

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

CANADA  
MEDICAL & SURGICAL JOURNAL

MARCH, 1880.

Original Communications.

CASES OF PERTUSSIS TREATED BY  
CARBOLIC ACID.

BY R. W. POWELL, M.D., OTTAWA, ONT.

*(Read before the Ottawa Medico-Chirurgical Society.)*

MR. PRESIDENT AND GENTLEMEN,—As no subject was named at the last meeting for discussion to-night, and as I am partly responsible for the omission, I feel it incumbent upon me to offer a few observations in the hope that they may stimulate you to discussion.

Considering the prevalence of pertussis among the growing population, it is surprising how little attention is given to it by the majority of practitioners; and it is equally surprising, considering the advances that have been made in pathology in recent years, to find that the treatment of this important affection is still so undecided.

As a rule the disease is regarded very lightly by physicians, and more lightly I think than the nature of the affection warrants, because, while it must be admitted that pertussis pure and simple is usually an insignificant affair, as far as its consequences are concerned, yet we find it as a rule complicated with other affections which impart a gravity to it, and render it worthy of our very closest attention.

In some epidemics the mortality runs very high indeed, and it will be found on inquiry that death is to be attributed in a

very large proportion of cases, as I before intimated, to the co-existing complications or sequelæ.

In an annotation in the *Lancet*, in June, 1878, it is there stated, while speaking of the very high rate of mortality in this disease in London during that year (the average number of deaths for 25 weeks being 115 per week): "Nearly all the fatal cases occur among the working classes, and are due not so much to the disease itself as to its sequelæ, in the form of affections of the respiratory organs."

Now, in considering the treatment of any special disease, it is to my mind of the first importance to be able to locate it, if I may use the expression, in its proper class; and if this can once be done a great point is gained, and we are then limited in our therapeutics after a certain point. This is then the first difficulty we meet with in treating this affection. We cannot so locate it, as Dr. Octavius Sturges truly remarks: "It claims alliance with nervous affections, with zymotic diseases, and with ordinary catarrh."

The difficulty of determining its cause and pathology will explain at once the various views held as regards its treatment. If we are willing to allow the attack to run its own course, and content ourselves with guiding it to a favorable termination, then the treatment is conducted upon principles so well known in the management of chest affections as to need no repetition.

It must be noted here, though, that the duration, even in an uncomplicated case, is very uncertain: terminating in some cases within three weeks, in some less, and that often in moderately severe forms, while in others it will continue as many months.

If we admit that the gravity of the case is in direct ratio with its duration, and I think this view is generally held, and that the longer it lasts the greater the likelihood of unpleasant complications, even to a fatal termination, then I maintain that we are fully justified in using every available means at our command to cut short the attack, even in a mild case.

From what I have said of the nature of the affection, you will gather that I do not pin my faith upon any one specific to

the exclusion of other treatment, but I do believe that we possess certain remedies, which, if used in suitable cases, exert a marked influence in cutting short the attack.

The theory that the symptoms of this disease are due to several combined factors is one supported by very strong argument, and although as yet we are unable to distinguish precisely in any given case which factor is the predominant one, still I think we are approaching that stage, and I have no doubt that before very long we will be able to choose the appropriate remedy to suit the special case. Until then our treatment, though often beneficial, will be in a manner unscientific.

In the meantime let us make a note of our cases, and watch the effect of the special treatment adopted, because I hold that we are in a way bound for the safety of our patient to use special means to cut short the attack, when we know that in a very large proportion of cases it is quite possible to do so, and when we know also that in so doing we place the patient in such a condition as will enable him, or her, to escape the often serious complications which in many cases arise from the prolonged continuance of the disease, and which are not due alone to its severity.

I do not purpose to speak dogmatically at all on the value of one remedy, but I will submit for your consideration a few cases treated specially with carbolic acid, which drug is certainly a valuable addition to our therapeutic armamentarium in pertussis.

I would just mention that several remedies are proposed as specifics in this disease. Among the more important ones we find atropia, quinine, croton-chloral and carbolic acid. Each one of these has its special advocates, and I doubt not that they are all beneficial in suitable cases. I hold at the same time that were we, in the present state of our knowledge of the etiology and pathology of pertussis, to use indiscriminately only one of these several drugs, we would occasionally be disappointed.

Dr. John Reynolds reports four cases treated with comparatively large doses of quinine, with a manifestly good result.

These cases were cured respectively in 3 doses: 36 hours, 60 hours, and 2 days (*Lancet*, April, 1876).

A failure with this treatment is also reported in the *Lancet*. The patient, æt. 5½ years, having taken 107 grains in 4 days without the slightest benefit. Croton-chloral has also been largely used, the cases reported being cured in from 10–11 days as a rule. The largest number I can find treated on this plan are between two and three hundred reported by Dr. Roberts, and he says most cases usually yield completely in two weeks.

Dr. Fiddes also states that in his cases the relief was manifested in about 50 per cent.

Carbolic acid has had also an extended trial in the hands of various practitioners with a result altogether satisfactory, the cure taking place in from 4 to 10 or 12 days. The "whoop" usually ceasing first and the cough continuing a few days longer.

One point in this treatment must be carefully noted, and that is permitting the vapor of the acid to be inhaled, and it has been found that this is sometimes necessary to influence the course of the attack, the internal administration of the drug not having the desired effect.

I hope that some of the members present will relate their experience in the treatment of this disease, and report their cases, because it is only in this way that we will be able to form a correct opinion as to the merits of these various remedies, and to establish a sound mode of treatment.

*July 6, 1878.*—Saw four children of Mrs. O'B. They have been whooping for at least six weeks, the attacks being worse at night. I ordered the two elder, æt. 7 and 5 years, to take 1 m. ac. carbolic, three times a day; one child, æt. 3 years, ½ m., and a baby, æt. 9 mos., ⅓ m., ter in die. I combined it with cardamoms and Syr. limon. I instructed the mother to wring cloths in a solution of the acid *Siss ad Oj*, and to hang them about the bed. The benefit of this treatment was noticed in from 2–3 days.

*July 19th.*—Cough almost gone, whoop having ceased several days ago.

*July 21st.*—Completely well.

*June 18th, 1878.*—J. K., æt. 8 years. Has had a distinct whoop 8–10 days following a catarrhal stage of 10 days. The paroxysms are very severe, and are followed by vomiting, epistaxis, etc., conjunctival vessels been ruptured, and the boy presents a horrible appearance, attacks come about every half hour at night. Ordered  $\frac{1}{2}$  m. ac. carbolic in glycerine and syrup every two hours.

*June 21st.*—No appreciable relief. Ordered to continue medicine, and to make use of the cloths wrung out of a solution of the acid as before.

*June 24th.*—Relieved a good deal; to continue. It gradually subsided from this date, and disappeared by July 1st.

The next two cases show a failure with this treatment.

*June 26th, 1878.*—J. K., æt. 4 years. Began the same treatment with carbolic acid, and continued its use till July 16th, together with the vapor as before.

*July 18th.*—No improvement whatever. Very weak, no appetite, and vomits continually.

Put him now on a mixture of nitric acid and belladonna, with some nitrate of potash and vin. ipecac.

*July 21st.*—Improving rapidly, and quite recovered by the end of the month.

T. K., brother of the preceding two cases, æt. 1 year and 9 months. Tried the carbolic acid treatment regularly for over two weeks; child getting worse; very weak and no appetite; spasms very severe.

I now put him on the same mixture as in the preceding case, with no apparent benefit.

After using various remedies I resorted to chloral hydrate, and this gave great relief and seemed to control the spasms. This was a very severe case, and I expected a fatal result, however, after a prolonged seige and a faithful use of the chloral hydrate, he eventually recovered.

*Aug. 16th, '78.*—Saw two children of Mr. P. Boy, æt.  $4\frac{1}{2}$  years, whooping since July 25th; girl, æt.  $1\frac{1}{2}$  years, whooping

since Aug. 1st. Each have six or seven paroxysms every day and as many at night. Girl is teething.

To place carbolic acid about the beds as before, and the boy to take 3  $\text{m}$ , with cardamoms and syrup, *ter in die*; girl to take half the dose.

*Aug. 23rd.*—Boy began to improve in a couple of days, and is now almost well, the whoop having left completely; but he coughs once or twice a day. Appetite good. The girl improved also for a few days, but seems now in much the same state as at first, excepting an improvement in the appetite.

*Aug. 28th.*—Girl completely well, and no whoop.

*Sept. 20th, '78.*—Saw two children of Mrs. D., *æt.* 8 and 6 years, females. Have been whooping for eight days. Three or four attacks in the day and six or seven at night, but otherwise the health is good. I ordered  $\frac{1}{2}$   $\text{m}$  carbolic acid four times a day in glycerine and cardamoms. In three or four days it was noticed that the seizures were less frequent at night, and so it went on till in some twelve days the spasms were entirely relieved and did not return.

*Nov. 12th.*—Have continued well.

*Sept. 4th, '78.*—Child of Mr. B.'s, *æt.*  $2\frac{1}{2}$  years, has had a cold for two weeks or more, and began to whoop distinctly on Sept. 1st. Three or four seizures each day and two or three at night, and are increasing in severity. Ordered  $\frac{1}{2}$   $\text{m}$  carbolic acid in glycerine, cardamoms and syrup every three hours.

*Sept. 7th.*—Cough has ceased at night almost completely, and in a few days the whoop entirely disappeared.

*18th.*—Not taking any medicine now, and the cough is still present to a slight degree, but no whoop.

*Aug. 29th, '78.*—Child of Mrs. G., *æt.* 1 year, has had whooping-cough since Aug. 1st. Put him on  $\frac{1}{2}$   $\text{m}$  carbolic acid in glycerine and cardamoms every 3 hours.

*Sept. 2nd.*—Improving in every way; bowels becoming regular; only coughs once or twice a day.

*Sept. 4th.*—Improved since 2nd; no whoop; cough subsided in a few days more.

