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Original Communications.

CLINICAL LECTURE.

Delivered at the Montreal General Hospital,
December 15th, 1885.

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

HYSTERIA.

The patient who presented herself last Thursday the 7th of December, in the out-door room, and who is before us to-day, is suffering from hysteria. This is a purely functional trouble of the nervous system, *i. e.*, she has not any organic disease which is the cause of her present condition. She is a servant, has been much confined to the house, and her general condition has for some time been getting below par. Her appetite is poor, at least is not what it ought to be, and her temperament is highly nervous; she had a choking sensation, caused by the feeling as if a ball was in her throat. She is very emotional, and the class will remember that when we first saw her it was a matter of some difficulty for her to restrain her tears. I placed her on the following prescription:

R Potas. Bromid., ʒ iii.
Tinct. Valerian Amon., ʒ iss.
Liquor Strychnia, ʒ ii.
Aque ad., ʒ vi.

A dessert-spoonful three or four times a day.

And the result has been, she informs me, very satisfactory. There has been a decided improvement. The choking sensation has all but disappeared, and she is able to attend better to her work.

Hysteria is characterized by various motor, sensory and intellectual disturbance. It is a disease which is met with in women, in fact may be called a disease of females, although in my practice I have met with several well-marked cases in male adults. It is often met with just at that period of life when the sexual functions are developing, and may continue for a number of years, manifesting itself under the most trivial exciting cause. The hysterical type is said to be inherited. It frequently develops its manifestations in females, at or just previous to the catamenia, when an examination of the ovaries will generally show that they are in a state of congestion, being swollen, hard and tender. At one period *all* hysterical phenomena were attributed to ovarian or uterine irritation, but it is now known that many cases have not this origin. Violent hysterical paroxysms have been known to take place in women where both ovaries and uterus were congenitally absent. The blood of hysterical patients is generally deficient in red corpuscles; a condition of anemia is present, and when this is the case the nervous tissue is very irritable. The symptoms are numerous and varied, the following are among the chief: The patient experiences rapid change of feeling, without any apparent cause; at one moment she is sad and desponding, the next bright and joyous; one minute in tears, the next bursting into fits of uncontrollable laughter; the hands and feet are hot and cold in turn. The patient fears Paralysis, on account of a numbness and tingling felt, generally in the hands and fingers. These generally disappear or are forgotten when the attention is fully occupied. Pain at the heart, palpitation, rapid breathing, a sensation of fulness in the stomach and bowels,

often causing the patient to loosen her corsets. The rising and falling of a ball in the larynx; this is called the "globus hystericus" or "hysterical ball." It produces a sense of suffocation, and is so real that the patient often places the fingers in the back of the throat in the hope of removing the "ball"; the face gets pale and red by turns. Some cases do not advance beyond this, but others go a step further, when paroxysms of a spasmodic character, both clonic and tonic occur. When a severe attack is about to take place, while many of the symptoms I have given are present, in addition, the jaws are fixed, the face retracted, the teeth grinding, the hands clenched, the limbs drawn up and rigid. Such is a tonic convulsion. The attack may only last a few minutes—it may continue an hour or two. A flood of tears is the first symptom of subsidence, a large quantity of pale limpid urine is passed, and the patient falls asleep exhausted. Other cases have irregular clonic convulsions, the patient screams, throws her limbs about, or throws herself on the floor. tears at her hair and throat, the abdomen is full of gas and gives out a loud rumbling sound, like distant thunder. This is called *Borborygmi*. Consciousness is not lost, the eyelids, though closed, are in a constant state of trembling, and no matter how wildly the patient tosses about, they very seldom ever injure themselves. The attack passes off as do the others by subsidence of the paroxysms, the passing of a very large amount of pale urine, followed by deep sleep. The duration of the attack may be a few hours, or only a few minutes. Hysterical patients are very sensitive of sound and of odors; the appetite is perverted, and they have a strong predilection for chalk, slate pencils, sealing-wax; others again for vinegar and pickles. They also suffer from headache, and hyperæsthesia of the scalp. This latter is sometimes so great as to render combing of the hair impossible. Neuralgic pains in the *mammæ* are common, and they are tender to the touch. Abdominal tenderness is often complained of. The slightest touch is painful to the patient, but if attention be diverted, deep pressure is painless. There is tenderness over the spinous process of a few vertebræ, and pain in the knee is often complained of. A common symptom is paralysis of the bladder, from over-distension, requiring the use of the catheter. Temporary paralysis of muscular groups occur, lasting variable periods, spasmodic flexion of the fingers, hand or fore-arm may occur, so, also, may spasmodic extension of

