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Original Communications.

ADDRESS TO THE GRADUATES IN MEDICINE OF THE UNIVERSITY OF BISHOP'S COLLEGE, DELIVERED AT THE ANNUAL CONVOCATION, APRIL 3RD, 1884.

By T. SIMPSON, M.D., Professor of Hygiene.

MR. CHANCELLOR,—Gentlemen Graduates,—It devolves on me, in the observance of a time-honored custom to address to you on this the occasion of our last meeting together as pupils and teachers a few words of congratulation and advice.

After years of toil, and no trifling amount of self-denial on the part of some of you, you have reached the goal for which you have striven, have received the highest honor in the gift of this University, and carry with you to-day its stamped certificate of proficiency.

I can well understand and appreciate the satisfaction and sense of relief with which you regard the termination to your pupilage, and the natural and proper confidence with which you look forward to a successful career—a confidence the fruition of which depends in a great measure upon your own tact and industry.

To-day you open a new book of record; the knowledge which you have obtained during your attendance upon lectures and in hospital wards fits you for the independent study and observation of disease and the various forms of injury to which the human body—yes, and mind—are subject.

Your studentship, it may be said, has but fairly begun, and if you desire to keep abreast of the

times and perform the work which you are about to undertake faithfully and conscientiously, students, and hard students, you must remain to the end.

Multitudes of crude theories are being sprung upon you, so to speak, from every quarter, with here and there a grain of valuable knowledge or practical suggestion, but, in order to winnow the grain from the chaff, constant vigilance and no trifling amount of labor are necessary.

The ingenuousness and enthusiasm of youth are apt to be imposed upon by the specious arguments of the visionary, and I conceive it to be my duty, armed by the gravity of this occasion, to caution you against the pit-falls of superficial reasoning and the false deductions of imperfect and hasty experiment. I speak of the honest theorist—this is no place to discuss the ways of the charlatan.

Perhaps in no other profession than the medical is the old advice to "hasten slowly" so applicable; do not misunderstand me, however, there must be nothing even approaching to indifference to progress, or lukewarmness. What I wish to inculcate is the necessity of cultivating a careful habit of discrimination and of calm examination, before pinning your faith to the plausible theories of even so-called authorities.

The art of medicine, owing to its present imperfections, furnishes an ever-varying and boundless field for the exercise of our faculties, and one of the chief safeguards against stagnation, lies in the fact that the deep interest, constant novelty, and unbounded capacity for good, which belong to the study and practice of medicine, have enlisted many of the ablest intellects of the past and present to devote themselves to the task of unravelling the

mysteries of disease, and to the discovery of means for its cure, amelioration or prevention.

Perhaps I cannot more profitably occupy the time at my disposal than by re-directing your attention, in as few words as possible, to some of the discoveries made within a comparatively recent period.

In the domain of medicine proper great advances have been made: a more accurate knowledge of the causes of disease, through the labors of the physiologist and pathologist, the introduction of new remedies and skilled nursing, greater attention to general hygiene, and a more intimate acquaintance with and greater reliance on the power of nature to heal and right herself, have revolutionized the practice of medicine and established it upon a more rational and satisfying basis.

Our time will not permit me to do more than barely mention a very few of the many triumphs of modern surgery. Sir James Paget, in a recent popular article on vivisection, incidentally alludes to an aneurism of the lower limb which was fatal in 95 out of a hundred cases before Hunter's time; now the mortality is reduced to less than ten per cent., so that Hunter was the means of saving innumerable lives by his discovery.

Of late years the introduction of anesthetics, of the bloodless method of Esmarch, and of the antiseptic treatment of Lister, with its various modifications, all having the same end in view, has shorn surgical operations of the greater part of the terror with which they used to be contemplated, whilst the mortality as compared with 30 years ago has been reduced by more than forty per cent., and this notwithstanding that operations are now daily and successfully performed which, by their magnitude and the importance of the organs involved, would have appalled the boldest surgeon of the last generation.

Spencer Wells has added hundreds of years to the lives of women by his own skill and dexterity. What has he effected by his example and teaching? And, although he perhaps takes the lead in his chosen specialty, scores are engaged in the same character of work, and many of them with a measure of success equal to his own.

And, lastly, that department of medicine which I have the honor and privilege to teach in this place has not lagged behind in the general advance; preventive medicine continues to hold its own. At the same time I would beg of this intelligent audience by no means to gauge its importance by

the manner in which its teachings and warnings are ignored, or even contemptuously treated by—well let us say some communities. It requires the possession of considerable intelligence and foresight to enable one to estimate fully the value of prevention. The man who has just recovered from a severe attack of a contagious disease will sometimes feel grateful for the skill and attention which have carried him through, whilst if he had been advised to have his house drains pulled to pieces, remodeled and repaired, and told that such action was positively necessary in order to preserve the health of the inmates of his dwelling, in many instances the man would regard his adviser as a weak and meddling alarmist. And as with the individual so with communities: a vast amount of infectious and contagious disease which devastates cities is preventible, and yet it is allowed to visit them periodically and claim its thousands of victims, although the method of preventing these visitations of fell disease and death is as apparent and common-sense as can well be. One would think that, from a purely commercial point of view, if from no other, prevention in the cases referred to would be better than cure.

Preventive medicine rests upon an accurate knowledge of the causes of disease, and the investigation of these causes by a few laborious enquirers has, within a few years, led to the most astounding results. Let me remind you of one example: It appears to have been demonstrated that, by a process of artificial cultivation, the microscopic carriers of the virulent poison of anthrax and some other kindred diseases, may be converted not only into harmless atoms but, when used at a certain stage by inoculation, may serve as a preventive to the invasion of these diseases or most favorably modify their action; and, still yet more extraordinary, that, by what may be termed a retrograde process of cultivation, the most innocent microphyte may be so altered in character as to become an agent for the carriage of virulent infection.

Believing, as I do, in the surpassing importance of preventive medicine, I feel a just pride in being able to say to-day that Bishop's School was the first in the Dominion—if not on this continent—to make hygiene a separate compulsory and branch of study in its medical curriculum.

Gentlemen, I am not here to-day either to vindicate our profession or to boast of its achievements. I have a very different end in view in rapidly

sketching a faint, and necessarily imperfect, outline of some of the fruitful labors of recent workers, and of the glorious record of our art. I am desirous of strengthening within you that spirit of laudable and rational enthusiasm for your profession which I am sure you all possess, by indicating by inference, the vast field which now stretches before you for the exercise of your faculties of observation and research. We have as yet but crossed the confines of a very partially explored region, but we have seen sufficient of its riches to stimulate us to exertion and to encourage us to hope that, by patient industry and endeavor, you may be able in your day and generation to add to the general stock of knowledge, and aid in handing down to your successors, improved and enriched, the heritage with which you have been entrusted by those who have gone before.

No one of average ability in active practice is now so situated as to be unable to contribute something, and it is astonishing to note how the careful record of what may at first sight appear to be a comparatively trifling observation, or the report of an uncommon case, has furnished to another observer the very item wanting or the key to the completion of a valuable discovery. But let me beg of you to record your observations and express your opinions in plain, concise language.

If you are desirous of being read, avoid verbiage and diffuseness. Be brief, yet thorough, and remember that brevity and thoroughness are by no means incompatible with each other, or with clearness of expression and ease and purity of diction. Nothing can be more exasperating to the diligent student than the wordiness, repetition and plagiarism of some of the medical writers of the present day. Utility and perspicuity are more or less sacrificed to a quasi-elegance of style, and the weary reader is obliged to wade through pages of so-called fine writing in order to become acquainted with the author's views which, after all, might have been better expressed in a few pithy sentences.

In the few words which I have spoken to you to-day I have striven to bear in mind that I am not addressing school-boys, but men who have gone through a stern ordeal of preparation for the battle of life, and have, upon examination, not been found wanting.

I have very little to say about your duties to your patients and to brother practitioners—they

should be sufficiently obvious to all cultivated men. As regards your patients there is but one point upon which I shall say a word—the necessity of keeping inviolate, in so far as the law and your own conscience permit, the disclosures necessarily made to you in the exercise of your calling. They are sometimes of a very delicate nature, involving reputation and happiness, and they should be held sacred—even at a risk, which not infrequently happens, to your own reputation. The gossiping doctor is a plague to all with whom he is brought into association.

The duties which you owe to your brethren are those which all members of any learned, honorable and responsible calling should observe, to encourage the weak and faltering, to defend those unjustly attacked, to differ, when just cause for difference arises, in a courteous, manly and straightforward manner, and to regard with the eyes of charity the failings and shortcomings of the erring ones.

"This above all—To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

Gentlemen, you have to-day become members of this University, and it is expected of you, and I have every reason to believe that our expectation will be realized, that you will loyally guard its reputation and interests, and that no act or speech of yours will ever tend to sully the fair name of your Alma Mater.

Your brother graduates are scattered over this continent and even beyond it, and, so far, we have every reason to be proud of the position they occupy. On the other hand, the Faculty, equally with the graduates, has its duty to perform in the preservation of the dignity and usefulness of our school; and no outside clamor or pressure of competition of a doubtful character, shall force it to lower its standard of education or relax its wholesome system of discipline.

I need scarcely say in conclusion, Gentlemen, that its members will always take a warm interest in your welfare, and regard with pride and gratification your advancement and well-being, and in their behalf and for myself I most cordially wish you God-speed and a happy and prosperous career.

VALEDICTORY ADDRESS ON BEHALF OF
THE GRADUATING CLASS AT THE
TWELFTH ANNUAL CONVOCATION
OF THE MEDICAL FACULTY OF THE UNIVERSITY
OF BISHOP'S COLLEGE,
HELD IN MONTREAL, APRIL 3RD, 1884.

Delivered by Dr. W. D. DRUMMOND.

The valedictory—if we consider its annual occurrence and the invariable similarity of symptoms it offers—may now be most reasonably ranged in the category of chronic afflictions. In fact a careful and elaborate diagnosis of every farewell address will disclose three distinct characteristics—warning, eulogy and sorrow. The natural consequence of this is, that no matter how sincere his feelings, how earnest his speech, the valedictorian of to-day is at a disadvantage. The field where he looks for information has been so effectively exhausted by his merciless predecessors that he can find very little which may prove novel or pleasing. He must therefore place implicit confidence in the good-will, patience and indulgence of his audience. You will kindly understand this little insinuation. Convocation day marks the last official act of this scholastic year: by your presence here you desire to manifest your friendliness toward the University of Bishop's College, and to testify to the high esteem and respect in which our professors are so worthily and universally held. You are here to witness the graduates receive their diplomas, and the students those rewards and prizes which have been the source of valuable as well as remunerative competition, and to which they have been entitled by their long, serious, and fruitful labor. Parents there are likewise here, I have no doubt whose good, kind hearts are filled with such honest gratitude to the men who have with such commendable zeal watched over the interests of their sons, and with real magnanimity sacrificed on no few occasions their personal comfort rather than allow their students to suffer in any respect; parents who, with immeasurable joy, view to-day the satisfactory results of the efforts cheerfully made to give their sons a golden opportunity of playing an honorable and successful part in the great contest of life. We are delighted to see before us many of our most prominent citizens, the men whose genius helps to build their country and causes it to be respected abroad;—men who, by their ability, perseverance and success, whether in professional