The number of cases here is, of course, altogether too small to enable us to form a very positive opinion as to the merits of this mode of treatment, but, on the whole, the result is to my mind very satisfactory. I shall not hesitate to continue this method, and I intend recording the results in my note-book in order to better qualify me to give an opinion.

We find that in the above cases the average number of days necessary for cure in the successful cases is 8.1; also, that the percentage of failures in 13 cases amounts to 15.3. I regret not having more cases to analyse, but I have mislaid some note-books and do not wish to speak from memory, excepting just to say that the cases treated on this plan, other than those reported, were, as far as I can recollect, similar in every way.

---

## CASE OF ACUTE PURULENT MENINGITIS, THE RESULT OF ACUTE OTITIS.

By GEO. ROSS, A.M., M.D., Prof. Clinical Medicine, McGill University,  
Attending Physician Montreal General Hospital.

(WITH REPORT BY DR. BULLER.)

W. J., æt. 35, was admitted into the Montreal General Hospital on the 17th January, 1880. He was then in a half stupid and delirious condition, and was paralyzed upon the left side. The following history was therefore obtained from his wife, who accompanied him: The patient has been a healthy and industrious man; never suffered from earache, and has never had any discharge from the ear until the present time; his hearing has been perfectly good. Just one month ago (18th Dec., '79,) he was attacked with a severe earache, which lasted only a few hours, when discharge began, and he had immediate relief. Went to work the next day as usual. The discharge ceased in three or four days, and he felt quite well until nine days ago (9th Jan., '80), when very severe pain again set in in the same ear, and kept on increasing in violence. Poultices were applied, and on the 15th a free discharge was once more obtained; but the pain continued with even augmented intensity, and occupied the whole of the right side and front of the head. He now



became delirious, and the same day his wife observed that his left hand was decidedly weak. The next day there was dragging of the left leg. There has been no vomiting at any time.

On admission, free purulent discharge from right ear; mastoid process and neighborhood normal; no œdema or hardness. Constant talkative, wandering delirium, alternating with intervals of half stupidity. Pupils equal, medium size, acting with light; both eyes strongly directed to the left side. Left hemiplegia, and a slight impairment of power in closing the left eyelids. Fever of  $102^{\circ}$  F.; pulse 96. Urine contains no albumen or sugar. *Diagnosis*—Acute purulent meningitis by extension from the ear. *Prognosis*—Probably fatal. *Treatment*—Two leeches in front of the ear; ice-bag to the head; and calomel gr. ss every four hours. The next day Ung. Hydrarg. rubbed into the groins.

On the 18th there was a soporose condition, with unequal pupils (the right dilated); noisy breathing; a very rapid pulse, and the patient died insensible at 3 a.m., 19th January, being the fourth day from the apparent onset of the head-symptoms.

The *autopsy* showed extensive inflammation of the meninges, lymph and pus being abundantly found both at the base and over great part of the convexities. This need hardly be described in detail. The greatest interest centered in the demonstration of the track through which the pus had reached the brain. This part of the examination was very kindly undertaken by Dr. F. Buller, Oculist and Aurist to the Hospital, from whom I have obtained the following report, after a most minute investigation of all the parts concerned:—

The temporal bone, including the eustachian tube, was removed in the usual way, and examined the same day. The external auditory canal presented nothing abnormal. The membrana tympani was of a dull yellowish color, somewhat retracted, and traversed by numerous blood-vessels visible to the naked eye. There was no perforation discoverable. The mucous membrane about the orifice of the eustachian tube was somewhat swollen, and of a dusky hue; the tube orifice was filled with a yellowish tenacious mucus.

The lateral and petrosal sinuses were absolutely healthy. The seventh pair of nerves were surrounded with a purulent fluid which, with them, filled the meatus auditorius internus, but the nerves themselves and the bone of the meatus were healthy. The dura mater over the superior surface of the temporal bone was covered with a thick layer of purulent material, which, however, did not differ from the same material found upon the dura so extensively throughout this side of the head.

The bone corresponding to the roof of tympanum and mastoid antrum was found reddened, but showed no trace of ulceration or erosion, and though the dura mater was readily removed from this part, there was no subdural accumulation of pus. The bone was now allowed to freeze in snow for a few days. After being thawed out with cold water, a drop of pale reddish-yellow tenacious, muco-purulent material was found oozing through a small aperture in the bone at a point one centimeter external to the highest part of the ridge indicating the position of the superior semi-circular canal. Through the aperture a piece of fine silver wire was readily passed downwards and forwards across the tympanum. Judging from the appearance of the aperture, it probably served, in the normal state, for the transmission of a small blood-vessel.

The tympanic mucous membrane was thick, soft, pultaceous, and of a dingy red color. The tympanum was filled with a tenacious muco-purulent fluid, or rather with mucus containing a few pus cells. A similar material filled the spaces in the mastoid portion of the bone in the neighborhood of the tympanum. A remarkable anatomical feature in this bone was, that the lateral sinus curved so far forwards that it would have been difficult, if not impossible, to have perforated the mastoid antrum in the usual way without injuring the sinus. The cancellous tissue about the antrum was not at all in communication with that of the mastoid process. This fact probably accounts for the fact that the latter structure did not present any of the external evidences of inflammation.

## THREE CASES OF BRAIN DISEASE.

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

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

*(Read before the Medico-Chirurgical Society of Montreal.)**(Continued from page 295.)*CASE III.—*Stricture, operation followed by high temperature—Temporary right-sided Hemiplegia, with Aphasia.*

J. T., aged 33, civil engineer, admitted Sept. 5th, '79, under Dr. Roddick, with stricture of urethra. There is a history of venereal disease some years before—(patient says he had chancre at 12 years of age)—and the stricture is of old standing. Passage of a catheter has always been followed by elevation of temperature. At 1.30 p.m. of 5th, stricture was operated upon, patient being under ether about 20 minutes. He had a chill at 4 p.m., a rigor at 9 p.m., and at 10.30 temperature was  $105\ 1\text{-}5^{\circ}$ . Was given xx grs. of quinine, and ordered drop doses of aconite every hour.

6th.—At 3.30 a.m., said he felt queer; legs were cold, belly hot, and he was sweating. At 4.30 he got out of bed, and was somewhat wild in his manner; passed bloody urine. At 5.30 a.m. he had fallen into a deep sleep, from which he awoke at 6.30, but did not speak; passed urine and fæces in bed. When spoken to, stared strangely, but did not answer. At 10 a.m. it was noticed that he had lost the power of moving right extremities, and had become aphasic. Paralysis not complete in the leg, as it moved slightly when touched. Sensation dulled, though a prick was evidently felt. Face was drawn to left side; tongue protruded to the right; pupils equal, moderately contracted. 1.30 p.m.—Has not spoken or moved right extremities since 10 a.m. When asked, he moved the left leg. Does not feel the prick of a pin on either leg or arm. The nurse observed him lift the right arm with the left, and then suddenly lifted the right arm alone, exclaiming, "By George." He moves about restlessly in bed, and stares around in an anxious manner. When asked if he wished to go home, he once said "Yes," being the

first answer given to a question. Subsequently, he replied "seven" when asked how many fingers there were on a hand held up before him. 6.15 p.m.—Answers "yes" to every question. Moves both arms freely. When approached unexpectedly, arm is found limp; when raised up it becomes stiff. No sensation apparently in right side. Seems to understand what is said, and laughs confusedly, as if ashamed, and often looks annoyed at his incapacity to answer questions. 8 p.m.—Condition the same; answers "yes" to all questions; once when asked his name, said, "I can't say"; and again when questioned, tried hard to say it, and when the name was mentioned, said "yes." Sensation has returned to right leg; absent in right arm. 10.30 p.m.—Sensation has returned to right arm.

7th.—Condition not greatly changed, and it was rather hard to rouse him from his stupid state. When asked to write his name, he took the pencil in his right hand and wrote "I have some—" and then said, "I can't do it." Resisted forcibly an attempt to examine his chest. Passes urine consciously. 4 p.m.—Moves arms and legs freely, and feels acutely on either side.

8th.—Is brighter; said, without being spoken to, "I am better, just nearly well, yes, yes, yes;" when asked his age, he replied (after saying, "you want to know so as to find out my age,") "thirty-three," which was correct; when told to write it, he wrote plainly James Thompson; when asked to read some large print, he read his own name, and when told to spell out the words of the print, he began "J-a." Has good power over extremities and sphincters, will raise his right arm when asked, but appears to forget to let it down again. No heart affection discovered.

9th.—Is quite bright and intelligent, and has very little difficulty in saying anything he wishes, but does so in a hesitating manner.

11th.—At 6 a.m. awoke, after having slept from 10 p.m. the previous evening, and says that for a time he was unable to remember either persons or things, but in about an hour recovered the power of calling things to mind.

12th.—Does not appear so collected, and has greater difficulty in recalling words.

14th.—No change.

17th.—Is up. Complains of a throbbing pain in head. From this time on he progressed favorably, talked freely, but with a little hesitancy. Left Hospital October 5th.

Feb. 15th.—I have seen this patient several times through the winter, he still has a somewhat hesitating speech and seems queer. Says his memory is bad, and he often finds difficulty in getting the right words to express his ideas. He gives an account of attacks of temporary loss of consciousness, apparently of the nature of "petit mal."

This is a case of more than ordinary interest. There must have been some temporary interference with the speech centre and also with the integrity of the motor tract. We cannot suppose this to have been due to any gross lesion of these parts, else the recovery would not have been so rapid, but more probably to some impairment of their functional activity owing to a deranged blood supply. In this view we suppose a small extravasation to have taken place, or a thrombus to have formed in some vessel, causing a slight lesion in the neighborhood of the anterior convolutions of the Island of Reil on the left side, not directly involving either the speech centre or the motor tract, but doing so indirectly or temporarily by pressure, or a collateral hyperæmia.