hip, knee and ankle joint. The heart is often weak, there is at times epistaxis, hæmoptysis and hæmatemesis. Amenorrhœa and dysmennorrhœa are common. Great care must be taken not to sympathise with your patient—nothing is more injurious than to do so. It is extraordinary with what ingenuity and perseverance an hysterical patient will attempt deception of her friends and medical attendant. A little care and thought will prevent any error in diagnosis.

Treatment. When the case is well developed, moral and hygienic means are the most useful, change of scene and travel, with a view of constant mental occupation is very beneficial. Early hours and plain food must be insisted on. Exciting novels, must not be read, especially such as appeal to the sexual passions. This is preliminary treatment, when an inherited influence exists. If, in spite of this, the hysterical condition develops, medicines are necessary. Iron must be given, if there is anæmia, and the best iron preparations are those which are most readily assimilated, such as the dialysed iron of Wyeth & Son of Philadelphia, the sulphate of iron, reduced iron, or *ferri redactum*, the carbonate of iron, the ammoniacate of iron and arseniate of iron. When possible, it is well to give iron in pill form, so as to prevent its acting on the teeth. If it has to be given liquid it should be taken through a quill. Strychnia and phosphorus are useful, they help to build up the tone of the nervous system. If the patient is plethoric a few leeches over the ovaries will be useful, while internally give the bromides, gelsemium and *cimicifuga*. For the hysterical feeling without convulsions, the ammoniated tincture of Valerian, in ʒss to ʒi doses every 4 hours, or the same quantity of Hoffman's anodyne, *i.e.*, Spt. Ether Sulph. Co. In the convulsive form, inhalation of nitrite of amyl or chloroform, dashing cold water over the face, rectal injections of turpentine or tincture of *ascosafatida*, this latter may be given internally or in the form of pill. In very bad cases morphia in $\frac{1}{4}$ gr. dose may be hypodermically injected. The paralysis should be treated by faradic electricity. Sometimes hysterical subjects are so bad that they become bedridden, *i.e.*, they cannot be induced to leave their bed. I knew a lady who was for years bedridden, from what she termed spinal disease. It was pure hysteria. The house took fire, when she rapidly left her bed, and never returned to it unless for her night's rest. She transmitted the same nervousness to her daughter.

who, in a modified degree, followed in her mother's footsteps. It was only by strong moral influence, that she was saved from the development of it to its full extent. For such subjects Dr. Weir Mitchell, of Philadelphia, has devised a plan of treatment. It consists in the combined use of massage, faradizations and forced feeding. Massage consists in friction, kneading and tapping of all the muscles, except those of the face, in passive motions of all the joints, and in muscular motions produced by faradic applications. The frictions are made with either lard or cocoa butter. The diet at first consists of milk only, but additions are constantly made to it till a liberal allowance is given. No exercise is allowed, all movements are made for the patient, in other words, the patient has exercise without voluntary effort. Increase in weight soon takes place, and when the improvement has been decided, voluntary exercise is permitted. The patient must be separated from all her former associates and the sympathetic surroundings of home. The prescribed milk diet begets hunger, which soon takes the place of indifference. Her forced rest in bed induces a desire for movement; this is the result of the monotonous idleness. The moral force of her new surroundings reacts upon her, and before long she is able to step out once more into the world a new woman.

WORMS.