spheres or commercial pursuits, have secured the confidence of the community; men who not only highly honor us but, let me humbly say, add lasting and brilliant lustre to their record by the deep interest they take in all matters affecting the different branches of higher education! Unfortunately, my knowledge of the graceful rules of Rhetoric is now very indistinct. Would that I were able to convey in delicate and pleasing sentence the indisputable fact that our hearts are most particularly gladdened by the presence of so many of this noble and beautiful city's still nobler and more beautiful daughters. Since the days of Mother Eve, woman has been often, alas, too often, calumniated; but never has there been an authentic instance recorded wherein she has thus been offended by a medical student!! At all events, ladies, you may ever consider us amongst your foremost champions and warmest admirers. In a moment of astounding enthusiasm, several students made a supreme effort to disculpate fair Eve from all blame: if, in that most praiseworthy attempt they did not meet with the success which their admiration suggested, they triumphantly established that human frailty is extraordinary when temptation is great, and especially that Mother Eve was not a native of Montreal! You will not, you cannot, exact greater proof of their devotion. If my memory serve, me rightly my gifted friend and fellow-student who at our last annual dinner responded to the toast of the Freshman hazarded the statement that the ladies considered his class their favorite one, and the very handsomest that ever entered the college. I know not in what light we poor graduates are viewed; but ladies take cognisance of this—that we have always looked upon you—that we do now and ever will consider you *our* favorite class! It is therefore with undoubted pleasure we see you all here to-day. And still within us arises a feeling of earnest sadness when we consider that this convocation is the last we shall attend, and that we must now bid adieu to the University, our professors and fellow-students. Let us dwell for a few moments on those happy hours which have rolled by like the free current of a melodious stream! How many there are who only see in our station of life trouble, trial and the periodical dread of examinations; they erroneously imagine we are constantly aspiring after liberty. Why, we have never been deprived of our liberty? The laws governing the Institution are in keeping with the

spirit of the times in which we live, and whatever restraint exists is that which in common with all christians we are bound to obey—those moral laws which are written in every man's conscience. Indeed to-day the world is agitated over the possible or impossible solutions of many great and important social problems. Efforts are being made to reconcile capital with labor. Well if the capitalists were to imitate the example of our good professors, there would be no room for complaint on the part of labor. Our capitalists have ever a kind and cheering word for their students: they are ever ready to do them not only kind turns but solid service. And I think I can safely say that nowhere more than in our school do the students respect and honor their devoted professors, none can be found more willing to obey or more eager to profit by their experience. Our preceptors have always commanded our esteem, and when we are consulted with respect to the standard of our school, we immediately point to the staff of men attached to it. We are deeply grateful to them, and we shall ever cherish in our heart of hearts the souvenir of our pleasant relations with them, and of the years which their kindness made not only years of marked steady and constant profit, but also years of unflinching attachment to our school and of undisturbed happiness. They trusted us as gentlemen, and now if we can say that they proved capital professors, capital men and capital friends, we hope they found in us the spirit of labor they desired to instill, and that they have not had reason to regret the implicit confidence they reposed in our honor. Under the guidance of our Dean, who has made himself so dear to us, we are perfectly satisfied that our school is destined to rank second to none in this country. We may have been frequently seen in a state of feverish anxiety, struggling with voluminous and ponderous works, and devouring "words of learned and thundering sound;" possibly some may wonder "how one small head can carry all we must know." It may be we are constantly verging on bankruptcy, that every decline in the money market affects our financial status, and that as a consequence our pockets are generally well lined with unpaid bills of every description. Others may construe this feeling of sadness we experience to-day into an exaggeration, as they only consider the sameness of our life, the anxiety aroused by examinations, the long and painful vigils when hour after hour is consumed in grind-

ing and being ground, the necessity there exists for our daily visits to the hospital, our short hours of rest, and possibly our circumscribed residence.

But I would respectfully submit, have we not our pleasures? Do we entirely ignore the healthy recreation which our magnificent Canadian winter affords? Is it necessary for me to refer to our annual dinners? to our processions? to the innumerable sources whence we derive amusement? My fellow-students will heartily substantiate the statement I now make that our last dinner was in every respect an unqualified triumph. The encomiums bestowed upon our Alma Mater by the representatives of Sister Universities, the eloquence with which our leading citizens spoke, their astonishment at the wonderful progress this school has achieved in a comparatively short period, the forcible manner in which, pointing out the unrivalled opportunities we enjoy, they urged us to continue firm in our allegiance to Bishop's, will certainly produce beneficial effects, increase the already large number of students following the lectures, and stamp our school as one of the best and most popular institutions in Montreal. So great is my respect for our Dean and his collaborators, so much do we owe them, so staunch are we in our affection for our school, that I believe myself incapable of ever doing justice to the feelings which naturally must find their place in a valedictory.

Show me a more cheerful spot than our amusement hall, a more attractive place than our Reading Room. Can I help regretting the pleasant hours there spent in useful conversation, or over our different games, or reviewing the points which had just possibly been brought out in a lecture.

In the Reading-Room more than elsewhere had I occasion to study the character of my fellow-students. There did I learn to appreciate their generous and sterling qualities of heart and mind; there did we bind fast the links of friendship and affection which unite us, and with all my heart and all my strength do I proclaim that notwithstanding the injurious and unjust manner in which our motives and actions are so often discussed and criticized, I shall be content to count no better or more honorable friends. I know their high moral character; I know their many virtues; I know how earnestly they have striven to uphold the fair and unblemished fame of this Institution. They understand the truth of the saying:

"Honor and shame from no condition rise ;
Act well your part, there all the honor lies."

Our sorrow is the more earnestly felt because of the fact that though we entered the University perfect strangers, we have lived together as so many members of one family, and it now seems as though we must part from brothers. Ladies and gentlemen—Though we now may seem solemn, staid and prudent men, though we now may appear to understand the dignity and importance of our mission, we have a very lively recollection of the day when we first commenced our studies, poor, innocent, confiding fresh-men and very fresh at that, but full of spring-like vigor, ardor and enthusiasm. Never did we know the grating sting of scorn ; we were charitably initiated by our elders into the manifold secrets of a student's life, and ways, and means. Others followed us, and now the gentlemen who boast the proud title of Sophomores will be followed by others equally as verdant as they were, say yesterday, and as we were say some few years ago. The Sophomore's duty is obvious. He must not forget that no matter how simple the fresh man, his ambition is a noble one: errors he may commit, but his merit is great. Is it astonishing that at times a student does fall? Is it not rather a matter of greater astonishment that far from home, face to face with all the sinful ways of a large city, separated from the refining influences which naturally surround him when in the family circle—is it not surprising, I ask, that he falls so rarely! Ah! ladies, you have it in your power to remove many of the disastrous causes to which I refer. Montreal is now the city of schools, the home of learning, to which young men accustomed to kindness, belonging to the best families, flock for learning. Your hospitality will not only cheer them, but will possibly save them from many snares prepared by the evil spirit. The honest, hard-worked student is certainly more deserving of your encouragement than the obstreperous Dude. Make him, then, feel that he is not entirely a stranger. Bear in mind that his glory does not consist in his beaver, his cane, his gloves, his peculiar gait and optical glass—it reposes in this, that he is preparing himself for a career of usefulness ; that the day will come when he, undaunted and fearless, will be the first to rush to the very scene where disease is creating havoc, there to deny himself and, if necessity be, to sacrifice his very life. Can such be branded as

cowards? Can such find time to learn the artful and insinuating ways of the common-place Dude? Oh! when I think of the days of old! those dreadful and tragic days, or rather, nights, when, in response to the demand of our vocation, we were obliged to survey by moon-light—and at the solemn hour of midnight when spectres are supposed to fill the ethereal space and ghosts leave their deep graves—when, I say, in that awful moment we were obliged to count, number and determine the different tombstones which had been erected during the day;—when I recall the bitter war which the heroes of Peel, vulgarly designated Peelers, waged against the Knights of the Humerus and Femur, and the carnage which resulted from a collision between the belligerent parties, I return thanks to the gods—our provincial gods—for their wise legislation in appointing an inspector of anatomy. True, much of the romance of our life disappeared ; possibly a great source of revenue was abolished, but then our peace of mind and the serene state of our conscience amply recompensed us. Ours is now a happy existence. Even the Philistines of the press have abandoned their evil ways, and now actually look to us for advice. By mistake a student's imaginary mishap may creep into a paper ; but it is only a mistake occurring during Carnival time, when, owing to crush and press of matter, the papers are replete with errors. Whenever a student figures rather prominently and under suspicious circumstances in the columns of a journal put it down as a typographical error. There is nothing else, nothing more, nothing less in it.

There are many matters to which time will not even permit of a passing allusion, and, equally as many others, which would necessitate a more graphic description than my humble powers are capable of conveying.

I have but inadequately depicted our pleasures. To form an exact idea of the medical student, you must see him at work ; you must see him in his cabinet ; you must view him through the opera-glass. He has undoubtedly, as Shakespeare puts it—many parts to play. The early morning—the entire morning—he is disentangling the intricacies of botany, anatomy, histology, surgery, materia medica and innumerable other puzzles ; the afternoon he is busily occupied in a similar strain of thought. The evening he is giving a reception ; his sorrows are forgotten ; joke follows joke ;

calumet strikes calumet; cloud after cloud ascends.

Later on, he and his friends are metamorphosed into gods, and from the very highest seats in the Academy their melodious voices are heard; if they do not always succeed in enchanting you, their bronchial tubes are certainly distended and exerted to their utmost capacity.

In as far as we, graduates, are concerned, all this is over. We are now possessed of our diplomas, for which we have toiled and struggled. We go forth, fully determined to never disgrace it ourselves, or those by whom it has been conferred. We thoroughly understand the grave responsibilities it imposes and the obligations we must honestly, generously and conscientiously discharge. The influence of the doctor's cheerful temper, the soothing effects of his kind words, as well as the consolation and encouragement afforded by a knowledge of his skill, should at all times be felt. His, indeed, is a vast and critical field of labor, where the means at his disposal for evil are equally as great as those for good. His profession may veritably be termed a profound and sacred ministry, and when, through neglect or ignorance, or betrayal of the family secrets confided to him, he debases it, his treason is more contemptible than ever was that of Judas!

Fully impressed with these ideas, animated with well-tempered enthusiasm and honest zeal, we will now face the battle of life, bravely encounter its storms, and, let us hope, resolutely overcome the obstacles which all beginners must expect. We have been made acquainted with the success which is attending the well directed efforts of the graduates of this school throughout Canada, America and other foreign countries. We know the pains our Dean and his colleagues have taken to worthily fit us for our career. We have had unrivalled opportunities. We have derived no inconsiderable experience from the hospitals. Our professors are men of eminence, enjoying the unbounded esteem of their *confreres*. Will it then be said that their labor, their trouble, and the sacrifices they have so willingly and nobly performed, will have been in vain? Their words, their example, their lessons, are assuredly sufficiently encouraging, and our ultimate success depends on our own efforts, and energy, and devotion to our grand profession!

Farewell, fellow-students! Farewell, dearly beloved Dean and Professors! The remembrance of the happy years spent with you shall ever be

foremost in our hearts' memories and affections. To our fellow-students shall we always look for friendship, to our professors for counsel, and to our school for protection. May Providence bless and prosper this University whose importance cannot be over-estimated—this home of education, of broad and enlightened principles, of honest liberty and true fellowship, and, whose future seems so brilliant and destiny so glorious!

GYNAECOLOGICAL REPORT—MONTHLY

By E. H. TRENHOLME, M.D., Prof. Gynaecology Bishop's College, Montreal.

REFLEX UTERINE VOMITING.

In a recent lecture given at University Hospital, London, Dr. Graig Hewitt spoke of the common occurrence of reflex uterine vomiting. He pointed out its importance as due to, 1. the distress of the symptom itself produces, 2. that through its interference with the process nutrition, one of its effects was slow starvation.