The hemiplegia may possibly have been caused by the rupture of a small vessel during the struggles attending the ætherization. In the discussion upon this paper a case was mentioned which occurred some years ago in this city, of an old man who was ætherized for a cataract operation. He seemed to "go off" nicely, and the extraction was made, but the patient could not be roused from the heavy soporose condition into which he had fallen, and died the same night. At the autopsy an apoplectic clot was found in the brain.

In an article on the administration of æther in the proceedings of the King's County Medical Society for October, 1879, Dr. H. F. Williams mentions a case of mastoid disease in which æther

was administered, and the patient became comatose within 30 hours, but whether the æther had anything to do with the fatal issue is doubtful.

Such facts should be borne in mind when administering æther to old persons or to individuals with arterial degeneration. In several such cases I have been very uneasy when watching the severe struggles which so frequently precede complete ætherization. I am told by Dr. Buller that Mr. Jonathan Hutchinson makes it a rule not to give æther to persons over 60, on account of the dangers attendant upon congestion of the cerebral vessels in the aged.

---

### Hospital Reports.

#### NOTES OF SOME CASES TREATED AT THE MONTREAL DISPENSARY.

By R. MACDONNELL, B.A., M.D., M.R.C.S., Attending Physician,  
Assist. Demonstrator of Anatomy, McGill University.

##### CASE I.—*Necrosis of lower jaw from Phosphorus poisoning.*

— J. B., æt. 12, a strumous-looking lad, an apprentice in a brass foundry, presented himself at the Montreal Dispensary on the 13th June, 1878. There was an ill-defined swelling about right side of lower jaw, with toothache and fœtor of breath. The first molar was removed, it being carious. Three days afterwards he returned to say that he felt no more pain. Ten days after the extraction the neighboring molar fell out, soon followed by the bicuspids, and the bare bone was felt in the empty sockets. The mucous membrane of the mouth was unusually pale, and a thin red line fringed the margins of the gum of the lower jaw. On questioning him more closely, it was discovered that he was an adept in the art of holding burning matches in his teeth, illuminating the interior of his mouth, and leading his juvenile companions to suppose him to be some demon of the lower world.

On the 1st August, 1878, the alveolar process of the right side of the lower jaw was bare as far forwards as the canine tooth, and the gum receded from the edges of the tooth sockets to the extent of about a quarter of an inch. There was much suppuration. Affairs remained stationary for about a month,

when I suggested that measures should be taken to assist nature in the removal of so large a piece of dead bone. The boy's mother then took him away from the Dispensary. At the end of a year, I met the patient in the street, and was told that a large piece of bone had come away, and that his jaw was now quite well.

The exposure to the fumes of phosphorus seems in this case to have been very slight. There are similar cases on record. Mr. S. Jas. A. Salter quotes two. In the one (Pluskal's case), a little girl, seven years of age, was attacked with necrosis of the lower jaw owing to her habit of playing with matches, standing before a wall and discharging them in the dark for amusement; while in the other (Simon's case), the disease appears to have been brought about by a person chewing pieces of ginger which he kept in his pocket with some lucifer matches.

CASE II.—*Alveolar Abscess, pointing externally.*—M. G., æt. 45, cabman. Nine days ago left jaw began to swell. Presented himself at the Montreal Dispensary on the 9th September, 1879. Complains of very intense pain over left ramus of the lower maxillary bone, where there is tense swelling, with obscure fluctuation. This swelling extends generally over the upper part of the neck. The front teeth can only be separated to the extent of about a quarter of an inch. Thick creamy coating on tongue; breath most horribly foetid. Made incision over the ramus of the jaw and removed an ounce of exceedingly foul-smelling pus. Pain and sense of suffocation disappeared. The patient could now open his mouth. There were three decayed teeth, with pus welling up around and through them. I could not prevail upon him to have these teeth removed. The external wound soon healed, and suppuration ceased.

CASE III.—*Swelling and Induration of Tissues about the lower jaw caused by Alveolar Suppuration.*—J. K., a nursemaid, æt. 20, had for nine or ten days been suffering from a swollen face. When she came to the Dispensary the left half of the face was puffy. Over the inferior maxillary bone the integument was

firmly glued down to the bone. The jaws were fixed, and could not be separated to any extent. I found that the first molar on that side was loose, and extracted it. There was the small sac usually found in such cases at the extremity of the fang. The symptoms disappeared in a few days. A month afterwards this girl reappeared with precisely the same condition of affairs on the right side of the face. Recovery followed another extraction.

CASE IV.—*Alveolar Abscess; much constitutional disturbance.*—Annie R., æt. 37, a widow; has had aortic regurgitation for last 15 years. On the 29th October, 1879, complained of “stiff neck.” At first the right side and afterwards the left was affected; pain very intense. Morphia injections gave temporary relief; liniments and fomentations gave none. On the 2nd Nov., the pain was all on the left side of the neck and face, and radiated in the latter situation from three divisions of the fifth nerve. The swelling on the face was general, and there was none of that induration of tissues about the lower jaw observed in the other cases. Tongue very uniformly and very heavily coated, and enlarged to such an extent that each tooth made a deep impression upon it. Subsequently these impressions became ulcers and demanded special treatment. The ulcers on the left side were much deeper and more painful than those on the right. Gums greatly swollen. Breath most horribly foetid. Jaws fixed, so that tongue could not be protruded. Saliva, creamy and very offensive, dribbled from the mouth. Great pain in left ear. The patient became very feeble in a few days. Extraction was objected to. The patient could not believe that her teeth were not in good order. She had had a molar stopped about three years ago; on one or two occasions she had felt this tooth a little uncomfortable. All symptoms subsided in a week after extraction had been performed. There was the usual sac upon one of the fangs of the tooth extracted.

CASE V.—*Acne Indurata of many years standing. Success of the Chrysophanic Acid treatment.*—Delia F., æt. 53, married. Has six healthy children; habits temperate; no history of



syphilis. Never suffered from any stomach derangement, nor from uterine disease. Face has always been pimply, but for the last three years it has been covered with large indurated pustules. At present the disease extends all over the face, being especially worse about the roots of the hair and behind the ears. She has had all kinds of treatment, including arsenical and mercurial courses. Wishing to test the value of chrysophanic acid in such cases, I purposely avoided the use of any other remedy, either internal or external, and, moreover, I treated one side of the face before the other.

On the 23rd Jan'y, 1879, hostilities were commenced against the parts about the right ear. The ointment used was a weak one, being of the strength of 15 grains of the acid to the ounce of lard. At first I applied it myself every second, and afterwards every day. It produced a deep-red discoloration. In three weeks the right half of the face was quite well. In seven weeks the cure was complete. A few days ago she told me that there had not been any return of the disease.

CASE VI.—*Paralysis of Muscles of the Thumb, supplied by the deep Ulnar Nerve.*—A. B., æt. 20, a stout, well-built young man, while bathing, received a blow over the right "funny bone." For some months afterwards he felt pain over the inner condyle of the humerus, increased by raising the arm. Felt this pain very severely whenever he raised his hat to bow to any one. For the last month has felt pain about the palm of the right hand, with loss of power in the right thumb. He came under my care exactly one year after the accident. At that time he found great difficulty in writing and in using his dinner knife. The muscles of the right thumb are not perceptibly smaller, but they are decidedly less firm than those of the left. Flexion of the fingers is quite strong. The action of closing the thumb against the index is very feeble. On putting my own finger into the interspace between his index and his thumb, I feel very little pressure. He can oppose the thumb to the fingers quite properly. When his hand is placed flat on a sheet of paper, it is found that the extent of abduction of the index of the injured

side from the middle line is  $\frac{3}{4}$  in. less than that on the sound side. I inferred that there was paralysis of those muscles of the thumb supplied by the deep branch of the ulnar nerve, viz., the short head of the flexor brevis pollicis, the adductor pollicis, and the 1st dorsal interosseous.

Faradization was the treatment adopted. After each sitting the index could be a little more abducted. The treatment ceased when it was found that the extent of abduction from the middle line of both indices was the same.

*The treatment of Indolent Ulcers by a modified and simpler plan of applying the principle of Baynton.*—Take a piece of common adhesive plaster, a little smaller than the page of the "Canada Medical & Surgical Journal" on which this note is written, and fold it lengthways. At a distance of about an inch and a half from the top make a transverse cut half way through the width of the doubled piece of plaster. Make a similar cut on the other side of the doubled plaster, the same distance from the bottom, and join the inner ends of the two incisions. There will then be two pieces of plaster. Apply one piece on each side of the ulcer, having previously bandaged evenly from the toes up, and draw the one leg of one piece through the two legs of the other. The borders of the ulcer will thus be drawn together, and pressure will be made on its raised edges. Then bandage the leg up to the knee in the usual manner. The plaster should be changed every two or three days. This dressing has one great advantage over the plan of Baynton, in that it can be applied in a few minutes. Where the ulcer is very indolent, a solution of iodoform in ether may be brushed over the surface of the ulcer.

With this dressing I have succeeded in healing some few very obstinate ulcers, the patient continuing his daily work while undergoing treatment.

---

—*Braithwaite's Retrospect* enters upon its forty-first year of publication with its January number. It retains its position as the best compendium of current foreign medical literature acceptable to the American physician.

## Reviews and Notices of Books.

*Montreal General Hospital: Reports Clinical and Pathological.*

—By the MEDICAL STAFF. Edited by WM. OSLER, M.D.,  
M.R.C.P., Lond. Vol. I. Montreal: Dawson Brothers.

It is with the greatest pleasure that we notice the appearance of this volume, which is the first collected series of Hospital papers ever published in Canada. It should be stated at the outset that we owe the successful carrying out of this undertaking to the energetic editor, who, we know, has taken great pains and spent much time upon this labor of love. Two years ago, Dr. Osler published the results of his observations in separate form as a purely pathological report. On the present occasion, however, the Hospital staff have united in giving various papers of a clinical nature, whilst Dr. Osler continues to furnish the entire pathological report. We congratulate the editor and other contributors upon the manner in which the undertaking has been carried to such a successful issue.