The Outdoor Department, so far as my experience goes, has not lately furnished many cases of worms for our consideration. Yet, worms are very common in children. The little fellow before you came to us about two weeks ago, complaining of loss of appetite and symptoms of nervous disturbance. He presented a pale appearance, nose somewhat sharp and pinched, eyes heavy, pupils considerably dilated, and the breath was somewhat heavy. Generally his appearance was what I then called "wormy"—an appearance somewhat difficult to describe, but which I still think is well seen in this young boy, and to which I particularly draw your attention. Carefully impress his features on your memory, and it may prove useful to you at some other time. Believing, then, that he suffered from worms, I ordered him 3 powders of san-tonine of 3 grs. each, which were given, as I usually direct it to be given, *i.e.*, one night, morning and night, to be followed next morning by either castor oil or senna tea. I generally prefer the latter, because it is administered with greater ease. Do not say anything about giving the child medicine, but

place before it at its breakfast a cup of senna tea, colored with milk and well sweetened. Most children are fond of tea, and they will readily drink some of it before recognizing that there is something wrong. Enquire what is the matter with the tea, suggest that it is too strong, and add more milk and sugar. The child will take another drink, but soon recognizing that the improvement supposed to follow the additional milk and sugar has not come up to its expectation will refuse to take more. Acquiesce in the child's decision, for there is every probability that enough has been taken to act well on the bowels. The result in the case before us was the passage of two worms, belonging to the class of the Nematoda, or round worms, a specimen I should judge from the description the mother gives, of the *Ascaris Lumbricoides*, the most common worm which infects the intestinal canal of the human subject. Although only two have been got away I am satisfied there are more behind, and after a brief rest we will again endeavor to get rid of them. The riddance of those two worms has been beneficial to the patient, who is slowly improving. A week ago I placed him on the *syr. ferri. iodidi*, with a view of improving the condition of his blood. I have not the time to enter even briefly into the subject of the various worms we as physicians will be called upon to treat. But a word or two regarding the most common—the *Ascaris Lumbricoides*.

The ova of the worm is believed to enter the body through drinking water. There may be only one or two, as in this case, or they may reach thousands. When very numerous, they are grouped in bundles and at times occlude the bowel. Their habitat is the small intestine, and they are met with mostly in the autumn. The worm is cylindrical in shape, reddish-brown or brownish-yellow in color, tapers at both ends. Females when passed are often found to be loaded with young. When they are numerous the following symptoms may be present, in whole or in part: Colicky pains about umbilicus, tumefaction of the abdomen, capricious-appetite, nausea, at times vomiting, diarrhoea, whey like urine, itching of the nose and anus, blue mark under the eye, dilated and at times unequal pupils, irregularity of pulse, attacks of a choreic and hysterical character, night turns, restless sleeping, constantly tossing about, grinding of the teeth. These worms sometimes crawl up into the pharynx and producing a feeling of tickling,

at times of nausea, the fingers are passed backward, the worm seized and withdrawn. They also find their way into the Eustachian tube, the nose and the larynx, in the latter case death ensues rapidly from suffocation.

Santonine is the common remedy; calomel has vermifuge properties even alone, but it is a good addition to santonine. *Chenopodium* or worm seed is good. It is usually given in the form of oil. It is seldom however used on account of its disagreeable odor and taste. The fluid ext. of *spigelia*, better known as pink root, is a very excellent vermifuge. It should be given in dose of one to four drachms.

AMPUTATION OF THE TONGUE.

BY THE INTRA BUCCAL METHOD BY MEANS OF THE GALVANIC CAUTERY.

BY DR. L. GIRERD.

Surgeon to the Inter-oceanic Canal Company at Panama S. A. (Translated for THE RECORD by Dr. Wolfred Nelson, late of Panama.)

Patient, a middle-aged man, well-nourished.

Case.—On the edge of the tongue, near its root, on the right side, on a level with the last molar, is a fungoid ulcer, which rests on a hard and tumified base. It is surrounded by a number of granulations. Fortunately, the glands in the vicinity are not involved.

Some ten months ago the patient experienced a burning sensation on that part of the tongue while smoking, a small pimple followed, accompanied with occasional lancinating pains.