Dr. G. states that when reflex uterine vomiting is of an obstinate character it is frequently associated with great weariness and want of tenacity of the uterus and a flexed condition of that organ.

The soft uterus readily bends to any temporary increase in the degree of flexion, is attended with aggravation of the vomiting. The several factors in the causation of this disorder are given by Dr. H. as 1. A general enfeeblement of the body, the result of a low condition of the nutritive process in which the uterus participates. 2. The physical weakness and pliability with which the uterus is consequently affected. 3. The reflex condition of the uterus, liable to be intensified by certain movements or positions of the patient. The vomiting, etc., being caused by irritation of the uterine nerves due to compression of the uterine tissues. This is stated by Dr. H. to be almost certainly relieved or removed by restoring the uterus to its normal position and shape.

With regard to diagnosis the lecturer remarked that many cases escape recognition, the sickness being attributed to the liver or the stomach. Many cases of so-called bilious vomiting, and not a few supposed of gastric ulcer, are simply reflex uterine vomiting.

The liver and stomach as causes of vomiting may be excluded by the fact of absence of other symptoms indicative of disease in these organs, while on the other hand there are morbid symp-

toms of uterine distress. One of these symptoms was exaggeration of the sickness when the patient moves or exerts himself. After a time the stomach becomes affected by reflex uterine vomiting. Its secreting power is enfeebled by the prolonged starvation; it is no longer able to secrete a proper supply of gastric juice which adds another factor to the pathology of such cases.

The result of all this is a quasi paralysis of the gastric mucous membrane which is apt to terminate in death even after the vomiting has been cured.

In connection with this subject the following admirable paper, by Dr. J. M. Fothergill, is worthy of careful study—He states that in women reflex disturbances are best exemplified, that as nausea and vomiting are the outcome of a vesical calculus, or a pregnant uterus, or of a blow on the testicles or ovarian irritation, will often set up gastric symptoms usually taken for primary indigestion. The ovary may be swollen and tender, or it may be fixed near the pelvis brim by adhesions. When in front there is pain on emptying the bladder; when on the side, especially the left side, there is pain on emptying the bowels. From this centre may radiate disturbances of many parts.

The extreme frequency of reflex dyspepsia from a tender ovary on the one hand, and the great neglect of the condition in medical literature on the other, must be my explanation for going into this subject somewhat fully.

The patient is usually a comparatively young woman with pallor in her features and general anæmia; but by no means necessarily so. Her complaint is of indigestion coming on soon after taking food, often with nausea and loss of appetite, less frequently with actual vomiting. Yet the tongue is clear; sometimes it has a slight coating; rarely is there any rawness or approach to the bare tongue of gastric irritability. The tongue puts the experienced observer on his guard. Pressure is made over the region of the ovaries, and when it is made over the tender ovary pain is produced—a sickening pain, giving a feeling of faintness, and reflected in the patient's features. Usually she asks to sit down. In a well-marked case the following symptoms, sometimes a few only, but often all, are manifested, much depending upon the patient's intelligence and readiness to answer. First, then, if there be pain produced on defecation, there will be reflex constipation, the pain inhibiting the vermicular action of the bowel.

Then there will be found "pain under the heart," as women term it. This is intercostal neuralgia with the three tender spots of Valleix, one at the left apex, a second at the outer edge of the left scapula, about the middle, and a third at the foramen of the posterior rootlet of the nerve, usually the sixth.

I have written elsewhere "waves of nerve-per-turbation may arise in an ovary and traverse a series of nerve-fibrils until they reach the peripheral endings of an intercostal nerve, where they are felt as gusts of neuralgic pain." Further experience merely strengthens this view. There will usually, too, be that pain and weight at the vertex with depression or lowness of spirits, and tendency to cry, the outward indications of cerebral anæmia of the posterior lobes, found with irritation in the lower bowel and the generative organs. Then there is anorexia, indigestion, and in some cases vomiting. Such is the real pathology of those cases of so-called subacute gastritis in young females, where obstinate vomiting goes on for weeks, resisting all treatment of the stomach, scoffing at bismuth, hydrocyanic acid, oxalate of cerium, and all remedies of value in morbid conditions of the stomach; where the patient is greatly reduced, the friends almost distracted, and the physician worried out of his life. Yet a year or two afterward, on asking after the object of all this anxiety, it is found she is well and probably married. This vomiting may have gone on for a considerable time and been interpreted as gastric catarrh, or gastric ulcer, and treated as such—without satisfactory results. There is also some pelvic matters which clinch the diagnosis. The uterus is reflexably filled with blood, is turgid and vascular, and consequently there is menorrhagia with leucorrhœa. Orgasm is readily produced by slight friction, or occurs spontaneously in sleep; and this irritability communicates itself to the adjacent bladder-centres in the cord, and there is inability to retain the contents of the bladder. Further, there are commonly times of great itching with heat or dryness in the fundament, and often in the vagina also.

Such are the features of a well-marked malady, which, however, has not yet found its way into our text-books. Word by word, indeed letter by letter, I learned to spell it out among my hospital out-patients; but the trouble brought with it its reward in the power to detect, and consequently to treat correctly, a very common malady, in-

fluenced by measures directed at one or other of the outcomes of the condition, yet often tractable to appropriate measures. Those who have taken the pains to master the malady in all its details, testify to the advantages they gained in practice therefrom. It is a condition unsuspected. It frequently lies at the bottom of the ill-health which, when co-existent with an old apex consolidation, is taken for commencing phthisis; and when profuse night-sweats are added to the effects of the indigestion, the weakened lung-apex may and often does break down. How often this misinterpretation has wrecked the peace of a family, it becomes not me to say.

The sex, and often, too, the age of the patient should put the physician on his guard. If the tongue also be normal or only slightly coated, and free from the appearance associated with gastric irritation, then the examination of the patient ought to be conducted on the lines just laid down. It travels over some very delicate ground for both physician and patient; and therefore must be conducted with every consideration for the patient's feelings. Yet enough can be gleaned from the most difficult patient to cross-examine, usually at least to determine the nature of the case. Sometimes it is possible to state her case to her, including her most inward feelings, in a manner which makes the patient feel as if in the presence of a magician.

Having made the diagnosis, the treatment suggests itself. A blister over the tender, or otherwise offending ovary. Bromide of potassium, the drug *par excellence* in all reflex affections, and sulphate of soda or magnesia for the constipation. If there be also night-sweats then some atropine, say from a seventy-fifth to a twenty-fifth of a grain at bedtime. Then if there be much sickness it may be well to give some bismuth, with or without hydrocyanic acid and soda, but this is only ancillary to the other treatment. Usually some injections of alum water are required for the leucorrhœa. A rational treatment indeed, founded on the nature of the malady, and, presto, the intractable patient gets well, to the unfeigned delight of all. Sometimes the result is not so satisfactory as to time, while in those cases where the morbid ovary is bound down by adhesions, relief is all that is practically attainable. But the bulk of cases readily do well.

Now some other matters may be mentioned. First as to the effects of carking care upon the

assimilative organs; they have been recognized by writers, medical and other, since the dawn of literature. "Lean, hungry men" have been regarded as the type of the 'brainworker, including the conspirator. While the rubicund visage of the well-fed man has ever been looked upon as indicative of an easy mind. Such generalizations are broad and true; but the subject admits of closer handling in the light of the present day.

In "this madly striving age" the pressure of business absorbs so much of the daily store of energy that the digestive organs are robbed of much of the *vis nervosa* that belongs to them, and, therefore, are only capable of digesting light food. Of old when anything uncommon had to be done, a good foundation was laid, as *materfamilias* expressed it, by a substantial breakfast. The rule to-day is rather in the opposite direction. A few illustrations will demonstrate what it is desired to convey. One of our leaders of scientific medicine, one of the least fanciful of men, commonly lunched on a beefsteak, eating and enjoying the fat. But experience taught him that whenever more wearied than usual it was prudent to leave the steak-fat and take butter instead. When tired he could not digest the beef-fat, which he enjoyed as a rule. A lady well known to the writer has always to be very careful about what she takes when tired, else a severe attack of indigestion will be experienced. After a long walk, or its equivalent, a light meal alone is permissible, or compatible with comfort, and one of McKesson & Robbins' pepsin pills is in request. Some fried fish after a long walk set up severe dyspepsia with delirium, and left behind great susceptibility in the digestive organs for months after, requiring the greatest care in diet, and a medicinal course.

A light meal and a little wine are the proper method of meeting the emergency in our day. What can be digested without drawback under ordinary circumstances will not be satisfactory digested when the system is exhausted either by bodily or mental toil.

The effects of acute emotion in upsetting the digestion are thoroughly recognized; in fact, anorexia is so set up, and the food which would not be digested is not taken. But we are still far from comprehending fully the more chronic effects of wearing care or anxiety. Yet the fact must be recognized that where the mind is greatly exercised, while the body is insufficiently exercised, the dietary must be regulated accordingly. A plate of

porridge, oatmeal, cerealine, or hominy, with a pint of cream, and some stewed fruit to finish off with for breakfast. For lunch, some well-buttered mashed potatoes, with buscuit and butter and a glass or two of milk. For dinner, some boiled fish, followed by some chicken or game, and a milk-pudding made without an egg, and digestive biscuit and butter (with just a nip of cheese as a flavoring agent for those who can eat cheese), with a glass or two of good French wine or its equivalent. Such is the dietary, or ought to be, of the man who has much brain-work to do. And further, he should allow himself plenty of time over his meals. Then there should be sufficiency of sleep to rest the wearied organism.

The preventive treatment of neurosal indigestion is quite as important as its palliative treatment when once established. The lines are the same in both, viz., to give easily assimilable food, rich in fat, and containing albuminoids, but in sparing quantities, to allow a proper time for meals and a sufficiency of sleep. Beyond this is the matter of phosphorus. Phosphorus and fat in combination are the food of the brain *par excellence*; and to this dietary, rich in fat, it may be well to add phosphorus in pill, or better still in the syrup of the hypophosphites. Yet when all this has been done, and the latest revelations of physiology worked out by the chemist are placed at the patient's service by his physician, there comes that indispensable factor which the patient alone can do, viz., take proper care of himself. When I look round on the men I know, whether in the profession or out of it, which are those who are steadily holding their own, accomplishing huge quantities of work, yet with their energies unimpaired and their working-power as good as ever? They are those who do not add a day's play to a hard day's work! Men who, after a hard day of work, take their dinner quietly and slowly—not bolting it to rush off to the theatre or other place of amusement, as a billiard-table, perhaps. Who spend a quiet evening in intellectual pleasure, unbending the bow, while adding to their stores of knowledge; and going to bed early, to sleep in a cool bedroom, instead of breathing a hot, vitiated atmosphere till nearly midnight, and then gulping down some indigestible mass like a lobster salad, and then, quite late, lying down to sleep—to leave a wearied system to digest the late supper.

Of old, as said before, the more work the more

meat. "Work goes in at the mouth". The fact that an underfed animal, man or beast, could not accomplish much work was vividly realized: and the hard-headed northern farmer had his farm laborers eat at his own table. But the converse is not so absolutely certain. Meat will not necessarily give strength, *i. e.*, if it be not digested. Constantly patients—not with primary indigestion, for that pretty well regulates matters itself—suffering from malassimilation come under notice, who have been eating all the animal food they could get down, under the impression that this is the plan to adopt.