It is very appropriately dedicated to Dr. G. W. Campbell, the respected Dean of the Medical Faculty of McGill University, who for 45 years has been one of the leading surgeons and one of the warmest friends of the Institution.

The first paper is by Dr. Howard, upon Leucocythemia. It includes extended clinical reports of four well-marked cases coming under his observation, in connection with which the etiology and pathology of this affection are discussed. The value of the article is further increased by the frequent careful numeration of the corpuscles which was made by Gower's hæmacytometer. In some instances these observations, as well as the temperature-curve, are shown by means of lithographed charts.

The next is a short series of medical cases reported by Dr. Ross. These include certain diseases which, from their variety, are well worthy of being recorded. They are as follows: Great Dilatation of the Stomach; Hypertrophic Cirrhosis; Athetosis; and Poliomyelitis Anterior Acuta. Each of these presented features of clinical interest upon which remarks are made.

Dr. Shepherd contributes a series of abnormalities observed in the dissecting-room of McGill University.

Dr. Roddick gives first a series of fifteen cases of breast-amputation treated antiseptically; then a separate paper of surgical records, in which several cases of much interest are found—*e.g.*, a man with post-pharyngeal abscess, in whom sudden general paralysis occurred during the application of a plaster bandage; a case of removal of the rectum for cancer; death after operation for omental hernia; rapid cure of popliteal aneurism, &c. The same writer, in another place, also gives a report of an occipital meningocele, and of a remarkable case of Favus, involving the whole body; and some remarks upon the successful employment of Listerism in the Hospital during the past three years.

Dr. Osler writes one paper on four cases of Cardiac Abnormalities, and another on the condition of Fusion of two Segments of the Semilunar Valves, of which he has met with several examples. These are illustrated by three very beautiful lithographic plates by Minturn. His pathological report is similar in arrangement to the one previously published. It contains the important records of all the cases upon which autopsies have been performed in the Hospital during the past two years. It is probably the most valuable portion of the book, and reflects much credit upon its author, being clearly the result of constant careful, painstaking observation and systematic recording and working up of cases.

The remainder of the records consist of a short case of Ruptured Mitral Valve by Dr. Reddy; a well-reported case of Spinal Apoplexy, by Dr. Wilkins; a description also by Dr. Wilkins of a new Kymograph, his own invention; a number of Ophthalmic cases by Dr. Buller; and a statistical review of cases of Typhoid Fever, Pneumonia and Rheumatism, by Dr. Bell, the House Surgeon.

This volume of Hospital Reports will, we think, compare very favorably with similar productions from much older and larger institutions. At any rate, it shows that the members of the medical staff of the Montreal General Hospital have a progressive

tendency, and are anxious to contribute the results of their observations for the general good. The articles themselves bear evidence of having been prepared with considerable care. The paper, type and binding are exceptionally good, and the book presents a very creditable appearance. We trust that this first volume will be followed by others of similarly good quality at regular intervals.

*The Heart and its Diseases, with their Treatment, including the Gouty Heart.*—By J. MILNER FOTHERGILL, M.D., M.R.C.P., Lond., Assist. Physician to the West London Hospital and to the City of London Hospital for Diseases of the Chest (Victoria Park), Hon. Secretary of the Harveian Society, Associate Fellow of the College of Physicians of Philadelphia. Second edition (entirely re-written); with illustrations. Philadelphia: Lindsay & Blakiston.

The author of this work is well known both in England and America as one of the accomplished writers of the present day. He possesses in a remarkable degree the power of presenting his subject-matter to his readers in no commonplace manner, but in a way which is calculated to lend interest to whatever may be said. This happy faculty is particularly exemplified in the book which is before us, and which is one of the most valuable of many contributions made by Dr. Fothergill to medical literature. One might think that with the many good monographs already in our possession there was no *raison d'être* for still another, but we think the reason given by the author for the original undertaking affords ample justification for its appearance—viz., that of late years such considerable advances have been made both in the physiology of the heart and the circulation, and in investigating the action of remedies upon this organ and in many other cognate directions, that it is important that the sum total of knowledge thus acquired should be collected together in suitable form. The reading of any chapter will show how fully conversant the author is with these modern researches.

From a clinical and practical point of view, the most important thing in connection with heart diseases is correct appreciation of

the natural history, development and general condition of the different typical affections. Many of the classical descriptions—those of Walsh, for instance, and Flint, in a less degree—though accurate and minute in each department, yet fail to meet us in this way. The method and the style of Dr. Fothergill, on the other hand, cannot but convey to the careful reader the distinct remembrance of a series of types of disease, each possessing a special natural history, and distinguished from the others by special well-marked features. We look upon this as one of the best books on heart disease in our language. It conveys clear outline pictures in very pleasant manner, and is at the same time an epitome of modern-science views upon the derangements of the heart.

*A system of Midwifery, including the Diseases of Pregnancy and the puerperal state.*—By WILLIAM LEISHMAN, M.D., Emeritus Professor of Midwifery in the University of Glasgow, Physician for Diseases of Women and Consulting Physician to the Obstetrical Department in the Glasgow Western Infirmary, &c., &c. Third American edition, revised by the author; with additions by John S. Parry, M.D. With two hundred and five illustrations. Philadelphia: Henry C. Lea.

Leishman's is certainly one of the best systematic works on midwifery. It is very complete in all the parts essential for such a treatise, but perhaps the chapters which are most valuable are those upon the mechanism of labor. A knowledge of the true mechanism of ordinary labor constitutes, of course, the foundation of all correct understanding of the various mechanical troubles liable to occur during parturition. We have been assured by one who has been in the habit of teaching midwifery privately to students, that he knows no book from which the necessary details of the steps concerned in the passage of the child's head through the pelvis are more readily understood and retained than Leishman's. The writer holds strong opinions of his own, formed from a very extensive experience and observation. This, however, does not oblige him to dogmatize, for in all matters open

to differences of opinion we find him very fairly representing the ideas and teachings of others.

With reference to the removal of the placenta, Dr. Leishman advises "keeping the hand upon the uterus and aiding its contraction by means of firm pressure." He further says, "This method of expression or squeezing the placenta and membranes out of the womb has long been practised, but, fortunately, of late years, more particular attention has been directed to it under the name of 'Crede's method,' so that this mode of managing the third stage is now becoming—as it ought to be—very generally adopted." From our own experience we are convinced that this is the proper plan to follow, and that making traction on the cord as even yet practised by some should be altogether abandoned. Under "Crede's method" much less is heard of cases of retained placenta, hour-glass contraction, &c.

Dr. Leishman is moderate and philosophic in his directions as to treatment of the various puerperal complications, making, above all, a sound knowledge of pathology and the end to be obtained underlie our attempts at therapeutics. Take for instance the still vexed question of bleeding in puerperal convulsions. Whilst this is one of the now few remaining strongholds of the Sangrado school, our author properly says "that it would be better to do nothing at all than to bleed without selection of cases," and again, "I incline strongly to the belief that the rejection of the lancet has been too absolute."

The work is well illustrated, and gotten up in the good style of the publishing house from which it appears. To practitioners and students it is to be strongly recommended as a safe and reliable guide to the modern practice of midwifery.

*A Dictionary of the German terms used in Medicine.*—By GEO.

R. CUTTER, M.D., Surgeon of the New York Eye and Ear Infirmary, Ophthalmic and Aural Surgeon to the St. Catherine's and Williamsburgh Hospitals, &c. New York: G. P. Putnam's Sons.

For any one nowadays to be kept well-informed in the recent advances being made in any branch of medicine, either scientific

or practical, it is almost a matter of necessity that he read German. To all those thus engaged, this publication of Dr. Cutter's will be very welcome. None of the dictionaries of foreign languages contain all the technical words in general use in the arts and sciences, and thus, not unfrequently, a tyro will find himself at a loss owing to inability to render the exact signification of some given word. This deficiency is admirably filled by the little lexicon before us, which has so opportunely been offered to the medical public. It appears to have been compiled with great care, and is very complete. The book is gotten up with unusual nicety, and presents a particularly neat appearance; the typographical work also is extremely well executed. There can be no doubt but that it will be thoroughly appreciated and widely circulated.

*A Manual of the practice of Surgery.*—By W. FAIRLIE CLARKE, M.A. and M.B. (Oxon.), F.R.C.S., assistant Surgeon to Charing Cross Hospital. From the last London edition, revised and edited with additions by an American Surgeon. New York: Wm. Wood & Co.

This volume of practical surgery will be found an excellent compend or condensation for students, as well as a useful companion for reference. Consisting only of 300 pages, and extending over the whole range of surgical practice, the chapters devoted to each department are necessarily short and much compressed, but we are clear in saying that as far as it goes it will be found a safe and trustworthy guide to the practice of surgery. It contains a great many illustrations, many of which, we are informed by the author, are from original drawings of his own from cases occurring in Charing Cross Hospital.

The American editor has also materially added to the value of the book by the additions made by him to the original text. These serve to bring down the writing to the very present day, and gives the latest improvements in several important surgical procedures—especially, details containing antiseptic management, the elastic bandage, Sayre's jacket, Buck's apparatus



for fracture of the thigh, &c. Bigelow's method of Litholapaxy is also given as well as the performance of Tracheotomy without tubes. A chapter on transfusion has also been introduced.

Clarke's manual must be admitted to be one of the best condensed handbooks of surgery yet published. It well deserves its place in "Wood's Library."

*A Treatise on the Theory and Practice of Medicine.*—By JOHN SYER BRISTOWE, M.D., Lond., Fellow and formerly Censor of the Royal College of Physicians, and Joint Lecturer on Medicine at St. Thomas' Hospital, Examiner in Medicine to the Royal College of Surgeons, &c. Second American edition, revised by the author; with notes and additions by James H. Hutchinson, M.D., one of the attending Physicians to the Pennsylvania Hospital, Physician to the Children's Hospital, Philadelphia. 8vo., pp. 1081. Philadelphia: Henry C. Lea.