Preliminary tracheotomy was performed seventeen days before operation. He took cold and some tracheo-bronchitis followed, from which the patient had not entirely recovered at the time of the operation. The operation took place on the 9th of April, the galvanic cautery being used. The patient came under the chloroform readily, then suddenly stopped breathing, instantly. I sprang on the operating table, seized my patient firmly by the legs, and hung him head downwards, whilst Dr. Vernial practised artificial respiration, (I was assisted by Drs. Vernial, Meurisse and Nelson.) The syncope yielded readily to the above treatment, when I proceeded with the operation. Bunsen's modified cells were used, twenty small elements were brought together in series of four, the five series being connected. The patient's mouth was kept open by Charriere's *ouvre bouche*.

The lips and gums were protected by pledgets of wet cloth secured by elevators. When all was ready a platinum wire, with a diameter of seven-tenths of a millimetre, was passed through the tongue by means of Reverdin's half-curved needle, passing it obliquely before and behind the sore, from right to left, then from below upward; thus the needle entered on a level with the root of the tongue near the floor of the mouth, in the posterior third of the right side of the organ. The ends of the platinum wires were connected with the respirators. The wire played on the middle part of the dorsal surface of the organ. The current was turned on; the loop, under delicate traction, cut its way out. The section was made slowly, and at times when the current was too intense, as shown by a greater incandescence, it was modified. A second wire was passed horizontally towards the base of the organ, using the same needle, commencing at the level of the first incision, and coming out behind the hardened growth. Under gentle traction, the second section was completed. The third and last section was destined to sever the growth from the base of the tongue on the floor, in its mouth being its only remaining attachment. This section was a transverse one and completed the removal of the diseased parts.

The sections were as clean cut as if done by a bistoury. There was no hæmorrhage. The eschar was slight and almost imperceptible.

Following the operation a careful examination of the tongue was made, to make certain that the whole zone of disease had been removed. After treatment: ice in the mouth and borax lotion.

Remarks.—If we wish to avoid primary and secondary hæmorrhages while making the regular sections, it is necessary to proceed slowly and with the greatest caution.

The patient's temperature on the evening of the operation was $37^{\circ}4$. C. He was feeling very well. He was discharged from the Canal Hospital on the tenth day. Following the operation there was some difficulty in articulating, later the man spoke fairly well. The section removed was somewhat triangular in shape and made a large hole in the tongue.

(*Translator's Note.*) I saw the man some months after the operation, when he was in excellent health. He was delighted with the results, and loud in his praises of Dr. Girerd's skill. The impediment to speech was very slight.

W. N.

MEDICO-CHIRURGICAL SOCIETY
OF MONTREAL.

Stated Meeting, Dec. 18, 1885.

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

Unusually good convalescence after Ovariotomy.—Dr. TRENHOLME related the history of the last two cases operated upon for ovarian dropsy. In one case the temperature reached $101\frac{3}{10}^{\circ}$ ten hours after the operation, but the next morning it was normal. The following afternoon (26 hours after operation) it was 99° , but in the evening it was normal, and remained so afterward. After the first day the pulse also was normal. There were no signs of shock or after suffering of a severe character. The tumor weighed 34 lbs., and the patient was convalescent after the 18th day. In fact, manifestly gained in flesh before the end of the first week. The second case was even more remarkable, as the tumor weighed 55 lbs. The temperature reached 100° ten hours after the operation, the next morning it was normal, and, together with the pulse, remained normal afterwards. The patient was up for her meals the 11th day, and going about the house after the 14th. There were no symptoms of shock, no suffering, and not even a sign of tympanitis. The remarkable results obtained in these cases were due, Dr. T. believed, to the smallness of the abdominal incision. In neither case was it more than three inches in length, and in neither case were the intestines exposed to the air—in fact, in one case not even seen. The second point was the mode of securing the pedicle; as in all his operations, Dr. T. employed No. 20 shoemaker's white thread, and ligated the pedicle in small segments. The high temperature of the room, the atmosphere being saturated with vapor of water slightly impregnated with carbolic acid, was believed to have contributed to these favorable results.