In these cases the albuminoids which reach the liver by the portal vein are not elaborated and passed forward as the serum albumen of the liquor sanguinis, but are thrust downwards as bile acids or lithates. "To feed the patient is to feed the disease," as the old phrase ran. To crowd the liver with albuminoids by a meat dietary, the natural digestive powers being helped by artificial digestive agents, is still further to embarrass it. The attempt defeats itself. The mal-products of assimilation find their way into the blood and act as toxic agents, enfeebling the mental processes, involving the mind in gloom, and depriving the unhappy individual of all pleasure in life, till death becomes positively attractive.

Whether such regimen is old-fashioned or in advance of the times, matters little. It will have to be adopted: The capacities of the liver will have to be appraised, and if Dame Nature, knowing better than we perhaps do, attempts to balance matters by cutting down the appetite, it is not well to thwart her by bitters. If a man feel unequal to his work, it may be wise at times to cut his coat according to his cloth. It may not always be prudent for a man to whip himself up to an ideal of energy and working-power, as if he was a steam-engine. The increase of Bright's disease in our day may not be entirely accounted for by our increased acquaintance with it and the means of its detection. Over-work, if Clifford Allbutt is to be believed, and overcramming with meat, if some others of equal authority are to be credited, have much to do in upsetting the liver first and damaging the kidneys afterwards, to say nothing of the lithiasis, cholæmia and toxic oxalates which belong to this condition of secondary indigestion, while the relations of glycosuria to over-taxation of the nervous system are now well recognized.

The following is Dr. Fothergill's formula for asthma (Med. Sum.): ℞. Tinct. lobeliæ, ʒv; ammonii iodidi, ʒij; ammonii bromidi ʒij; syr. totultani, ʒij. M. Teaspoonful every one, two, three, or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.

Sulphide of calcium in the treatment of scabies has been used by Dr. Thomas N. Dolan in some thousands of cases. (*British Med. Journal*, Feb., 1884). The preparation used in the Poor-law service is known as the Golden Lotion. It is made as follows: Flour of sulphur, 100 parts; quicklime, 200 parts; water, 1,000 parts. Boil, stirring occasionally until incorporated; cool and decant into sealed bottles. The patient is put into a warm bath, then the solution is painted on with a brush, after which he is put into bed between blankets, or in a flannel night-gown prepared for the purpose. In a short time the body is of an almost golden color, owing to the deposit of sulphur. The good effect is quickly manifested, the itching ceases, and after another warm bath the patient is, as a rule, discharged cured. In cases of long standing, where there are scales and crusts, the treatment is of longer duration. This method has the advantage over sulphur ointment of cleanliness, ease of application, penetrability, rapidity of cure, and cheapness. The over use of the remedy may produce troublesome irritation of the skin; this may be remedied by a bath of soda and water.

A RELIABLE TÆNIACIDE.

℞. Extracti filicis maris, ʒ iss
Pulveris kamalæ, ʒ ij.
Mucilaginis acaciæ
Syrupi simplicis, aa ʒ ij.
Aquæ cinnamomi, ad ʒ ij.

M. S.—Half to be taken at bed time, and the other half early in the morning.

Mr. J. B. Lawson reports good results from this in the *Glasgow Med. Jour.*, January, 1884.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting Feb 15th, 1884.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

Dr. OSLER exhibited the following pathological specimens:—

1. *Portions of Muscle, Intestine and Kidney from a Horse dying of Toxic Hæmoglobinuria or Azoturia.*—Dr. Osler mentioned that this disease was rather common here, and that usually the animals recovered. The disease generally attacks well-fed, well-cared horses which have been kept in the stable for a few days and then put to work again. The horse, while in the stable and on taking him out, appears perfectly well, but after an hour or two's work becomes weak, trembles and falls, and may die in 24 hours. The muscle shown was from the gluteal region, which is the part most affected. It had a parboiled appearance, was pale, and much infiltrated with serum. The intestines were deeply congested. The kidneys were somewhat swollen, soft, and congested. On section, the Malpighian tufts and cortical portion were seen to be engorged. Microscopically, the muscles had a teased appearance, with the striæ almost obliterated. The kidneys showed the Malpighian tufts to be congested. The epithelial cells of the tubules were filled with granular matter. The urine drawn by catheter was coffee-colored, and contained albumen and large granular tube casts. This disease is thought by Williams and Fleming to be caused by an excess of nitrogenous matters in the blood, though the pathology is not at all clear.

Dr. Ross said it was very remarkable to see such advanced tissue changes produced in so short a time, and asked Dr. Osler if the disease might not have been latent, and suddenly, from some outside cause, develop somewhat in the same way as does acute inflammatory nephritis in a child recovering from scarlet fever. The child, though appearing well, is really not so, for a slight cold may suddenly light up the latent kidney trouble.

Dr. OSLER thought that possibly Dr. Ross' theory might help to clear up some of the difficulties.

2. *Organized Thrombus of Left Iliac Vein.*—This specimen was solid and firm, with absence of coloring matter of the blood. Dr. Osler remarked how variable was the time taken to organize a thrombus. Here it took only three days to be as far advanced as in other cases of ten or even fourteen days' duration.

3. *Dermoid Cyst of Ovary containing sebium, hair and teeth.*—This specimen, about the size of two closed fists, was removed by Dr. Fenwick and contained five teeth, one of which, attached to a piece of bone, was a well-formed incisor.

3. *Rapidly-formed Scirrhus of the Liver, with Tumor at side of the neck.*—The above was removed post-mortem from a man sent to the hospital from Ottawa. He came to have the tumor in the neck removed. On admission, no abdominal trouble was noticed or suspected. The tumor in the neck was situated in the upper triangle, moveable, and had been growing six or eight months. It felt as if it could easily and safely be removed, but symptoms of difficulty in swallowing and alteration of voice pointed to implication of the pneumogastric nerve, so that the case was watched for a few days, when it was observed that the liver was enlarged. The man said he had been growing larger for about three weeks. He had been a hard drinker. From the rapidity of growth and absence of jaundice, Dr. Shepherd diagnosed cancer, and had him transferred to the medical side, under Dr. Ross. On dissecting out the neck tumor, which was about the size of one's fist, Dr. Shepherd found it attached to the deep blood-vessels and nerves, the pneumogastric being deeply involved, and some of its strands separated. The liver weighed nearly nine pounds; on its under surface was a huge, isolated mass, with secondary nodules around.

Dr. OSLER said that both tumors were scirrhus, and that it was hard to say which was the primary.

Dr. SHEPHERD thought the one in the neck must be, from the fact that it had been growing so much longer.

Dr. ROSS said that this growth in the liver was the fastest he had ever seen; every 48 hours would show a noticeable increase in size. The man never drew attention to his liver till ten or twelve days before his death, when he had some inflammation of the peritoneum.

Sarcomatous Tumor removed from the Thigh.

—Dr. PERRIGO exhibited the above, which he had removed from a lady aged 38, the mother of six children. It was attached to the periosteum, below and a little behind the great trochanter, extending under the gluteus maximus, and completely filling the hollow between the trochanter and tuber ischii. It did not involve the muscles, but simply displaced them. It rested upon the sciatic nerve. The patient first consulted Dr. Perrigo about two years ago, for sciatica, and about one year ago he detected a tumor about the size of an egg, and freely moveable. It increased in size steadily, and during the past three months very rapidly.

Four or five years ago this lady had had an attack of phlegmasia dolens, from which she made a tardy recovery. The tumor was about six inches long by four thick. A recurrence is looked for.

Puerperal Fever.—Dr. ALLOWAY read a paper on this subject, in which he strongly advocated the use of suppositories containing 10 grains each of iodoform and boracic acid, made by pressure, with cocoa butter. As a prophylactic vaginal antiseptic injection for normal labors, he recommends a solution of Hydrarg. Bichlor., $\frac{1}{1000}$ strength. He laid stress on the fact that the syringe used must be a new one.

Dr. KENNEDY said that he had seen a very large number of cases of puerperal fever; he had three outbreaks of the disease in the lying-in department of the Western Hospital, and a great many in the practice of his *confreres*. In the hospital he had noticed how easy it was for the disease to originate, and was struck with differences in the temperatures according to the nurse on duty. With some nurses the temperature ran high, but with others very little change would be observed, and he believed that strict antiseptic precautions were more necessary with obstetric cases than in surgical operations. In the first outbreak in hospital, it spread from a private patient attended by a physician, who at the time, was in close attendance on a case of puerperal fever outside. He stated that most of the modern authorities on obstetrics grouped under the heading of puerperal fever all the different conditions which might arise during the puerperal state; but, personally, he did not think it proper to look upon a pelvic cellulitis, inflammation of the uterus, or a phlegmasia dolens, as more than being coincident with the fever, although it was thought by some that these conditions were alternatives of the disorder. Some years ago a paper was published in an English periodical, giving three forms of the affection. First, the pyæmic; next, auto-infection; and, thirdly, by contagion. He believed that this division was the best, and agreed fully with his own observation. The pyæmic form was rare, and that by contagion also less frequent than by auto-infection,—the latter form comprising by far the greater number of cases he had seen. As for the general treatment of these cases, it must be chiefly preventive, and he had found good results from Dr. Goodell's plan of placing the patient upon quinine in combination with an acid, and

adding either morphia, ergot or digitalis, as may be indicated. During the presence of the fever, he had found turpentine in 10 drop doses every four hours to be of great value. For the local treatment, every case would require to be treated according to the coexisting complication. As for iodoform, this had been used in the Western Hospital for over three years, being introduced into the uterus whenever the discharge from that organ was offensive; and as the majority of cases in hospital were primipara, vaginal lacerations were frequent, and in these it was the constant practice to introduce iodoform suppositories after each injection. For the injection, he at first used carbolic acid, but although this was more cleanly, the permanganate of potash was now preferred, on account of its more powerful action in purifying the discharges and in destroying septic germs. Of the induction of puerperal fever by zymotic disease, he would mention a case which occurred in hospital. A young girl, who had been an inmate for some time, awaiting her expected confinement, was allowed to visit her friends, at whose home there were sick children. A fortnight afterwards she was taken with labor pains and delivered naturally. At the time her temperature was noticed to be 103 F. As puerperal fever was suspected, she was isolated. The following day the bright rash of scarlet fever covered her entire body, and the nature of the disease thereby indicated. Death ensued; and in this case there could be no doubt of its cause, which could not be true puerperal fever, as it manifested the high febrile state before the labor, which latter was somewhat premature and a consequence. In connection with this subject, he would draw attention to that condition which was known as milk fever, the weed or ephemeral fever. Very little mention was made of this disturbance by the later obstetric authorities, but a separate chapter would be found in Churchill. As he had known some of his younger *confreres* to mistake it for puerperal fever, he thought more attention should be directed to it. Formerly it was more common and its rarity now must be ascribed to the better diet prescribed, and also to the child being suckled soon after birth, not waiting until the breasts became gorged with milk, as was the old practice. In hospital, the few cases which had occurred were in badly fed women, and had given an opportunity to students to diagnose between the two conditions. These cases were always marked by the violence of the chills,

which commenced between the shoulders. In septic forms, the chill spread from the extremities. This difference was strongly diagnostic; and as ephemeral fever ran its course in from 24 to 48 hours, marked by profuse sweating and high temperature, it was often treated by a placebo, so as to allow the case to run its course for illustration. Generally Aconite and Ammon. Acet. was given. He had no doubt that such cases were often mistaken for puerperal fever, and treated by large doses of quinine, the subsequent rapid termination of the case being ascribed to the influence of the quinine. In puerperal fever, he had no faith in the large doses of quinine usually given, not having seen any beneficial results from their use.