Dr. Bristowe is well known in England as a most accomplished physician and able diagnostician. In connection with the great St. Thomas' Hospital, of which he is one of the senior physicians, his name has never been so well known by foreigners as that of the late lamented Dr. Murchison. This has been owing to the extraordinary capabilities of the latter as a clinical teacher, which few have ever equalled. But the scattered writings of Dr. Bristowe are very numerous, and have always carried the weight due to the words of such an experienced and careful observer. On the appearance of the first edition, the author tells us "some of his reviewers mistook him for a young man, and some regarded him as a mere literary physician." The fact being, however, that he has "been actively engaged as a teacher of medicine and its collateral sciences for the last thirty years, and has been one of the physicians to a large hospital for more than five and twenty of them." Since the introduction of this work to the medical public on this side of the Atlantic, it has been received with much favor, and has in several places been introduced amongst text-books to be recommended. This recommendation we can most heartily endorse.

It is very complete, considering the immense field that has now to be traversed in a systematic work of this kind. It bears everywhere, moreover, distinct and unmistakable evidences of the originality of the composition, constant reference being made to the author's own observations as bearing him out in the opinions and teachings he lays down. The style in which it is written is particularly good; it is clear and logical, descriptions being sharp and well-defined, never cloudy, ambiguous or prolix.

The additions of Dr. Hutchinson are meant mainly to supplement certain points connected with the differences observed in various diseases in America as compared with the same in England. They are separated from the general text within brackets. They no doubt add considerably to the value of the book for readers in this country.

For students, Bristowe's practice will make a capital text-book; and every practitioner wishing to have for reference the leading English authorities, should certainly find this book on his shelves.

*Diseases of Women.*—By LAWSON TAIT, F.R.C.S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for Women) to the West Brunswick Hospital, Fellow of the Obstetrical Societies of London, Dublin and Edinburgh, &c., &c. Second edition, thoroughly revised and enlarged; specially prepared for "Wood's Library." New York: Wm. Wood & Co.

The volume on disorders of the female sexual organs, of which the above is the title, forms another excellent addition to the popular "Wood's Library." It is the work of a very well-known gynecologist, and has evidently been prepared with much care. It is arranged after the manner of most systematic treatises of this kind, giving an account of the normal condition of each of the several parts of the generative apparatus, and then describing in detail the various anomalies to which each of them is subject, together with the treatment most suitable for the remedying of such defects. In this last department it is very com-

plete and satisfactory, and the reader will find here all the latest improvements which have been made in the management of uterine and ovarian disorders. It is in every respect an admirable gynecological manual, and as such will no doubt be appreciated by the subscribers to the "Library."

*Hygiene and Education of Infants; or, how to take care of babies.*—By the Société Française d'Hygiène, Paris. Translated from the French by GEO. E. WALTON, M.D., Professor of the Principles and Practice of Medicine in the Cincinnati College of Medicine and Surgery. Cincinnati: Robert Clarke & Co. 18mo. paper.

This is a small pocket volume in cheap form, which will no doubt prove itself a useful companion. It carries with it the approval of the French Society of Hygiene, and can therefore be relied upon. It teaches how to clothe, how to feed, and how to wean babies, &c., &c. It can safely be recommended to young mothers to govern their conduct in the management of their infants.

---

### Books and Pamphlets Received.

*A System of Medicine.* Edited by J. Russell Reynolds, M.D., F.R.S., F.R.C.P., Lond., &c. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D., Fellow of the College of Physicians of Philadelphia, &c. In three volumes. Vol. II. Diseases of the Respiratory and Circulatory Systems. Philadelphia: Henry C. Lea.

*Sore Throat: its nature, varieties and treatment, including the connection between affections of the throat and other diseases.* By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, &c. Fourth edition. Illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston.

*The Student's Guide to Diseases of the Eye.* By Edwd. Nettleship, F.R.C.S., Ophthalmic Surgeon to St. Thomas' Hospital. Philadelphia: H. C. Lea.

*Clinical Lectures on the Diseases of Women, delivered in St. Bartholomew's Hospital.* By J. Matthews Duncan, M.D., LL.D., F.R.S.E., &c. Philadelphia: Henry C. Lea.

*Lectures on the Diseases of the Nervous System, delivered at La Salpêtrière.* By J. M. Charcot, Professor to the Faculty of Medicine of Paris, &c. Tran-

slated from the second edition by George Sigerson, M.D., M.C.L., Licentiate of the King and Queen's College of Physicians, &c. Philadelphia: Henry C. Lea.

*A Treatise on the Science and Practice of Midwifery.* By W. S. Playfair, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh, &c. Third American edition; revised and corrected by the author, with notes and additions by Robert P. Harris, M.D. Philadelphia: Henry C. Lea.

*A Manual of Pathological Histology.* By V. Cornil, Assist. Professor in the Faculty of Medicine, Paris, and L. Ranvier, Professor in the College of France. Translated, with notes and additions, by E. O. Shakespeare, A.M., M.D., and J. Henry C. Limes, M.D. Philadelphia: Henry C. Lea.

*Brain-work and Overwork.* By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, &c. Philadelphia: Presley Blakiston.

*Puquetin's Thermo-Cautery, with Wilson's Antithermic Shield in Epithelioma of the Cervix Uteri.* By H. P. C. Wilson, M.D., Baltimore, Md., Gynecologist to St. Vincent's Hospital, &c.

*On the Internal Use of Water for the Sick and on Thirst.* A clinical lecture at the Pennsylvania Hospital, October, 1879. By J. Forsyth Meigs, M.D., one of the attending Physicians to the Hospital. Philadelphia: Lindsay & Blakiston.

*The Therapeutics of Gynecology and Obstetrics, comprising the Medical, Dietetic, and Hygienic Treatment of Women, as set forth by distinguished contemporary specialists.* Edited by Wm. B. Atkinson, A.M., M.D. Philadelphia: D. G. Brinton.

#### REPRINTS.

*Malignant Degeneration of a Fibroid Tumor of the Uterus.* Large false aneurism in the substance of the growth. By Drs. H. Blodgett and Clifton E. Wing, Boston.

*Nitro-Glycerine as a Remedy for Angina Pectoris.* By Wm. Murrell, M.D., M.R.C.P., Lecturer on Practical Physiology at Westminster Hospital.

*Posture in the Treatment of Intestinal Colic and Ileus: with a consideration of the pathology of "Spasmodic Colic."* Being the supplement to a paper read before the New York Academy of Medicine, May 1, 1879. By Frank H. Hamilton, M.D.

*Boracic Acid: A new Remedy for Eye Diseases.* By Samuel Theobald, M.D.

*Ovariectomy*—Patient 67½ years; weight of Tumor 60 lbs; extensive adhesions; recovery. By W. F. McNutt, M.D., L.R.C.P., Ed., &c., Professor of Medicine, Med. Dept. University of California.

## Proceedings of Societies.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The regular meeting of this Society was held on the 30th of January.

Dr. F. W. Campbell drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of the members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. Osler explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. Shepherd then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. Hingston, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. Fenwick thought that, if disease were the cause, indications of that would be unmistakable still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. Buller has knowledge of a case in a young girl, who,

having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. Fenwick mentioned that a gentlemen who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously, afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The President did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, a dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. Shepherd explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator foramen was characteristic. Loss of the trochanter minor was to be remarked. No case of hip disease ever presented just such features as this.

The President read a letter from Dr. Larocque, enclosing a resolution bearing on sanitary matters, which was referred to the Council to report at a subsequeunt meeting.

---

The regular meeting of this Society was held February 6th.

Dr. Browne read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady aged 63. A small hernial projection showed itself after an attack of diarrhoea; this rapidly inflamed and suppurated, and ultimately opened and dis-

charged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of omentum, but the actual situation from which the blood came could not be determined.

Dr. Campbell has had two cases of umbilical hernia in adults, one of these ending in the same way as Dr. Browne's. In this case the patient had repeated hemorrhages from an ulcerating hernia.

Dr. Browne also read a case of Typhoid Fever. The symptoms in the early days were very severe, including constant delirium, prostration, and subsultus. The wet sheet packing was twice employed, the first time with markedly good effect. Towards the end of illness pus appeared in the urine, though there were no symptoms pointing to inflammation of the bladder or kidney trouble.

Dr. Osler remarked that he had examined the urine, and believed it to be from an inflamed bladder. He also spoke of the frequency with which he had seen post-mortem fœcal accumulations in the large bowel, and advised laxatives in the later stages.

Dr. Kennedy had not seen good results from large doses of quinine, he prefers small repeated doses.

Dr. Buller suggested the possible connection between application of cold and cystitis.

Dr. Hingston thought in this case the scybala had been present while profuse diarrhœa was going on, and spoke of the frequency with which this condition is met with.

Some discussion then followed upon the subject of the tracing of the origin of Typhoid Fever, several members giving instances where this had been found possible.

Dr. Osler suggested that medical men should suggest to their patients asking for a certificate from some sanitary engineer saying that the house drains have been examined and found properly connected.

Dr. Ross read the notes of a case of Acute Purulent Meningitis. The report showed an acute otitis in a previously healthy young man, followed by delirium and left hemiplegia and death

with coma. The autopsy discovered extensive purulent inflammation of the brain. (This case will be found amongst the original communications.)

Dr. Buller had seen the autopsy, and was presented with the temporal bone for examination. After careful searching he found a small opening in the antrum mastoideum, through which the pus had reached the brain. The tympanum showed the signs of catarrh.

In answer to Dr. Ross, Dr. Buller considers that acute otitis is more dangerous as to meningitis than more chronic cases.

Dr. Osler showed specimen of gall bladder firmly contracted upon two large gall stones with obstruction of the cystic duct.

