suffering and attending to the calls of nature in a sick room is sufficiently irksome whilst change would be imprudent; it becomes doubly so to the convalescent if this same routine has to be followed, and in consequence his recovery is retarded.

These observations are made in view of certain changes which it is proposed to carry out in our hospital buildings. We should be glad to see a change, but not the change which is contemplated. In the first place, the site of the Montreal General Hospital is not the most favorable; still if an increased area of land can be obtained it would answer the purpose very well. It is very questionable whether property in the vicinity of the

hospital can be obtained at anything like a reasonable price, and again whether a much larger lot of ground might not be purchased than that at present owned by the corporation of the hospital for the price which will have to be paid for the land which it is contemplated to secure.

We observe in the evidence of some of the witnesses before the Committee to investigate into the nature of what has been termed the Tanneries land scandal, that they are reported to have said that the Tanneries property was admirably adapted for hospital purposes. There can be no two opinions on this point, and we think it a matter of regret that this property, which we understand was given to the Government of Canada for the purpose of erecting thereon a charitable institution, should in the end be diverted from the conditions of the gift of its donor and pass into the hands of a ring of land speculators. It appears to us that it was never contemplated by the donor of that parcel of land that the Quebec Government should make out of that land, by its sale, 100,000 coppers, much less that amount in dollars, and we should imagine that the heirs of the donor of that property could, in equity, re-assume the land, since the Government do not want it and, in the most disinterested manner possible, desire to get rid of it for a consideration, which of course must go into the public chest. There is a lack of straightforward honesty about the whole affair which is very discreditable to all concerned. These remarks are made merely in connection with the subject of our hospital site. We are no politician, and do not desire to enter into the question of what was right or what was wrong in the matter of the Tanneries land scandal; moreover, in the present incomplete state of the investigation, no man is qualified to give any opinion touching this transaction, with the exception that the quibbling and apparent lack of honesty on the part of some of the witnesses is very pitiful.

It is much to be regretted that the land above referred to



known as Selby Grange, which came into the possession of the Quebec Government at the time of the division of the Provinces, was not reserved for charitable purposes exclusively. It is admirably situated for a hospital, being near the present site of most of our factories and Grand Trunk works, and sufficiently near the city for all practical purposes, having a tramway leading directly to it, and besides, in view of the contemplated building of a Western Hospital, there would be space enough to put up two buildings, or more if necessary. We are decidedly opposed to placing buildings of this nature in a cramped space; large and airy grounds should surround all hospitals, but more especially is this necessary for surgical patients. The success of all surgical operations depends in a great measure on the sanitary surroundings of the persons operated upon. No one can speak with greater earnestness than the writer on this subject, and he is forced to admit that the usefulness of the Montreal General Hospital as a surgical hospital has been greatly damaged by the several additions to the buildings of that institution which have been erected during the past six years.

Before proceeding to make the contemplated changes on the present locality we would earnestly request the governing body to consider the propriety of a change of site, and in undertaking this enterprise to secure sufficient space whereon to erect a hospital which would be worthy of the name, and be a lasting memorial of the benevolence and Christian charity of the people of Montreal.

#### ELIXIR FERRI ET CALCIS PHOSPHATIS CO.

Dr. T. B. Wheeler of this city has for some years past devoted his time and energy in giving to the public an exceedingly elegant preparation of the Lacto-phosphates of Iron and Lime combined with the alkaloids of Calisaya bark, after the formula of Dr. Dusart of Paris. Each half ounce of his Compound Elixir contains two grains of the Lacto-phosphate of Lime, one grain of the Lacto-phosphate of Iron, and one grain of the Alkaloids Quinine, Quinidine and Cinchonine, together with free Phosphoric acid. It is a preparation of great reliability, inasmuch as it is prepared with great care and under the direct supervision of the Doctor himself, who takes every precaution to maintain his preparation at a standard strength. This preparation must not be confounded with the various patented remedies of a somewhat similar character which are to be found in every drug store, the quality of which are doubtful, and which are generally made up for sale, without reference to any possible benefit that may follow their use. Dr. Wheeler's preparation is an agreeable tonic, and we believe it to be a valuable remedy in suitable cases. We call the attention of our readers to his advertisement to be found elsewhere.