Dr. TRENHOLME said his experience with puerperal fever was limited to consultations with others, having never had a case in his own practice. He believed each case ought to be treated, not by any rule, but separately. He also spoke against the common method of twisting the placenta for removal of the membranes, believing that it often breaks inside, enclosing a small clot of blood, which would do mischief by decomposing. He advocated Dr. Goodell's rule of getting the patient to walk from the bed on which she had been confined to her own room, and also of allowing her to sit up each day for a short time to favor drainage.

Dr. GARDNER remarked that while he admitted the great value of intra-uterine antiseptic injections, and of intra-uterine use of iodoform in the manner recommended by the reader of the paper, it could only be useful in forms of puerperal poisoning by absorption of septic stuff from the decomposition of matters contained in the uterus—the sapræmia of Matthews Duncan; the ichor-spræmia of others. He believed with Dr. Robert Barnes* on the existence of another form of puerperal blood-poisoning, with fever, due to failure of the lymphatic system and liver to modify the waste stuff thrown into the circulation from the disintegrating uterus and appendages, and to failure of the excretory organs—the lungs, kidneys and skin—to remove from the system that same waste-stuff. In such a form of fever he could not see how such remedies could have any effect. Their utility must always be limited. With reference to the mode of intra-uterine injection, he had had recently a case of enucleation of a large sloughing sessile myoma, in which the after-treatment consisting in retaining

* *Amer. Jour. Obstet.*, vol. xv., page 53.

within the uterus for a fortnight a double drainage-tube, through which irrigation, at times continuously, and again intermittently, was practised, which suggested to him that this might, in some puerperal cases, be the best method of securing drainage and of irrigation of the cavity of the uterus. The conditions, it is true, are not exactly similar. In both there is a raw surface on the interior of the uterus, but in one there is superadded the importantly complicating blood conditions from the presence of waste-stuff from the disintegrating uterus. In the case of the myoma alluded to the antipyretic effect of the irrigations was most marked several times in the course of the after-treatment.

Dr. KENNEDY mentioned having recently to treat an unusual accident, viz., dislocation of the head of the humerus, with fracture of the coracoid process of the scapula.

Dr. SHEPHERD made a few remarks on the difficulty of diagnosing such cases.

Progress of Science.

THE THERAPEUTICAL DRINKING OF HOT WATER, ITS ORIGIN AND USE.

The therapeutical drinking of water, at a temperature of blood heat to 150° Fahr., having become popular enough to call for an allusion to it in the London *Lancet* as a "valuable American contribution to medicine," and since it seems to be used at random from the directions of its distinguished introducer, I have thought that the origin and proper use of hot water should become history.

The practice dates back to 1858, when Dr. James H. Salisbury, of this city, concluded a series of experiments on feeding animals, to ascertain the relation of food as a cause and cure of disease.

Among other things he found that the fermentation of food and the products of these fermentations were the chief primary factors in producing the diseases which arise from unhealthy alimentation. With the idea of removing these diseases by removing their causes, he employed hot water, in order to wash out the acetic, butyric, hydro-sulphuric, lactic and saccharic acid and sulphide of ammonium fermentation vegetations — yeasts — from the stomach and intestines.

At first he tried cold water on his men to remove these products of fermentation. But cold water caused distress, pain and colic. So he increased the temperature of the water. Luke-warm water made them sick at the stomach, and excited peristalsis upward. The temperature of the water was increased to 110° and up to 150° F. This

was well borne, and afforded a feeling of agreeable relief which thousands since testify to. The hot water excites normal downward peristalsis of the alimentary canal, washes down the slime, yeast and bile through its normal channels—washes out the liver and kidneys, and the bile is eliminated through the bowels and not through the blood, via the kidneys.

It was some time before the proper times of administration and proper number of ounces of hot water, and the proper number of ounces to be drunk at meals could be settled, in order to obtain the best results. These directions may be found published in connection with Salisbury plans for the treatment of consumption, Bright's disease, diabetes, fibroids, sclerosis and colloid diseases.

At the risk of repetition, for the sake of a more thorough understanding of the subject, these details will be plainly and simply given.

DIRECTIONS FOR USING HOT WATER ACCORDING TO THE SALISBURY PLANS.

1. *The water must be hot: not cold or luke-warm.*—This is to excite downward peristalsis of the alimentary canal. Cold water depresses, as it uses animal heat to bring it up to the temperature of the economy, and there is a loss of nerve force in this proceeding.

Luke-warm water excites upward peristalsis or vomiting, as is well known. By hot water is meant a temperature of 110° to 150° F., such as is commonly liked in the use of tea and coffee. In cases of diarrhoea the hotter the better. In cases of hemorrhages the temperature should be at a blood heat. Ice water is disallowed in all cases, sick or well.

2. *Quantity of hot water at a draught.*—Dr. Salisbury first began with one half pint of hot water, but he found it was not enough to wash out nor to bear another test founded on the physiological fact that the urine of a healthy babe suckling a healthy mother (the best standard of health) stands at a specific gravity varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the specific gravity of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the specific gravity fall to 1010, less hot water should be drunk. The quantity of hot water varies usually from one half to one pint or one and a half pints at one time drinking.

The urine to be tested should be "the *urina sanguinis*" or that voided just after rising from bed in the morning before any meals or drinks are taken.

The quantity of urine voided in twenty-four hours should measure from forty-eight to sixty-four ounces. The amount will, of course, vary somewhat with the temperature of the atmosphere, exercise,

sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's standard to wit, 1015 to 1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor: The urine should be devoid of the rank "urinus" smell, so well known but indescribable.

The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Time of taking hot water.*—One hour to two hours before each meal, and half an hour before retiring to bed.

At first Dr. Salisbury tried the time of one hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, eight ounces of hot water can be taken any time between two hours after a meal and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

Mode of taking the hot water.—In drinking the hot water it should be sipped and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to twenty minutes may be consumed during the drinking of the hot water.

5. *The length of time to continue the use of hot water.*—Six (6) months is generally required to wash out the liver and intestines thoroughly.

As it promotes health the procedure can be practiced by well people throughout life, and the benefits of "cleanliness inside" be enjoyed. The drag and friction on human existence, from the effects of fermentation, foulness, and indigestible food, when removed, gives life a wonderful elasticity and buoyancy somewhat like that of the babe above alluded to.

6. *Additions to hot water.*—To make it palatable, in case it is desired, and medicate the hot water, aromatic spirits of ammonia, clover tea blossoms, ginger, lemon juice, sage, salt and sulphate of magnesia are sometimes added. Where there is intense thirst and dryness, a pinch of chloride of calcium or nitrate of potash may be added to allay thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhoea, cinnamon, ginger and pepper may be boiled in the water, and the quantity drunk lessened. For constipation a teaspoonful of sulphate of magnesia or one-half teaspoonful of taraxacum may be used in the hot water.

7. *Amount of liquid to be drunk at a meal.*—Not more than eight ounces. This is in order to not dilute the gastric juice or wash it out prematurely, and thus interfere with the digestive processes.

8. *The effects of drinking of hot water, as indicated, are the improved feelings of the patient.* The fæces become black with bile washed down its normal channel. This blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated and the smell approximates the odor of healthy infants suckling healthy breasts, and this shows that the ordinary nuisance of fetid fæces is due to a want of washing out and cleansing the alimentary canal from its fermenting contents. The urine is clear as champagne, free from deposit on cooling or odor 1015 to 1020 specific gravity, like infant's urine. The sweat starts freely after drinking, giving a true bath from centre of body to periphery. The skin becomes healthy in feel and looks. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membranes disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice-water in hot weather is not craved for, and those who have drunk ice-water freely are cured of the propensity. Inebriety has a strong foe in this use of hot water.

9. *Summary of general considerations on the therapeutical drinking of hot water.*

(a) Foundation of all treatment of chronic diseases.

(b) Excites downward peristalsis.

(c) Relieves spasm or colic of bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen, relieves.

(d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious.

(e) Inside bath.

(f) Dissolves the abnormal crystalline substances that may be in the blood and urine.

(g) Necessary to have the hot water out of the stomach before meals.

(h) Use is to wash down the bile, slime, yeast and waste, and have the stomach fresh and clean for eating.

(i) Promotes elimination everywhere.

(j) If objection is made, it must be remembered that we are 75 per cent. water.

(k) The gas that sometimes eructates after drinking hot water, is not produced by the hot water, but was present before, and the contractions of peristalsis ejects it, or sometimes it is that the air is swallowed in sipping as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be tested by submerging a gallon jug

filled with air under water, and observing how long it will be in filling with water.

(l) Some physicians have advised against hot water, on the ground that it would "burn the coating of the stomach." If this is so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

(m) These dicta about the therapeutic drinking of hot water were founded on the physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of this "water of life" freely.

10. *Personal estimate of the founder of this practice.*—"If I were confined to one means of medication I would take hot water." "I have drunk it for twenty-five years."

Corroboration of the writer.—The writer testifies that his own personal experience and observation corroborates the truth of these statements of the Salisbury plans.—*Ephraim Cutter, M.D., in Gaillard's Journal.*

CHROMIC ACID IN AFFECTIONS OF THE TONGUE.

Mr. Henry T. Butlin, F.R.C.S., has used chromic acid in certain affections of the tongue, with markedly good effect. In June, 1881, he treated two cases of glossitis with a ten grain solution of chromic acid in water, painted on the sore areas of the tongue three or four times a day. Both cases improved. A case of secondary syphilitic, deep and jagged ulcers of the tongue, and ulceration of the inside of the cheek, which showed no improvement under hyd. c. cret., iodide of potass., or liq. hyd. bichlor., were, after a week's treatment with chromic acid solution, almost completely healed. Another case of flat mucous tubercles, due to secondary syphilis, on the right border of the tongue, which had resisted treatment with hyd. c. creta for about three and a half months, was almost completely cured in three weeks.

Mr. Butlin has used chromic acid in several different inflammatory conditions of the tongue, in many cases with most gratifying success. In 27 cases, 20 have been cured or greatly relieved, 7 having received little or no benefit. The seven cases were either of chronic superficial glossitis, or of tertiary syphilis. The twenty include seven of chronic superficial glossitis, and thirteen of various secondary syphilitic affections. Mr. B.

concludes that chromic acid cures with marvelous rapidity secondary affections, ulcers, mucous tubercles, and condylomata. It produces no appreciable effect on tertiary affections, gummata extensive ulcers, or tubercular syphilides. Some cases of chronic superficial glossitis, with slight ulceration and renewed inflammation are rapidly benefited by it. In cases of glossitis in which the tongue surface is attacked by a fresh inflammation of great severity, glycerite of boracic acid and soothing remedies are more suitable; chromic acid rendering these worse. He reports one case of tertiary syphilitic ulcers of the tongue which was cured in about two months by combined chromic acid and mercury treatment, although it had obstinately resisted purely anti-syphilitic treatment for many months. The strength of the solution usually employed is grs. x- $\frac{3}{4}$ j water; in some cases grs. xv- $\frac{3}{4}$ j. The patient is told to paint the diseased parts three or four times a day with a camel's-hair brush dipped in the solution. There is seldom any pain or discomfort; sometimes a little smarting at first.—*Practitioner.*—*Med. News.*

ACID DYSPEPSIA.

In a paper read before the Manchester (England) Medical Society, Dr. McNaught claims, from experiments made on himself, that the acids which cause the irritation in heartburn is hydrochloric acid. He analyzed matter obtained from his own stomach when he was suffering from acidity and was thus led to the above conclusions. He further showed that the tendency of hydrochloric acid is to prevent lactic fermentation, and he adduces this as additional evidence that the acidity in acid dyspepsia is not due to lactic acid.