Dr. Finnie stated that the patient from whom this had been taken presented some years ago a large abdominal tumor, the exact nature of which had remained uncertain. The enlargement ultimately disappeared.

Dr. Campbell stated that the Medical Hall were anxious that this Society should occupy the new rooms at once, rent to begin on 1st October. He would suggest that steps be taken for this purpose at once.

It was moved by Dr. Fenwick, seconded by Dr. Kennedy, that the Council are hereby authorized to proceed at once with necessary alterations in new premises.—*Carried.*

---

#### BATHURST & RIDEAU MEDICAL ASSOCIATION.

The semi-annual meeting of the Bathurst and Rideau Medical Association was held at Ottawa on the 3rd inst. Owing to some technicality the officers could not be elected till next meeting. Dr. Grant opened the proceedings by an address on the subject of the importance of regular physical training in early youth, and deprecated the prevailing system of education, believing that by it the brain was often over-stimulated and the muscles neglected. Dr. Lynn retired from the secretaryship, and Dr. Whiteford was appointed in his stead *pro tem.* Dr. Kellogg, of Perth, read a short paper containing an account of a recent trip to New York, giving notes of some interesting cases observed in



Bellevue Hospital, with extracts taken from the clinics of Thomas, Sayre, Flint and others. Drs. Cranston, of Perth, S. C. Malloch, and Powell, of Ottawa, were nominated to read papers at the next meeting, to be held at Carleton Place, in August.

---

### Extracts from British and Foreign Journals.

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

#### **Pyelitis cured by Incision in the Loin.**

—Dr. Habershon reports to the Clinical Society of London the case of a man admitted with a history of purulent urine. A deep fluctuating swelling was found in the situation of the left kidney. After exploratory puncture, this was freely opened under spray by Mr. Davies-Colley; about two pints of pus escaped. It was drained, and the patient quite recovered. The following are a part of the remarks which were made:—

The patient, on admission, was feverish, and in constant pain and distress; there was hectic, and his strength was rapidly failing, and nothing could be more marked than the relief and almost daily improvement after the evacuation of pus had been made by Mr. Davies-Colley. If the operation had been postponed, Dr. Habershon had no doubt the man would soon have become exhausted; and the operation might, he believed, be more frequently resorted to in these cases with benefit, and with the saving of life. It would be well if the whole gland could be safely removed, for it had become the mere cyst of a chronic abscess, and it formed a persistent source of irritation. From the large size of the abscess, it might be doubted whether the suppuration was external to the gland; but it was well known that the pelvis of the kidney might attain to enormous proportions. Some years ago, a man was under care in Guy's Hospital who, from the age of sixteen or seventeen, suffered from periodic discharges of pus from the bladder, the discharge of pus being preceded by the formation of a large projecting sac, extending from the ribs to the iliac fossa on the right side. It was found, after death, that a calculus blocked up the ureter on the right side, and that pus collected in the distended pelvis of the kidney,

so as to reach several pints in quantity; when the distension became excessive, there was a sudden discharge, and the swelling subsided. The distension of the ureter had become greater than the obstructing calculus, and the passage was then free. These attacks recurred, sometimes with intervals of several years, and the patient attained the age of sixty-four years. He died in Guy's Hospital from cancerous disease at the upper part of the remains of the kidney on that side. Mr. Davies-Colley said that the character of the abscess cavity seemed to indicate that it was formed by the dilated pelvis of the kidney. It consisted of a number of smooth-walled compartments freely communicating with each other, and partially separated by ridges, which were most of them encrusted with a calcareous deposit. With the exception of a short period during which pyrexia returned from the too early removal of the tube, the patient's progress to recovery was steady. He wore the tube for a month after he left the hospital on May 15th. The discharge at first increased, probably from the discontinuance of the antiseptic treatment. It then gradually diminished, and finally ceased altogether at the end of October. His general health was good, but he had to be careful about his diet. Meat made him sick, so that he lived chiefly upon bread and milk. On November 5th, when last seen, the wound had been quite healed for two weeks, and there were no signs of any abdominal tumor, although he was examined carefully in the recumbent posture. Mr. Golding-Bird endorsed the opinion that the man's safety in this case was consequent on the action taken. The necessity for surgical interference was illustrated by a case he had seen for Mr. Durham, being that of a man with a swelling in the loin, but having also a bladder affection. It was a matter of uncertainty at first which indication to treat primarily. He decided, however, to cut down on the kidney, and when he explored it, he found no stone, but some small concretions. The case did well, and he felt that, the danger being small, and an incision on to the kidney involving no serious evil, in confirmation of diagnosis simply, it ought to be incurred.

**The Teaching of Therapeutics.**—The following from the *College and Clinical Record* is a sign of the times.

Almost all advanced teachers of the present day have inveighed sorely against the enormous quantity of useless pharmaceutical matter which many students are still forced to spend time in learning :—" The method adopted by the new professor of these branches, Dr. Roberts Bartholow, is very popular with the students generally. The dry details of the physical properties of drugs in all their minutiae are only lightly touched upon, in comparison with the more important principles of therapeutics, which receive elaborate discussion and consideration. The large experience of an earnest and thoughtful practitioner is made to bear rich fruit as thus imparted to the hundreds of students who are his almost daily listeners. A group of remedies, of similar physical properties, is considered as a whole in their therapeutical actions, rather than elaborated individually. Of course the most important articles, such as quinine, opium, etc., receive separate and distinct notice, but the trivialities of the *Materia Medica* are left to be learned in the after-experience of student or professional life ; in other words, the course is a thoroughly practical one, imparting many a useful lesson which the practitioner of the next or the succeeding year—now the student of to day—will treasure up for his own guidance."

### **A Modification of Blood Transfusion**

is described by Professors Bizzozero and Golgi, which by its scientific handling contrasts pleasantly with some of the vagaries recently produced in this field. Some months ago a suggestion was made by Ponfick to inject the blood into the peritoneal cavity. The necessary experiments, performed upon rabbits, are now related by the authors (*Centralblatt*, N. 51, 1879). They find that this is a safe and harmless procedure. The blood disappears speedily from the abdominal cavity, and does not leave the body with the urine. The increase in the amount of hæmoglobin in the blood could be directly measured, and lasted for weeks. The results were the same, though more marked, in animals bled before the transfusion. The originator of this method, Professor Ponfick, of Breslau, related his own experience in the *Aerztl. Zeitschrift*. In animals he had observed that blood injected into

the peritoneal cavity disappeared completely. Moreover, this injection, if *defibrinated* blood was used, was tolerated without unfavorable reaction. Thus encouraged, the procedure was performed upon three patients with decided success. The only unpleasant consequences were temporary slight fever, and slight abdominal tenderness. A glass funnel was connected with a sharp canula by means of rubber tubing; after filling this apparatus with warm defibrinated blood, the canula was thrust through the abdominal wall. Between 200 and 350 grams of blood were used in the individual cases.

**The Treatment of Chlorosis.**—The experiments which have been carried on by M. Hayem for several years show that there is in chlorosis not only a diminution of the number of red corpuscles, but that there is in addition an individual change in the corpuscles themselves. This modification is owing to the fact that the red corpuscles possess an insufficient quantity of hæmoglobin. Iron acts by preventing this individual alteration in the corpuscle. To this statement it may be objected that compounds of iron are only of use to the organism indirectly, by stimulating the appetite. Chlorosis is generally accompanied by well-marked and obstinate anorexia. But it is understood that many of the preparations of iron stimulate the appetite, and it may therefore be asked whether chlorotic patients who take iron and recover their appetites are unable to assist in renewing not only the number but the quality of their red corpuscles. For the purpose of demonstrating this fact, M. Hayem, in conjunction with M. Regnault, has undertaken a series of experiments, in which insoluble preparations of iron, such as potassium ferrocyanide, which pass through the organism unchanged, were administered. The experimenters found that these preparations are absolutely incapable of assisting in the renewal of the blood. M. Hayem then adopted the plan of making his patients inhale oxygen. M. Demarquay first showed that this was one of the best methods for stimulating the appetite. M. Hayem caused his patients to inhale oxygen to the extent of ten litres a day at two or three sittings, and has thus obtained wonderful results in

regard to stimulation of the digestive functions. Chlorotic patients who could scarcely be induced to eat raw innutritious vegetables became perfectly ravenous after some days of this treatment, and ate five or six of the hospital rations in the course of 24 hours. The quantity of urea eliminated in the same time rose from 10-12 grams up to 35-40 grams per diem. The general health was improved, and the body weight increased, but the patients retained their characteristic color, and still remained chlorotic. In fact, the examination of the blood showed that a marked increase in the number of blood corpuscles had occurred, but that the essential alteration, that is to say, the insufficiency of hæmoglobin, still remained. The patients under these conditions, therefore, made a large number of corpuscles, which were no longer normal. After the expiration of two or three months of this treatment the scarcity of coloring matter in the red corpuscles as shown by the microscope contrasted markedly with the improvement in the digestive functions and in the general health, and it was only necessary to stop the inhalation of oxygen to see the patient return to his former wretched condition. To complete his experiments it only remained for M. Hayem to combine the inhalation of oxygen with the administration of soluble preparations of iron. The red corpuscles were then not slow to recover their physiological properties, the beneficial results being hastened by the fact that under the influence of oxygen the alimentary canal is rendered more tolerant of the iron. From these results it may be concluded: (1) That soluble preparations of iron are alone capable of modifying that change in the red corpuscles which is the essential character of chlorosis. (2) In chlorotic patients affected with dyspepsia inhalations of oxygen should be considered as a beneficial adjuvant to the treatment of iron. (*Le Concours Médical*, July 26, 1879.)—*The Practitioner*, Nov., 1879.