Dr. SMITH read a lengthy paper on "*The A. C. E. Mixture, the best Anæsthetic in Obstetrical Practice.*" The conclusions arrived at were as follows—1st A. C. E. is an effective general anæsthetic, producing as deep insensibility as chloroform. 2nd, Its action is rather more rapid than chloroform, but to develop its effects more of it is required, the proportion being about as 6 is to 4. 3rd. It produces a less prolonged, second degree of narcotism than other anæsthetics. 4th,

When its effects are fully developed the narcotism is very prolonged, and is reproduced with great ease. 5th, Its influence on the nervous centres is more uniform, and it creates little, if any, disturbance or break of action between the respiratory and circulatory functions. 6th, The final escape from the organism is rapid, so that the symptoms of recovery are sudden. 7th, In some cases, but very rarely, it produces vomiting. 8th, When it kills, it destroys by equally paralyzing the respiratory and circulatory mechanism.

Dr. KENNEDY had not seen the A. C. E. mixture used often, and in these few cases he was not favorably impressed towards it. He thought it would evaporate irregularly, the ether being more volatile, would go off first, and leave the chloroform and alcohol behind. He liked chloroform for midwifery practice and ether for surgical cases.

Dr. HY. HOWARD said he had used chloroform upon himself continuously for 48 hours for a severe attack of renal colic. He had also taken ether. He had no fear of either of them.

Dr. STEWART had never used the A. C. E. mixture, and believed the little alcohol in it could have no value as stimulus. Bichloride of Methylene had caused a good many deaths in the past ten years. The danger with chloroform did not arise from large doses. Statistics prove that often a small quantity has produced fatal results.

Drs. McCONNELL, Mignault, Armstrong and Trenholme were well satisfied with chloroform for obstetrics and ether in most other cases.

Dr. BROWN said he had never seen post-partum hemorrhage follow the use of chloroform. He gave a few drops on a cone made with a towel or handkerchief, and only when the pain was on, giving a little more just as the head was passing the vulva. He found less danger from tearing if the head be pushed forwards and delivered with the thumb or finger in the rectum in the interval between the pains. He would use ether in placenta prævia, where there had been much loss of blood. Dr. Fordyce Barker advocates the use of chloroform in nearly all midwifery cases. Dr. Kingman of Boston could only find seven deaths recorded from chloroform in midwifery practice, and none from ether; still, we must remember how many more times chloroform is used than ether in these cases.

Dr. BULLER thought the A. C. E. mixture might be very useful. He believed with many that chloro-

form was better suited to young children and very old persons. He had used Bichloride of Methyline a few thousand times in the Royal Ophthalmic Hospital at Moorfields, and had seen deaths follow its use. He did not like it.

The PRESIDENT said he had taken a deep interest in anæsthetics, but had not seen the A. C. E. mixture used. In his surgery practice he now uses ether exclusively. During six years at the hospital that he had seen chloroform administered, they had no deaths, but he had seen some very narrow escapes. They used to give a draught of spirits before giving chloroform. With ether, one may do without an assistant; this is not justifiable with chloroform, except, perhaps, in midwifery practice. He thought ether was safer at all ages. He has seen dangerous symptoms follow chloroform, even in young children. Of course if he had to operate upon an old man with atheromatous arteries he might use chloroform, as the struggling which often follows ether would be dangerous. He considered chloroform administration in the dentist's chair very dangerous, the upright position causing the patient to be more liable to fatal syncope.

Dr. SMITH, while expressing his gratitude for the friendly criticism which his paper had elicited stated that had not, so far, heard anything to affect the good opinion he entertained for the A. C. E. mixture.

Dr. STEWART having remarked that Dr. Smith concluded that the A. C. E. mixture was safer than chloroform, because it only contained one-third part of chloroform, but that it was often the case that fatal cases of chloroformization occurred when only a very small quantity of the drug had been used, and therefore that the small quantity of chloroform in the A. C. E. mixture was no argument in its favor.