We are willing to concede the fact as above stated, but we repudiate the deductions. The author of the paper displays that unfamiliarity with this subject which is at the root of the empirical and often mischievous treatment of acid dyspepsia by means of alkalies, etc. This condition may be due either to an excess or a deficiency of hydrochloric acid, and the treatment differs accordingly. When hydrochloric acid is deficient the process of normal digestion gives place to fermentation, in which lactic and butyric acids are both generated. In the case of excessive secretion of hydrochloric acid the acidity will be found to be greatest either before meals, and is relieved by food, or immediately after meals. In deficiency of this normal ingredient of the gastric juice the food remains undigested and in from two to four hours after its ingestion, according to the nature of the food, fermentation and acidity supervene. In the latter case the eructations are not only acid but peculiarly irritating to the oesophagus, the existence of butyric acid being particularly apparent to the taste.

In the treatment of each of these varieties of acidity, acids are to be exhibited, but in an intelligent manner, and in conformity to the physiologi-

cal law that acids check acid secretions. The exhibition of hydrochloric acid in combination with the simple bitter tonics one or two hours before meals overcomes to a degree the excitability of the glands and thus render them less susceptible to the irritation of the food, the bitters assisting, by their direct tonic action on the tissue, toward permanent relief. When a deficiency of hydrochloric acid is secreted this should be supplied immediately after each meal. The acid given at this time facilitates digestion and thus prevents that fermentation which manifests itself in lactic and butyric acid eructations. The joint exhibition of pepsin in such cases aids in digestion.—*Medical Age*.

OBSTRUCTED BOWELS.—BELLADONNA LOCALLY.

The external application of belladonna was resorted to by Dr. Costine (*London Lancet*) in a case of intestinal obstruction, and was followed in a few hours by a discharge from the bowels. There was obstinate constipation, no evacuation having taken place for fourteen days. Vomiting had occasionally taken place, and there had been much pain in the abdomen. Examination showed much distension of the belly, though the walls were not tense. There was occasionally a soft, defined swelling in the right iliac region about the size of the cæcum, but no lumps or bowel could be felt; there was no hernia and nothing abnormal could be felt per rectum. A large quantity of fluid could be injected. The patient had taken all kinds of purgatives without effect. One grain of opium every six hours was ordered; also cold, strong beef tea and milk in small quantities often repeated. The next day there was freedom from pain and vomiting, but on the second day after, he was much prostrated, with a frequent and intermittent pulse and fecal vomiting. Six ounces of brandy in twenty-four hours and plenty of beef tea were ordered, and one ounce of belladonna ointment spread on a large poultice was applied over the abdomen, and frequently repeated. The belladonna was first applied in the afternoon, and the same evening the bowels were opened. He progressed favorably for several days, when constipation again took place, which castor oil failed to relieve, but which the external application of belladonna, and opium internally, removed.—*Med. Rev.*

VOMITING OF PREGNANCY.

The following drugs have been recommended for this distressing symptom, which we here arrange alphabetically rather than in the order of their relative importance:—

Arsenic, in the form of Fowler's solution, in drop doses given before meals, is often of great advantage.

Atropia has been highly recommended for the vomiting of pregnancy, in the dose of $\frac{1}{120}$ of a

grain, injected subcutaneously in the epigastric region. It is said to arrest it promptly and permanently after other remedies have failed.

Bismuth, subnitrate, in ten-grain doses combined with $\frac{1}{4}$ grain carbolic acid, mixed with a suitable adjuvant, to be taken three or four times daily.

Calumba, in tincture, dose 5 to 10 drop: in infusion, dose teaspoonful.

Cerium, oxalate, dose 2 to 5 grains. Usually the best effects are produced after several days' use—Sir James Simpson.

Champagne, tablespoonful doses with ice, every fifteen minutes.

Chloral hydrate, with bromide of potassium, 10 grains of each at night when the symptoms first develop.—W. C. Burke.

Copper, sulphate, $\frac{1}{20}$ grain three times daily.

Hydrocyanic acid, dilute, three-drop doses once in four hours.

Iodide, tincture, drop doses every hour or two.

Nux vomica, tincture, drop doses every hour or two.

Pepsin, five to ten-grain doses.—*Med. Bulletin*.

INHALATIONS OF IODOFORM IN TUBERCULOSIS.

Dr. Davezac, of Bordeaux, employs iodoform by inhalation in cases of tuberculosis. The apparatus used by him is very simple and inexpensive—a large-mouthed bottle, holding about 250 grammes, the mouth closed by a cork pierced with two openings; in one, a vertical glass tube, very thin at its lower end; in the other, a glass tube bent at an angle, its one end at the bottom of the bottle; and the other affixed to a rubber tube of about twenty centimeters, having a glass mouth-piece. The medicated liquid occupies the lower portion of the bottle, and when the patient inhales through his mouthpiece, the external air thus solicited travels through the layer of liquid, and comes to the patient freighted with the vapors of the medicament. His formula is as follows:

Iodoform (pulverized), 1 grm., 50 ctgrms.

Essence of turpentine, 50 grms.

Oil of arachides, 150 to 200 grms.

(American earth-nut).

Essence of Bergamot, 2 grms., 50 ctgrms.

Thymic acid, 2 grms., 50 ctgrms.

The oil in the mixture emulsifies the iodoform without destroying its volatility, and lessens the susceptibility of the mucous membrane against the two irritating qualities of the turpentine. The inhalations seem to have good effect in diminishing the cough and lessening the expectoration and removing its fetidness.—*Progres Medical*.

BOWDITCH'S FORMULA FOR IRREGULAR HEART.

In a discussion upon heart-disease before the Boston Society for Medical Improvement, Prof.

Bowditch said that he had found the following formula of great service in relieving even the most serious cardiac affections. He had used it for the last twenty-five years. ℞ Pulv. digitalis, gr. x; pulv. colchici sem., gr. xx; sodii bicarbonatis, gr. xxx; M. et div, in pil. No. xx. These are to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bedtime; the treatment to be continued for three to nine months.—*Boston Medical and Surgical Journal*.

GONORRHOEA EASILY CURED.

By Z. T. DELLENBAUGH M.D., of Cleveland Ohio.

Finding an opinion on the recent text books and treatises on this disease, one would imagine there had been little, if any, progress in its treatment. The young practitioner, without practical experience, who undertakes the management of gonorrhoeal cases by the plan of treatment generally recommended in these works, with nauseating mixtures and conglomerate injections, will certainly be discouraged, and find his cases dragging along, or quit him, to become rounders. In cases of acute gonorrhoea I have, for eight or ten years, used carbonate of lithia to alkalize the urine, and find the five-grains compressed tablets, one taken three times daily, very convenient, fulfilling every indication better than any other salt. I now rarely find it necessary to give any other remedy internally.

Should the case fail to respond to the following injection, and not show marked improvement in two or three days, two sandalwood oil capsules may be given, three times daily, for three or four days. The injection I have used in cases of acute and sub-acute gonorrhoea for more than a year with the most gratifying results, especially to the patients, who have recovered in from two to seven days, and paid me from one to three visits, is the following:

℞ Resorcin, 3j,
Acid boracic, gr. xx,
Zinci acetatis, gr. ¼-½,
Aqua destillat., ʒ iv. M.

Of this solution two teaspoonfuls are injected three times daily. The germicides, resorcine and boracic acid, are so slightly astringent, that it requires the additional zinc salt to restore capillary tonicity. This injection is quite or nearly painless.

In the treatment of the later stage of sub-acute and chronic gonorrhoea, without stricture or granuloma as a complicating factor, I have had the happiest results follow the use of the following injection:

℞ Hydrargyri chloridi corrosivi, gr. ¼-ss.
Rinci chloridi, gr. ss-ʒj,
Aqua distillat., ʒ viij. M.

Sig.—A tablespoonful to be injected well down into the urethra, three-times daily.

Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in the injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produced great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt; and the chloride of zinc is the one I have selected for obvious reasons. Without doubt, a mild injection of corrosive sublimate and chloride of zinc is destined to be the injection for sub-acute and chronic gonorrhoea.—*College and Clinical Record*.

BORAX IN THE TREATMENT OF IMPACTION OF CERUMEN.

Dr. George F. Sowers (*Medical and Surgical Reporter*) gives the following formula for dissolving impacted cerumen, so that it can be removed with the syringe:

℞ Sodii boratis, pulv, ʒ j,
Glycerine,
Aqua, aa ʒ ij. M.

Sig.—Warm, and drop into the ear. After it has liquefied the cerumen, use syringe and tepid water.

OBSTETRIC APHORISMS.

The following aphorisms have been revived from Dr. Blundell's lectures on midwifery. The quaintness of the language may interest as much as the directions may instruct:

"Aph. 1. *The Rude Midwifery is a Bloody Idol*.—Floodings, tremendous lacerations, inversions of the uterus, like those which now stand on the table before you. Such are the effects of obstetric violence, that unsatiate and gory Moloch, before whose bloody shrine so many thousands have been sacrificed, to be succeeded, in future years, by still more numerous victims.

Aph. 2. *That the Placenta is to be Seduced*.—Do not haul out the placenta; do not jerk out the placenta, do not tear out the placenta, leaving unobserved one-half of it in the cavity of the uterus. Do not lacerate and leave the membranes to form afterwards a receptacle for clots, or to alarm the patient by their unexpected appearance. *Arte non vi* must, as usual, be your device: lead, coax, seduce.

Aph. 3. *Do not go Away and Leave a Second Child Behind*.—I am afraid that some one here present, notwithstanding the cautions of the morning, will hereafter remove the placenta when there is another foetus in the uterus. He smiles, he bows, he retires; another child is born. Which of you all means to signalize himself by this dangerous folly?

"Aph. 4. *That by Removing the Placenta Asleep You may Invert the Uterus*.—Practitioners have sometimes unconsciously inverted the uterus,

leaving it in that condition, an accident which can never happen to you, provided you forbear to remove the placenta till the womb be contracted. You may, however, drowse sometimes on the bedside as on these benches, and in these torpid and forgetful moments carelessly abstracting the placenta, inversions may occur.

"Aph. 5. *An Accoucheur's Atrocious Member.*—Depend upon it if you do carry your hand in the uterus, on every occasion, to get away the placenta, some woman will die at last, and die the victim of your mismanagement. At this moment, perhaps, some amiable but ill-fated creature blooms, the life and light of her admiring circle, who must hereafter fall an untimely sacrifice to some cruel and ruthless arm now drowsily crossed in this theatre. Which of you is the owner of this atrocious member ?

"Aph. 6. *Three Places where the Atrocious Member must not be Put.*—(Dr. Blundell shows preparation.)—Do not needlessly thrust the hand into the uterus ; that is the voice that issues from this preparation. He that hath ears to hear, let him hear it !

"Do not needlessly thrust the hands into the vagina ; that is the voice that issues from this preparation. He that hath ears to hear, let him hear it !

"Do not needlessly pass the hand into the genital fissure ; that is the voice that issues from this preparation. He that hath ears to hear, let him hear it !

"Ah ! the violence of an ignorant and savage hand.

"After examining these preparations, tell me is it too much to assert that in obstetrics a thrust of the hand is more dreadful than a thrust of the bayonet? Could the field of Waterloo exhibit injuries more dreadful than these?

Readers of Swain's "aphorisms" can compare and note the difference of style. Dr. Blundell's pupils must have been somewhat different from the young gentlemen of the present day.—*The Medical Age.*

INFANTILE CONSTIPATION.