### **Ethyl Bromide or Hydrobromic Ether.**

CASES OPERATED ON UNDER ITS INFLUENCE.—By G. F. SOWERS, M.D., of Philadelphia.—First brought into notice by Dr. Turnbull, of this city, it has well sustained the reputation which he

gave it. Recommended by Dr. Turnbull to Dr. Levis, it has been employed quite frequently by the latter gentleman as an anæsthetic in his clinical service at the Pennsylvania Hospital. In no case, as yet, have dangerous symptoms presented themselves in anæsthesia produced by the bromide. Its action, while more prompt, is no more dangerous than that of ether, and while anæsthesia is as profound under its influence as that of either ether or chloroform, it is much more evanescent, patients perfectly anæsthetized being able, in from two to four minutes after its withdrawal, to walk or perform any motion requiring co-ordination. Another advantage of this agent is the small amount required to produce anæsthesia; two drachms will, in from one to three minutes, produce an anæsthesia as profound as an ounce of ether; its cost is, of course, a consideration; at present the bromide is worth about 40 cents an ounce, but when we take the relative quantities of other anæsthetics required to produce anæsthesia, the expense is not any greater, if as great. Under its influence any class of operations may be performed; major and minor operations are alike painless. Further, there is not present that depressing influence so often found in the use of ether and chloroform, nor is the desire to vomit present after its use, though occasionally there is slight, but not marked nausea.—*Phila. Med. & Surg. Reporter.*

### **Arsenic in Uterine Hæmorrhage.**—

By GEO. S.-RANKING, M.D., Chester.—I have noticed an extract in the *Practitioner* for October from the *Virginia Med. Monthly*, May, 1879. It occurs at page 249, and is entitled “Arsenic in Uterine Hæmorrhage.” An experience of over four years in India has shown me the great benefit which accrues from the use of arsenic in menorrhagia. As you no doubt know, menorrhagia is extremely common in women in India, and has seemed to me to bear some direct relation to ague. I am inclined to think, however, that ague is not a cause of menorrhagia, but that the administration of quinine in doses sufficiently large to check the ague is a certain cause of menorrhagia, if given within a week or ten days of the period. This opinion was

forced upon me by my seeing that in cases where there had not been ague, but where quinine had been given merely as a tonic, menorrhagia was of very common occurrence. In the cases, however, where there was ague and menorrhagia combined, I gave arsenic for the ague and found that the menorrhagia was improved. Thinking the arsenic might have had a beneficial effect, I then tried it in cases of uncomplicated menorrhagia with success. The doses I gave were usually 10 drops of Fowler's solution twice a day either alone or in combination with a mineral acid, after food.

Whilst on this point I may mention that my experience has so strongly convinced me of the ebolic properties of quinine, that I never fail to ask as to the presence of pregnancy before ordering a dose of quinine. If pregnancy stands in the way of quinine, I have never found arsenic, which I have of late combined with hydrobromic acid, fail to remove the aguish attack. The fact of the efficacy of quinine in ague, taken in conjunction with its action on the uterus led me to try ergot in cases of ague, and I found it extremely efficacious in checking the paroxysm.—*The Practitioner*.

**Injection of Chloral in Treatment of Tumors.**—Dr. Antonio Pupi, in *La France Médicale*, reports a case of rapidly extending erectile tumor, situated in the naso-palpebral region, which he succeeded in curing by injecting chloral into the base of the tumor, after having failed to arrest the disease by other methods. He was led to try this method from the fact that chloral is not only a hæmostatic and cicatrisant, but that it also has the power of coagulating recently drawn blood, the coagulum so formed being insoluble. Three injections were made, at intervals of fifteen days, the strength of the solution being one to ten of distilled water. Each injection was followed by tumefaction, which, however, was painless, and lasted only four or five days. The cure was so complete, that the traces of the tumor could be detected only by one who was acquainted with the case.—*Phil. Med. and Surg. Reporter*.

**Arsenic hypodermically in Chorea.**—

Dr. W. A. Hammond (*St. Louis Clin. Rec.*, Oct. 1879), claims excellent results from the hypodermic injection of Fowler's solution in chorea. He states that a much greater amount may be used hypodermically without toxic symptoms than can be administered by the stomach, and that no gastric disturbance follows its use in that manner. He advises increasing the amount injected by one drop every day or every alternate day, beginning with from 5 to 10 drops three times daily. To prevent cellulitis and cutaneous inflammation choose a spot where the skin may be readily lifted from the subjacent tissues (a point midway between wrist and elbow is recommended by him), inject slowly into the *cellular* tissue, after having diluted the solution with 2 or 3 parts of water or glycerine, preferably the latter. He states that he has often injected 35 drops as an initial dose.

**Citrate of Caffein as a Sedative Antidote and Diuretic.**—

Dr. L. Shapter (*The Brain*, Oct. '79), directs attention to some new uses of the citrate of caffein. In advanced cases of cardiac disorder where muscular embarrassment and neurosal incoördinate cardiac action with their consequences have to be met, the citrate of caffein in doses of from grs. iii to grs. v may be looked to: (a) to induce coördinate action of the heart; (b) to increase vascular pressure and promote free and almost instantaneous diuresis and (c) to stimulate a heart gradually being relieved of its source of embarrassment to a more vigorous and forcible circulation. In these several ways the citrate of caffein is an important aid to the tonic action of digitalis, for unless the heart and circulation be relieved by it or by diuretics or cathartics, tonic doses of digitalis will only make a further demand upon the embarrassed muscle to contract more forcibly upon its over-loaded chambers. Caffein by its diuretic virtues and its power of promoting equilibrium in the cardiac and general circulation, paves the way for the safe and efficient use of cardiac tonics. With such powers it is indicated in the melancholia of brain workers, in the de-



pression of spirits of drunkards, in asthenic mania as well as in cases of heart disease.

**Expectoration in Phthisis as indicating Treatment.**—In an article by Dr. Derivaux, in the *St. Louis Courier of Medicine*, the writer says:—The indications of treatment derived from expectoration are important. In the first place, if this is too copious and tarries long in the air passages, it is far better to hasten its expulsion than to allow it to poison the patient by its emanations and increase the dyspnoea—often so painful in this stage of phthisis. Tonics and chlorate of potash may be chiefly relied on for this end, although it would be better in such cases not to have so much reluctance in prescribing an emetic and repeating it as occasion requires. The chief indication, however, is the diminution of the secretion, the copiousness of which is doubly pernicious for the patient, by the frightful denutrition it causes, and by keeping up a very fatiguing cough. To check this secretion many remedies have been brought forward, none of which has held its ground better than opium and its principal alkaloid, morphine. This is best given in a single daily hypodermic injection of 1 centigram (1-6 gr.). Good results will also attend the exhibition of eucalyptus preparations. According to numerous observations of Dr. Gimbert, of Cannes, a place of resort for numberless consumptives, a notable diminution in expectoration has followed the administration every day of from one to two capsules of essence of eucalyptus, of 20 centigrams (3 grs.) each. More important yet has been the success obtained in England and in France from the use of a creasote derived from the tar of the beech tree. The daily dose in the cases that fell under my observation at the hospice of Bicêtre, in the wards of my preceptor, Dr. Bouchard, Professor at the Faculty of Paris, varied from 20 to 40 centigrams (3 to 6 grs.) A remarkable improvement took place under the influence of this drug.

CANADA

# Medical and Surgical Journal.

MONTREAL, MARCH, 1880.

## A SILVER WEDDING.

With the termination of the present session, Dr. Dawson, the respected Principal and Vice-Chancellor of McGill University, will have completed the 25th year of his connection with the College. We learn that it is the Principal's intention to celebrate the occasion by entertaining all the graduates of the different Faculties at a banquet in the William Molson Hall, on the evening of 2nd April. We do not doubt that a large company will assemble to do honor to the occasion, and we hope that amongst our numerous graduates in medicine who are scattered throughout the Dominion there will be found many to come and help us of the city in demonstrating our appreciation of the rare services rendered by Dr. Dawson in the cause of higher education. We know that medical practitioners must find it very inconvenient to leave their homes even for a short time: but at the same time we do think it is to be regretted that, directly after graduation, personal association with their Alma Mater should cease at once. Occasional visits to the University by graduates resident elsewhere are always appreciated by the College authorities, and are not without advantage to the visitors themselves. It gives them an opportunity of seeing for themselves what progress is being made in the various departments, and of learning what our hopes and prospects are for the future. It affords one more occasion for the meeting of old college friends long separated and serves to maintain that family feeling which should be held toward a College by all who have had the privilege of its instruction. The day has been conveniently fixed so that any who

attend will also be able to assist at the Annual Convocation the following day.

### MCGILL MEDICAL SOCIETY.

We are glad to learn that the meetings of this Society have been kept up with great regularity during the past session, and with unabated interest on the part of the members. At the stated meeting held on the 28th ult., in accordance with notice given, a debate was held upon the subject of Listerism as applied to wounds. Messrs. Mignault and Henderson were the champions of the new method, whilst Messrs. B. E. McKenzie and Stevenson contended against the necessity for the minutiae of Listerism. Of course the *pros* were at no loss for copious illustration of the direful effects of those troublesome but invisible germs, drawn both from the abundant recent literature of the subject, and also (better still) from actual hospital cases coming under their observation. They could also point to the success which has followed the introduction of the system here as elsewhere. Their opponents, however, took well-selected ground—admitted the benefits of antisepticism in surgery, but contended that this could be secured without the complications of the spray and carbolized gauze. The results attained by Savory, Spence, Gamgee and Callender were invoked to support their view. Moreover, cases actually seen of wounds treated strictly *à la* Lister, which had become putrid, were recalled, to show that this system is no more infallible than any other.

In country parts, and without skilled assistance, it will often be utterly impossible to treat wounds by the Listerian plan, and it is therefore quite important to recognize the resources of our art apart from this single method. Altogether a very interesting debate was held, bringing out all the salient points in this which is *the* question in surgery at the present day. The vote at the conclusion was given in favor of the negative. We congratulate the society upon a successful term, and trust it will continue to receive the support of every zealous student of the University.