Dr. SMITH replied that it was precisely to meet such an objection as that, that he had devoted several pages of his paper to show that those cases of death were not due to the exceedingly small quantity of the anæsthetic, but to the condition of the patient's circulatory and nervous system at the time. It was a well-known proverb that by being united in marriage we halved our sorrows and doubled our joys, and so by uniting chloroform and ether we doubled the advantages and halved the dangers of each. Certainly chloroform was safer in midwifery cases than in any other, because the woman was recumbent, and, moreover, she was making expulsive efforts, which guarantee a plen-

tiful supply of blood to the brain. But it could only be entrusted to a medical man; and where there was only one, and he had the forceps to handle, chloroform was admittedly a dangerous drug. Besides, it was not a drug that could be used very well during the first stage of labor, during which, however, some women suffer more than in the second stage. Alcohol killed by the head or by coma; chloroform killed by the heart or by syncope; ether killed by the lungs or by apnoea; but by adding the three together, and then only giving one-third the quantity, we obtained an average effect sufficient to produce anæsthesia, but remaining very far short of death.

Several of the speakers having called in question the usefulness of adding alcohol.

Dr. SMITH replied that alcohol was a very good anæsthetic as well as stimulant, and would have been used for that purpose in the form of vapor long ago were it not for the defect that it irritates the bronchial tubes when administered alone, but not so when mixed with chloroform and ether, the A. C. E. mixture being just as pleasant as chloroform to inhale. In conclusion, Dr. Smith said that he had so far only had occasion to use it in a hundred and ten cases, but that he would continue to employ it as long as he lived, and that perhaps, in ten or twenty years, he would have the inference of a thousand instead of a hundred cases. He did not pretend to be the discoverer of this combination, nor even to be the first person in America to use it; in fact, in reading the current literature of the day he frequently came across reference to this anæsthetic. Indeed, for all he knew to the contrary, there might be a hundred very able men who constantly used it, and yet who had not had the time, nor felt it their duty, to lay it before their professional brethren.

Stated Meeting, January 5th, 1886.

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

Rapidly Growing Ovarian Tumor.—Dr. Trenholme showed a large semi-solid ovarian tumor which he had removed from a woman some days before. The patient, when she consulted him, was unaware that she had a tumor, but consulted him for severe abdominal pain, which had lasted some three weeks. She had only noticed a swelling for the last six weeks. Latterly, the tumor had grown very rapidly. It was removed without great diffi-

culty, though the adhesions were numerous, and the operation was complicated and prolonged by the bursting of a cyst. The pedicle was broad, and as is his custom, he ligated it in sections with shoemaker's thread. The patient's temperature rose to 101° the day after operation, but soon fell to normal, and remained there.

Dr. SHEPHERD mentioned that a short time ago he had operated in a case of ovarian tumor (in a childless married woman aged 29), with a history of only eight weeks' growth. The patient was seen by Dr. R. P. Howard a month before the operation, and at that time the tumor was of small size; it grew very rapidly, and in three weeks was quite large. At the time of operation, it was doubtful whether this rapid increase was not due to ascites. However, it proved to be a single ovarian cyst, with a solid base, containing 20 pints of thick fluid and weighing some five pounds. The patient did well, and was able to return to her home in four weeks.

Undeveloped Bones in an Idiot.—Dr. R. L. MacDonnell showed the bones of the lower extremity of an idiot which had been sent to the dissecting-room of McGill University from one of the institutions of the city. The individual was said to be 20 years of age, and had never spoken or walked. The bones, although of good length, were remarkably small, the femur not being thicker than an ordinary sized finger. The hip-joints were ankylosed in the flexed position, and there was contraction of the knees. The muscles of the lower extremities were strings of fibrous tissue with a little muscular tissue about them. The head, although somewhat microcephalic, was of good shape. In both femurs there was a well-developed third trochanter.

Dr. Hy. HOWARD said such cases were common in all lunatic asylums.