In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hutton (*Lancet*, July 14 1883) may prove serviceable :

Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till bed time, then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with

a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding to it about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing-bottle.—*Med. and Surg. Reporter.*

ADMINISTRATION OF COD-LIVER OIL TO CHILDREN.

The following hints on this subject, from Dr. Edward Ellis's authoritative work on *Diseases of Children* deserve to be noted by our professional friends.

The secret of giving cod-liver oil successfully is not to give too much, and to give it at the right time. Small quantities are best to begin with (a few drops for a very young child ; 5 ss.—3 i. for older ones), in orange-wine, or a little weak nitro-muriatic acid in water, well sweetened. It should be given so as not to clash with meals, or soon after a meal : if before, it spoils the appetite. Bed-time is a good time, when it causes sickness ; the child lying down immediate afterwards, it is usually well retained. When it causes diarrhoea, and often in rickets, I give it with equal parts of lime-water. A little iodide or phosphate of iron may be dissolved in it, or a little phosphorus, when the administration of that drug is desirable. As an external application to many obstinate forms of eczema capitis and other cutaneous diseases, I have found it extremely valuable. If necessary, it may be made into an ointment, as,—

B. Ol. morrhue.....	5 ss.
Liquor. potassæ....	3 ss.
Adipis	q.s.
Ft. unguentum. (Dr. Neligan).	

When cod-liver oil cannot be tolerated, glycerine and cocoanut-oil are the best substitutes. They should be given in doses of ʒi.—ʒij. two or three times a day. I have tried the Dugong oil, but do not think that it possesses any special merit, nor yet the cod-liver-oil emulsions, jellies, etc. I much prefer the plain oil. Some bear the light-brown kinds well, others prefer the pale. Burgundy or claret make good vehicles for cod liver oil. Or it may be given sandwich fashion, in a little brandy and water at the bottom of the glass ; then floating the oil, wetting the side of the glass with brandy and water, and finally pouring a little rather stronger over the top of the oil, will make it slip down tastelessly. Ice in the oil also renders it nearly tasteless. If the oil be thick from cold weather, it should be warmed and made clear before administration. As a rule, children get to like it without artificial means of any kind : I am therefore merely supplying hints for possible difficulties.

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EDITORS :

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

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON, M.D., M.R.C.P.I.

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MONTREAL, APRIL, 1884.

There are, we believe, certain obligations due by Professors of Medical Schools towards each other as well as toward Schools other than their own, which no amount of rivalry should render inoperative. The reputation of every Medical College for fairness in dealing with its pupils is the basis upon which its success must rest. Both of these are axioms which we believe will be generally admitted as correct. Such, at all events, being our opinion, it was with very deep regret that we early this month saw in the Montreal Daily *Star* a very serious accusation brought against certain members of the Montreal Faculty of Medicine of Victoria College by Dr. E. P. Lachapelle, Secretary of the Laval Faculty of Medicine in this city. The charge was, that questions on two subjects of the written examination, had reached the students before the commencement of the examinations, while on some other subjects hints had been given students—of the subjects they were likely to be examined upon. Dr. Lachapelle, becoming aware of these facts, placed the evidence in the keeping of a gentleman, and on the conclusion of the examinations was of course able to verify the correctness of the information, of which he had become possessed. We are of course bound to say that, so far as we can judge, the statement of Dr. Lachapelle is borne out, and that, in some way, and on certain subjects, the students of Victoria College became aware on what they would be examined. This seems to be a fact, but it is one that does not by any means, of necessity, incriminate even those whose questions came into Dr. Lachapelle's hands anterior to the examinations. It is not now that we have heard for the first time of written questions having fallen into the hands of students before examination day. If we are correctly informed, two other Medical Schools in Montreal have suffered each once, in this way; one certainly has to our knowledge and this in spite of the best possible precaution to prevent it. The result in one

School has been the abolishing of printed questions, they now being given to the students in writing. We also, years ago, were informed that similar misfortunes had attended examining boards in the Old World. But so far as we know, this is the first time that the questions have fallen, previous to the examination, into the hands of a professor of a rival school, and we are bound to say that that Professor has not, in our opinion, acted in the matter as he should have done. It is true that the struggle which has so long existed between Laval and Victoria, has embittered feeling between the two schools. This fact does not, however, relieve the Professors of either school from the duty of protecting the good name of whichever may be assailed. The good name of a Medical School should be the common property of the entire profession. Becoming possessed of the information which he did, we think it was Dr. Lachapelle's duty, to have at once communicated with the President of the Victoria Faculty, and prevented the completion of a scandal. Dr. Lachapelle may say that, had it only been questions which came into his possession, he might have thus acted, but as he likewise learned that *hints* had reached the class as to what they would be examined upon he could not treat them in this way; we think he could, and that he should. He ought to have remembered, even that were all true of which he accused them, still a large portion of the Faculty were not concerned, and to them at least, some of whom were his *confrères*, when he was in the Faculty, he owed an obligation which we regret he did not recognize. So far as we can see, Dr. Lachapelle does not gain anything by the course he chose to adopt. If he had communicated his knowledge to the Faculty of Victoria, the guilty, if guilty there was, could have been discovered by them and the assessors *at the time* of the examination. In this way a scandal might have been prevented, and possibly much subsequent trouble saved to the graduating class. We fear, however, that Dr. Lachapelle allowed his feelings to outweigh his judgment, causing him to act in a way which we hope and believe, on reflection, he will regret. Within a few days, a correspondence between Dr. Desjardins, Secretary of a Committee of Victoria Professors (consisting of gentlemen not implicated) appointed to investigate the charges, and Dr. Lachapelle, has appeared in the *Star*. It is too lengthy to insert, or even to give a resumé of. One point, which, however, is the pivot,

we will allude to. Dr. Desjardins asks on behalf of the Committee that they be allowed to take cognizance of the proof, in his, Dr. Lachapelle's, possession. This he declines to do but offers to lay them before a Parliamentary Committee. Here, again, we think Dr. Lachapelle wrong. We do not believe there is any necessity for such a Committee. If investigation is needed, and in the present position of matters, it must take place, the College of Physicians and Surgeons is the proper tribunal to take the matter up. In the keeping of that body is the honor of the entire profession and on them devolves the duty of seeing that the examinations are properly conducted. But the Faculty of Victoria, knowing that the first investigation should commence with themselves, acted promptly by appointing a committee consisting of gentlemen not concerned in the accusations. With out cognizance of the evidence promised by Dr. Lachapelle the work of this committee is rendered almost useless. If justice is simply what he desires he should facilitate every means used to that end. We fear, however, that the whole story is but another act in the drama of Laval *vs.* Victoria, which we hope, for the sake of our professional *entente cordiale* will soon be brought to a close.

MCGILL UNIVERSITY—ANNUAL CONVOCATION.

The annual convocation of the Medical Faculty of McGill University took place on the 29th March, in the William Molson Hall, which was crowded to overflowing. The proceedings were opened with prayer by the Ven. Archdeacon Leach.

HON. JUSTICE MACKAY occupied the chair, and delivered an able address respecting the late Chancellor of the University, Hon. Justice Day:—

DR. HOWARD, Dean of the Medical Faculty, then read the awards of prizes and honors in medicine, as follows:—

The total number of students registered in this Faculty during the past year was 207, of whom there were from Ontario, 110; Québec, 49; Nova Scotia, 5; Manitoba, 1; New Brunswick, 22; Prince Edward Island, 5; Newfoundland, 2; West Indies, 3; United States, 10.

The following gentlemen, 40 in number, have passed their Primary Examination on the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Pharmacy, Institutes of Medicine, and Botany

and Zoology. Their names and residences are as follows:

J. H. Armitage, Newmarket, O.; H. S. Birkett, Hamilton, O.; D. A. Cameron, Strathroy, O.; D. Corsan, Woodstock, O.; J. L. Clark, Waterloo, Q.; M. A. Craig, Glen Water, O.; W. C. Crockett, B. A., Fred'ton, N.B.; W. W. Doherty, Kingston, N.B.; John L. Duffett, Leeds, Q.; John Elder, B.A., Huntingdon, Q.; Thos. M. Gairdner, Bayfield, O.; J. B. Gibson, Cowansville, Q.; Geo. J. Gladman, Lindsay, O.; J. H. Y. Grant, Ottawa, O.; Smith Gustin, London, O.; P. H. Hughes, Strathroy, O.; John A. Kinloch, Montreal, Q.; Ed. P. McCollum, Duart, O.; W. J. McCuaig, Vankleek Hill, O.; H. J. McDonald, Alexandria, O.; Thos. G. McGannon, Prescott, O.; J. W. McMeekin, Chesterfield, O.; J. M. McKay, River John, N.S.; Guy F. Palmer, Ottawa, O.; Alf. T. Platt, Picton, O.; N. G. Powne, Nashville, Tenn.; W. P. Pringle, Cornwall, O.; C. H. Raymond, B.A., Springfield; A. Raymond, Moulinette, O. N.B.; F. D. Robertson, Lennoxville, Q.; W. M. L. Rowat, Manotic, O.; A. T. Schmidt, Faribault, Minn. F. J. Seery, Fredericton, N.B. W. A. Smith, Montreal, Q.; A. Russell Turnbull, Russell, O.; W. W. White, B.A., St. John, N.B.; F. J. White, Green's Pond, Nfld.; Charles Wilson, Cumberland, O.; D. J. Wishart, B. A., Madoc, O.; A. N. Worthington, Sherbrooke, O.

The following gentlemen, 34 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. In addition to the primary subjects, as mentioned above, they have passed a satisfactory examination, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene, and also Clinical Examinations in Medicine and Surgery conducted at the bedside in the hospital:—

J. L. Addison, West Flambore, O.; Jos. A. Barrett, Fenagh Vale, O.; Hy. J. Clarke, Pembina, Dakotah.; John R. Church, Aylmer, Q.; Sheldon E. Cook, Aultsville, O.; T. B. Davies, New Edinburgh, O.; John A. Duncan, Duncanville, O.; E. J. Elderkin, Apple River, N.S.; W. A. Ferguson, B.A., Richibucto.; C. E. Gooding, Barbadoes, W.I.; Geo. A. Graham, Hamilton, O.; Jas. A. Hutchison, Goderich, O.; C. H. Johnson, Almonte, O.; W. G. Johnston, Sherbrooke, Q.; Patrick N. Kelly, Rochester, Minn.; Thos. H. Landor, London, O.; J. H. McLellan, Summerside, P.E.I.; J. P. McInerney, Kingston, O.; Wm. McClure, B.A., Lachute, O.; G. N. McLean, B.A. Picton, N.S.; John C. Meahan, Bathurst, N.B.; David B. Merritt, B.A., Ottawa.; W. M. F. Nelson, Montreal, Q.; Timothy O'Brien, Brudenell, O.; Wm. Porteous, Pembroke, O.; W. Scott Renner, Jordan Station, O.; L. D. Ross, Montreal, Q.; Geo. B. Rowell, Abbotsford, Q.; R. F. Ruttan, B.A., Napanee, O.; E. H. Smith, Prescott, O.; W. A. De W. Smith, Montreal, Q.; H. E. Smyth, Worcester, Mass.; Felix D. Walker, Launching, P.E.I.; S. F. Wilson, M.A., Springfield, N.B.

MEDALS, PRIZES AND HONORS.

The Holmes Gold Medal for the best examination in the Primary and Final branches was awarded to Wm. A. Ferguson, B.A., of Richibucto, N.B.

The prize for the best final examination was awarded to Jas. P. McInerney, of Kingston, N.B.

The prize for the best Primary examination was awarded to Smith Gustin, of London, Ont.

The Sutherland Gold Medal was awarded to John Elder, B.A., of Huntingdon, Q.