POISONING BY CARBOLIC ACID.—A case recently occurring in this city serves once more to emphasize to all nurses of the

sick that too much care cannot be exercised in the administration of medicines. To add to the distressing circumstances on this occasion, it was the wife herself who gave the fatal dose to her husband. The physician of the family had left with them a small quantity of pure carbolic acid, with directions concerning its proper dilution for a lotion to dress the wounds which were under treatment. On this bottle was simply—carbolic acid. On the day of the accident the doctor also sent to the house a draught for use at bedtime. This was properly labelled. But, through not taking the precaution to examine the bottle from which the supposed draught was poured, the whole of the strong acid was given, and the unfortunate man died a few hours afterwards. The coroner's jury made some reflections upon the medical attendant which are hardly deserved. In their opinion, a poison-label should have been attached to the vial containing the corrosive fluid. But, in the first place, it is not customary for druggists and physicians dispensing their own drugs, to make it a rule to so label such bottles; and in the next place, the law of the country undertakes to define what drugs shall be considered of so dangerous a nature as to need this extra precaution. Although we quite admit that it is a wise and prudent thing to guard fluids of the nature of carbolic acid and such like from accidental misuse, by carefully labelling the vials "poison"; still, as long as this is not imperative either by universal custom or by law, we do not think any one should be publicly blamed for the omission. The only moral to be drawn from this case is, that the schedule of poisons should be revised and extended. We think many drugs and strong patent medicines might with great propriety be added thereto; and we are glad to be able to state that the Council of the Pharmaceutical Association have this important matter under their consideration.

---

### Obituary.

CHAS. F. A. LOCKE, M.D., C.M.

Many will have heard with deep regret of the death of this gentleman on the 24th, at the early age of 30. He appears to have been attacked with uræmic convulsions, and died after a

few days illness; the kidney disease having been latent, and causing no definite symptoms until the sudden and fatal seizure. He was a strong powerfully-built man, of unusual vigor, and when last seen by the writer in September, looked a picture of physical health.

He was born in Barrie in 1850, and entered upon the study of medicine in 1867, at Toronto, proceeding in the following year to McGill College, where he graduated with honors in 1871. Shortly after, he went to Hamilton and entered into partnership with the late Dr. Hamilton, succeeding to the practice on the death of that gentleman. His skill and attention gained the confidence of the public to an unusual degree, and he was in the enjoyment of a large and increasing practice. He was a member of the staff of the General Hospital, and Vice-President of the Hamilton Medical & Surgical Society. In the struggle of professional life as at present carried on, something more than ability is necessary to ensure success; there must be tact, amiability and judgment, and these had been allotted in an unusual degree to Dr. Locke. From his parents he had received some of the finest qualities of our nature—inherent honesty, warm-heartedness, and good temper—qualities which go for so much in this life, and are amongst those inbred characteristics which individualize the man and make him loveable to his friends. Sprung from an Irish family, he had in his youth the impetuosity and dash of his race, and among his fellow students was a universal favorite. The class of '71 have lost the member who, above all others, contributed to make the hours of relaxation joyous; and many, when they hear of his untimely death, will recall the happy days spent at the old Cote Street School, rendered happier by the friendship of their departed classmate. The lapse of years tempered and subdued the light-hearted student, who could scarcely be recognized in the sober, thoughtful man. His naturally strong character was refined with age, and at the time of his death, in the full vigor of manhood, he presented a bright example of the Christian physician. Of a generous, warm-hearted disposition, with a keen sense of professional honor, he had acquired the friendship of many, the respect of all,

of his colleagues. One of them writes: "I have lost in Dr. Locke a professional brother whom I highly esteemed, I may say whom I loved, and whose upright, honest, straightforward, conscientious conduct had gained him hosts of friends. His success was daily increasing. His death is an overwhelming loss to his family and immediate relations, but we know that to die was gain to him, for he was deeply religious, and he leaves behind him a life that we may all well follow;—such a character we seldom meet in one so young." To his patients he had endeared himself by a course of uniform kindness and consideration, no less than by his medical skill. He leaves a widow and two young children, to whom we extend our deepest sympathy in this their great trial.

#### JAMES BOVELL, M.D.

We regret to hear of the death of Dr. James Bovell in the Island of Nevis, W.I., on the 16th of January. For more than twenty years he occupied a prominent position in the profession in Toronto, and his removal to the West Indies some eight years ago was felt to be a serious loss. He was educated at Guy's, Glasgow and Dublin, and during his residence in Toronto held the position of Lecturer on the Institutes of Medicine—first in the old Trinity College School, and latterly in the Toronto School of Medicine. He was a physician of more than ordinary culture, and enjoyed for many years an extensive consulting practice. Eight years ago he took orders in the Church of England, and retired from active professional work. He was the author of numerous medical papers and of several works, chiefly theological.

---

### Medical Items.

APPOINTMENT.—Drs. A. E. Malloch and E. G. Kittson have been appointed Visiting Physicians to the City Hospital, Hamilton, Ont., and Dr. Roseburgh has been appointed on the consulting staff

—We have received the first numbers of the *College and Clinical Record*, a monthly medical journal, conducted especially

in the interests of the graduates and students of Jefferson Medical College. Edited by Richard J. Dunglison, M.D., and Frank Woodbury, M.D. It contains a quantity of good practical material, and will doubtless be much appreciated.

**THE VACCINATION CONFERENCE.**—The result of the conference which has recently taken place on the subject of Dr. Cameron's Bill for legalising vaccination from the calf, is a decision that it would not only be permissible, but even advisable for the Government to attempt the solution of the important question, to introduce that form of vaccination.

**A WOLF IN SHEEP'S CLOTHING.**—The proprietor of the "Shepherd's Fold," an establishment for the reception of young children in New York, has been convicted and sentenced for most inhumanly starving the unfortunate waifs committed to his charge. The case came to light owing to the condition of a child admitted to one of the hospitals, and which was at once concluded to be due to insufficiency of food. As the *Record* says, "To educate and improve children, the temporal wants must first be supplied. Innutrition is the direct antagonist of morality, and Satan can develop a world of wickedness out of a constant diet of bean-porridge."

—Dr. J. Lockhart Clarke, distinguished for his studies on the central nervous system, died in London, Jan. 25th, in his 64th year. He was a most able scientist, but not specially successful in gaining practice.

**NIGHT MEDICAL SERVICE.**—There is some idea of establishing a night medical service in New York, similar to that now in successful operation in Paris and Berlin. An interesting account of the former by Dr. Nachtel appears in the *N. Y. Med. Record*.

**SUCCESSFUL NEPHROTOMY.**—The left kidney of a child aged seven was successfully extirpated at the Samaritan Hospital, on January 3rd, by Mr. Knowsley Thornton (*British Med. Jour.*). The child is now quite well and at a convalescent home at Brighton. The case was admitted under the care of

Dr. Day, and Mr. Thornton diagnosed cystic kidney, and advised exploratory antiseptic tapping. Some pints of urine were drawn off. The cyst refilled in course of a few weeks, and was removed by antiseptic abdominal section.

—Prof. Rudinger, of Munich, made eight longitudinal sections of the frozen human body, and had them copied by competent artists. These sections are so connected together that they can be opened or closed just like the leaves of a book—the fourteen surfaces when exposed exhibiting, in their natural form and color, all the anatomical details of the various organs. “A most interesting spectacle it was,” says the writer, “to have the body in the erect posture before you, and opening or shutting any of these sections. A more complete demonstrative object for clinical instruction cannot be conceived.”

—At a hearing before the legislative committee at Boston, Mass., Feb. 17, the names of nine legally chartered medical colleges were read whose diplomas are not recognized by the Massachusetts Medical Society, because of proof positive that these colleges sell their diplomas without any evidence of study or fitness for medical practice, one of them (the Philadelphia University of Medicine and Surgery) maintaining an agency in Europe for the express purpose of selling diplomas. The hearing was one of the most crowded of the session. Doctors of all sorts, long haired wretches whose looks would hang them, clairvoyants, healers of all shades were on hand to oppose the law to restrict their business. They looked like a collection of snakes and owls protesting against being disturbed. Physicians and decent people generally favor the proposed law to restrict medical practice to persons educated to the profession, no matter whether graduates of medical colleges or not.—*Cincinnati Lancet and Clinic*.

—Dr. Edes, in the *Boston Medical and Surgical Journal*, writes as follows, regarding druggists' advertisements in medical journals: “Our magazines with their dense, hypertrophied, parti-colored capsules of advertisements, often extending like



an interstitial inflammation within the somewhat scanty and anæmic medical parenchyma, represent a pathological state of professional nutrition."

MIXTURE FOR ACUTE GONORRHEA.—Dr. Jacques Reverdin, of Geneva, prescribes the following mixture at the outset of acute blenorragia. It modifies, very advantageously, the nature of the urine, and is well tolerated by the patient:—*R.* Pulv. sacchari albi, ʒiij; sodii bicarbonatis, ʒv; acidi benzoici, ʒiiss; essentiaë limonis, q.s. A teaspoonful to be taken six times a day, in a tumbler of water. To be continued until, the discharge being altered in character, injections and balsams are prescribed.

—Sir William Jenner, who has resigned his professorship in University College Hospital, London, went one day into the pathological laboratory, and remarked how few students were present. "Its Derby Day," said his house physician. "Derby Day, sir!" said Jenner, with unconcealed surprise, "When I was a student, I knew as little when it was Derby Day as when it was Trinity Sunday."

—No fact is more evident than that the highest order of physicians and surgeons are not men remarkable for their knowledge of microscopy, of experimental physiology and the other branches of theoretical medical science; and conversely, that the microscopists and pure physiologists are not remarkable as physicians, and indeed can not be. The attempt to pervert the proper purpose of medical schools, and to give a merely science aspect to medical teaching, is a fashion of the time, which, if it gain more adherents, is likely to do serious mischief to the cause of medical education; for young men, allured by the glitter of scientific work, will neglect the important and really more difficult attainments of true professional studies.—*Dr. Bartholow.*