Hemorrhage into the Pons Varolii.—Dr. R. L. MacDonnell read the history of a case of hemorrhage into the pons Varolii. An old man, aged 62, was admitted into the General Hospital on 31st July, 1885. He had been picked up by the police in the streets, and was in a semi-unconscious condition, unable to communicate anything whatever regarding his history. He was a tall, thin man, very anæmic, with wasted and flabby muscles. His expression was dull and listless, and though he could utter words when spoken to, he was by no means rational. The pupils were equal, but the left was more sluggish than the right. There

was slight paresis of the left side of the face, and the right side of the body was weaker than the left. There was increase of the superficial reflexes, but normal patellar reflex. The urine and feces passed in bed; he was always in a semi-comatose condition; pulse 90, and feeble. On the 3rd of August, his breathing was stertorous, the paresis of the left side of the face more marked, and coma more profound. Next day the coma was complete, pupils contracted and unequal; large, moist râles heard at the basis of both lungs; toward evening he died comatose. The brain alone was examined after death, when a fresh clot was found in the pons Varolii, occupying the posterior or lower part, and situated rather more to the left than the right side. Dr. MacDonnell remarked that the central situation of the clot was shown by the equality of the paralysis on either side, and the greater weakness of the right side being accounted for by the position of the clot. It was a case of alternate hemiplegia, the left side of the face being paralyzed, though to a slight degree. This is characteristic of pontine hemiplegia, especially when the lower half of the pons is injured, though usually the fifth and sixth nerves are also involved. There was nothing distinctive in the condition of the pupils, which were not, as usually described, contracted, but merely sluggish in their reaction to light. In hemorrhage into the pons, one of two opposite conditions is usually observed: contraction of the pupils when the lesion is sudden and situated in the upper part of the pons, causing irritation of the nuclei of the third nerve; and dilatation from complete invasion and destruction of these nuclei.

Dr. Hy. HOWARD asked if, at the post-mortem, the ruptured vessel had been found, as it was most important to know exactly the source of the hemorrhage.

Dr. WILKINS related a case of very extensive hemorrhage into the pons, where the patient lived for eight days.

Dr. STEWART asked if the whole of the left facial was effected, or only the respiratory branches?

Dr. MacDONNELL, in reply, stated that the ruptured vessel had not been found, and that the whole of the facial was parietic.

Cerebral Syphilis.—Dr. Geo. ROSS reported a case of supposed cerebral syphilis, which had occurred in his wards in the General Hospital since his paper on that subject was read before the Society. The patient died a few days after admis-

sion, and a post-mortem was obtained. He came into the hospital complaining of very severe pain in the head and vomiting. In a day or two he was quite maniacal, and then gradually became comatose. He died comatose five days after admission. At the post-mortem Dr. Wyatt Johnstone found at the base of the brain a single small flake of recent lymph, lying on and attached to the inferior surface of the facial nerve in the right side, near its origin. On slitting up the vessels at the base, this exudation was seen to correspond to a small lateral branch of the basilar artery, where it crossed the nerve. The thrombus extended in this vessel as far as its origin from the basilar, at which point a small roughened, reddish patch existed in the intima, and its wall was thickened, but no thrombus present. The right posterior cerebral artery presented a thickened wall and narrow lumen, and was thrombosed in its whole course; other cerebral vessels normal. On dissecting the brain, no local degenerative changes were recognized anywhere. Dr. Ross remarked that it was singular that such apparently simple lesions should produce such grave symptoms. He had expected to find much more marked pathological changes in the brain.

Erysipelas in Infants treated with Zinc Paste.

—Dr. A. D. BLACKADER read a short paper entitled: "Notes on some cases of Erysipelas in the Infant, with a plea for the use of white zinc paint in its local treatment." Brief reports of the cases were given, the last two of which had been treated by the application of white zinc paint over all the erysipelatous surface, in the manner recommended by Mr. Barwell with white lead. The same advantages were claimed for the zinc as had been for the lead, without danger of absorption of any poison which, in infants, was perhaps to be feared with the latter. These were immediate relief to pain and restlessness, followed rapidly, as a rule, by subsidence of pyrexia and arrest of the disease. The fact that erysipelas was a constitutional and not merely a local disease was not overlooked; but it was contended that if by these local measures we moderate and assuage the local inflammation, we, at the same time, control at least some of the factors in the systemic disorder. Special advantages were claimed for it in infants. It is easily applied, drying quickly, and forming a complete dressing by itself, which cannot be soiled by the secretions, nor easily rubbed off by the restlessness of the infant. If desired, some disinfectant may be added. Soap and warm water readily remove it after the attack is over.