The following gentlemen, arranged in order of merit, deserve honorable mention :—

In the Primary Examination—N. G. Powne, H. S. Birkett, J. A. Kinloch, J. Elder, B.A., W. W. White, B.A., W. J. McCuaig, W. C. Crockett, B.A., G. H. Raymond, B.A., John L. Duffet, C. W. Wilson, F. J. Seery, Geo. B. Rowat, A. R. Turnbull, E. P. McCollum, and G. F. Palmer.

In the Final Examination—Geo. A. Graham, R. F. Ruttan, Wyatt D. G. Johnson, Edwin J. Elderkin, and Thos. B. Davies.

PROFESSORS' PRIZES.

Botany—Prize, N. E. Powne, of Nashville, Tenn. For the best collection of plants—Prize, J. E. Gray, of Coldstream, Ont.

Practical Anatomy—Demonstrator's Prizes : 2nd year, H. S. Birkett, of Hamilton, Ont. 1st year, D. L. Ross, of Winthrop, Ont.

Pathology—Prize awarded to Edwin C. Wood of Londresboro, Ont. ; and honorable mention to Fred. G. Finlay, Montreal, Q.

The degrees were then conferred by the Ven. Archdeacon Leach.

Dr. J. P. McINERNEY, of Kingston, Ont., delivered the valedictory address on behalf of the graduating class.

Prof. GEO. ROSS, A.M., M.D., delivered the address to the graduating class.

Dr. HOWARD, Dean of the Faculty, announced the successful completion of the Campbell Memorial Fund, amounting, all told, to about \$53,000, and with the amount given by the Hon. D. A. Smith, bringing it up to \$103,000. He also announced that Mr. George Stephen, President of the Canadian Pacific R. R., had given \$50,000 to the Montreal General Hospital to build a Campbell wing.

The convocation then adjourned.

BISHOP'S COLLEGE.—ANNUAL
MEDICAL CONVOCATION.

LIST OF GRADUATES.

The Annual Convocation of the Faculty of Medicine of the University of Bishop's College was held on the 3rd of April, in the Synod Hall, and despite the unfavorable state of the weather there was a large attendance of the relatives and friends of the students. The proceedings commenced at three o'clock. Mr. R. W. Heneker, Q.C., Chancellor of the University, occupied the chair, and among those present were noticed Dr. F. W. Campbell, Dean of the Faculty ; Dr. J. C. Cameron, Registrar of the College ; Rev. Canon Norman, Mr. L. H. Davidson, Dr. J. Baker Edwards, Dr. R. A. Kennedy, Dr. Perrigo, Dr. J. B. McConnell, Dr. C. A. Wood, Dr. Armstrong, Dr. T. Simpson, Dr. Young, Dr. Trenholme, Dr. Foley, Dr. H. L. Reddy, Dr. A. L. Smith, and others.

Chancellor Heneker opened the proceedings by a very interesting and instructive address, after which Dr. F. W. Campbell, Dean of the Faculty, then read the results of the session which are as follows :

REPORT OF SESSION 1883-4.

The number of matriculated students for the session of 1883-4 is 38, being seven in excess of last year. Of this number, 2 come from the United States, 2 from Ontario, 2 from New Brunswick, 2 from the West Indies, 1 from British Guiana, and 22 from the Province of Quebec. Thirteen of our students are residents of Montreal.

The following are the results of the examinations :—

Botany—William E. Fairfield, of Clarenceville (prizeman) ; Rollo Campbell, Montreal ; Albert E. Phelan, Montreal ; Frederick M. Stevens, Dunham ; Rufus K. Curlett, Belleville ; John M. Rohlehr, New Amsterdam, British Guiana.

Practical Chemistry—Albert F. Longeway, J. H. Chapman and A. E. Phelan, equal ; B. J. Ambrose.

Practical Anatomy—Seniors—Albert F. Longeway, prize, and Charles E. Parent. Juniors—R. K. Curlett, prize.

Anatomy—1st class honors—Albert F. Longeway, C. E. Parent. 2nd class honors—Cornelius Ulric, William A. Mackay. Passed—W. G. Nichol, S. Riopel, E. O. Laferriere, J. F. Gore.

Physiology.—1st class honors—F. R. England. 2nd class—S. Riopel. Passed—C. Ulric, J. F. Gore.

Materia Medica and Therapeutics.—1st class honors—F. R. England; 2nd do, S. Riopel. Passed—J. F. Gore.

Chemistry—1st class honors—F. R. England, A. F. Longeway, S. Riopel and R. J. Ambrosse. 2nd class—F. J. Nelson. Passed—J. F. Gore.

Hygiene—1st class honors—A. F. Longeway and S. Riopel. Passed—E. O. Laferriere; equal, J. F. Gore, D. McNamara and C. H. Lafontaine.

Medical Jurisprudence—1st class honors—F. R. England and C. E. Parent; equal, E. O. Laferriere, C. Ulric and J. R. Charest. Passed—D. McNamara, W. D. Nutter and W. G. Nichol.

The following gentlemen have passed their primary examination, consisting of anatomy, physiology, materia medica and therapeutics, chemistry, hygiene, practical anatomy, and practical chemistry:—F. R. England, Dunham, P.Q., 1st class honors, and "David Scholarship" (awarded to the student who takes the highest number of marks in the primary examination); C. E. Parent, Waterloo, 2nd class honors; S. Riopel, Valcartier; 2nd class honors; W. G. Nichol, Montreal, 2nd class honors; E. O. Laferriere, St. Cuthbert; J. F. Gore, Stanstead.

The following gentlemen have passed their final examination for the degree of C.M., M.D., consisting of practice of medicine, surgery, obstetrics and diseases of children, gynecology, pathology, medical jurisprudence, clinical medicine and clinical surgery:—Ernest E. Bronstorff, Jamaica, W.I., 1st class honors, and "Wood gold medal" (awarded to the student who has attended at least two six-months sessions at Bishop's College, and has obtained the highest aggregate marks in primary and final examinations). Rollin C. Blackmer, Clinton, Vt., 1st class honors, "Chancellor's Prize," for best final examination, the Wood gold medalist not being allowed to compete; Charles D. Ball, Stanstead, P.Q., 1st class honors; Solomon Riopel, Valcartier; Charles H. Lafontaine, Chambly, P.Q.; Wm. Patterson, Montreal; Wm. H. Drummond, Montreal; Wm. A. Mackay, St.

Eustache; John F. Gore, Stanstead, P.Q.; James Ogilvie, Jamaica, W. I.

The "Robert Nelson" gold medal for special excellence in surgery is awarded to E. E. Bronstorff, Jamaica, West Indies. This medal valued at \$60.00, founded by Dr. C. E. Nelson, of New York, is awarded annually to the student standing first in a special examination in Surgery, written, oral and practical. No one is allowed to compete unless he has attended at least two sessions at Bishop's College, and has attained first-class honors in all subjects, both primary and final. In order to pass in any subject, a candidate must obtain at least 50 per cent. of the maximum marks; to obtain 2nd class honors, at least sixty per cent.; and to obtain 1st class honors, at least seventy-five per cent.

PRIZE LIST.

Wood gold medal and Nelson gold medal—E. E. Bronstorff; Chancellor's prize—R. C. Blackmer; David scholarship—F. R. England. Practical anatomy—Senior prize—A. F. Longeway; Junior prize—R. K. Curlett. Botany prize—W. E. Fairfield.

In conclusion I am happy to say that the thirteenth session just closed has been one of hard and steady work. We have never had a more faithful and industrious class of students, and in consequence the results of examination have been unusually high (Loud applause.)

At the conclusion of the list, the oath of allegiance was administered to the students who were British subjects by Chancellor Heneker, after which the national anthem was sung.

The conferring of the degrees of M.D., C.M. upon the successful graduates was then proceeded with, Dr. Cameron administering the oath, after which the diplomas were presented by the chancellor.

Dr. Drummond then delivered valedictory address on behalf of the graduating class.

Dr. Simpson addressed the graduating class on behalf of the Faculty, and after an eloquent address from Mr. L. H. Davidson the proceedings terminated.

PERSONAL.

Dr. Ernest Bronstorff (C.M., M.D., Bishop's, 1884; Wood & Nelson Gold Medalist), of Kingston, Jamaica, sailed for London, by the Allan

SS. Parisian, from Halifax, April 19th. Dr. Bronsorph will remain some time in London, and after taking out a London qualification returns to settle in Jamaica.

Dr. Roddick, Professor of Clinical Surgery, McGill College, has returned to Montreal, after an absence of six months in Europe.

Dr. Mackay, (C.M., M.D. Bishop's, 1884), has settled at Bristols Corners, Pontiac Co., Quebec.

Dr. Henderson, of Calgary, N.W.T., was in Montreal for a few days early this month.

REVIEWS.

A Pocket Book of Physical Diagnosis of the Diseases of the Heart and Lungs for the Student and Physician. By EDWARD T. BRUEN, Demonstrator of Clinical Medicine in the University of Pennsylvania, etc., etc. Second Edition, revised, with additional illustrations. Philadelphia: P. Blakiston, Son & Co.

This is a compact little volume of rather more than two hundred pages, in which the subject is treated in as practicable a manner as possible, without discussion of questions of historical or theoretical interest, and, according to its author, without laying special claim to originality of matter. It is just such a book as should always be within easy reach in the Physician's Library. We need not say more to recommend it to our readers.

A Treatise on Bright's Disease of the Kidneys, its Pathology, Diagnosis and Treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, M.D., M.A., with numerous original illustrations. New York: Wm. Wood & Co., 1884.

The rapid increase in the number of cases of Bright's Disease met with by almost all Physicians tends to throw around this disease more than ordinary interest. Why this increase should exist is a subject which has given rise to much thought, and the general opinion seems to be that the intense nervous strain which business now-a-days demands is a prolific cause. Dr. Millard has gone into the consideration of this disease in a very thorough and scientific manner—perhaps the

last a little too much so, for the mass of practitioners. This is a good fault, perhaps—if fault it be—because it is only by thoroughly scientific investigation, a malady, in many respects so obscure as to its precise cause, can be unravelled. The practical part of the book is the treatment, and this is very fully described. It is a work which will amply repay perusal by any thoughtful student.

The Essentials to Pathology. By D. TODD GILLIAM, M.D., Professor of Physiology in Starling Medical College. Philadelphia, P. Blakiston, Son & Co.

This is an excellent little work for medical students, its object evidently being to unfold to the beginner the fundamentals of pathology, in a plain, practical way, and, by bringing them within easy comprehension, increase his interest in the study. We advise all teachers on Pathology to recommend it to their class.

History of the Circulation of the Blood. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia. P. Blakiston, Son & Co., Publishers: Philadelphia, 1884.

This little work of between fifty and sixty pages, is a lecture delivered by Professor Chapman, concluding a course on the circulation. Dr. Chapman has dealt with his subject in a pleasant way, and the matter is pleasant, as well as instructive reading. He shows that although Harvey's name is justly associated with the discovery of the circulation, that to others some portion of credit is due. These he brings to the front, and apportions to each that share in the great discovery which is their due. He therefore divides the discovery into six different stages—as follows:—

1. The Structure and Functions of the Valves of the Heart, Erasistratus, B. C. 304.
2. The Arteries Carry Blood during Life not Air, Galen, A. D. 165.
3. The Pulmonary Circulation, Servetus, 1553.
4. The Systemic Circulation, Cæsalpinus, 1593.
5. The Systemic and Pulmonic Circulation, Harvey, 1628.
6. The Capillaries, Malpighi, 1661.