Dr. HINGSTON said that he had had himself repeated attacks of erysipelas of the face. He found nothing so comforting as frequent dusting with a puff of flour. He believed that when the system was in ill-health the disease spread; if not, that it would not do so.

Dr. TRENHOLME said he had never seen an infant die of erysipelas. He employs a paint of elderberry tea thickened with calcined magnesia.

Dr. Hy. HOWARD said that last winter there were between fifty and sixty cases of erysipelas in the Longue Point Asylum. All were treated by painting with a weak solution of iodine, and all recovered.

Dr. SMITH said he had seen marked effects produced by one grain doses of quinine given every three hours.

The PRESIDENT said that a favorite prescription for cutaneous erysipelas with the late Dr. Fraser was the oxide of lead and glycerine. He himself uses a lotion of lead and opium, usually warm, but sometimes cold. He believed that great benefit followed the internal use of the tincture of iron in large doses. Patients have a tolerance for it. His usual dose for an adult is 40 minims of the tincture with 5 or 10 of chloric ether every four hours.

Extensive Posterior Cervical Laceration of Ovary of Uteri.—Dr. ALLOWAY related the following case, and illustrated by means of diagrams an extensive posterior laceration of the cervix uteri of long standing, and also demonstrated the operation performed for its cure:—

On the 17th of June last he was requested to see a lady stated to be in a dying condition. He found the patient in a hysterical fit lying on her back in bed, making most exaggerated respiratory efforts—"gasping for breath,"—pulse and temperature normal, but seemed unconscious of his presence. Gave her a hypodermic injection of morphia, and assured her friends that she would not die. At the morning visit next day he obtained the following history: She was 48 years old; had given birth to eight full-term children; one miscarriage at third month about ten years ago; oldest child 25 years of age, youngest 14. She stated she had not been able to do her house-work for some years past. She suffers from intense pain in the back, limbs and head. Has constant irritation of bladder. States that when young she was an exceptionally strong and robust woman, but for some years has been gradually losing flesh. She takes "nervous fits or spells" somewhat like the one in which she was found the day previous. These spells come

upon her without warning, and have been increasing in frequency of late years. Her attendants and friends become greatly alarmed during the attacks, which gives her the appearance of being in a dying condition. She has been treated "for heart disease," liver complaint, epilepsy, passing of gall-stones, 'ulceration of the womb,' and a host of other maladies, without benefit. She suffers from intolerable attacks of indigestion, reflex pains in almost every part of her body, particularly her head, back and sides. She spends nearly all her time in bed, and carries a mixture of bromide and another of laudanum to make her condition tolerable. Her menstrual function is still active, but irregular; the flow has always been until the last year, very excessive in quantity, and accompanied with pain. On vaginal examination, the pelvic peritoneum and parametric cellular tissue are found quite free from callosities or other evidences of past inflammation. The uterus is freely moveable, and all pelvic parts painless to the touch. The vaginal walls are normal: the uterus is acutely ante-flexed. If the perineum be now well-retracted by Sims' speculum, a very odd-looking, large tongue-like body is seen hanging down two inches and a half into the vagina from the vault above. In searching for the external os, none can be found, but high up on the posterior surface of this cervix-like body, about half an inch from the vaginal vault, the sound suddenly passes into an opening and disappears forwards to the depth of about two and a half inches. On carefully examining this peculiar cervix, the anterior surface appears to be of the normal squamous epithelium of the portio-vaginalis exterior, while the posterior surface has the microscopic appearance of the gland tissue lining the cervical canal. The case now appeared to be an extensive posterior laceration of very long standing. Hypertrophy had taken place from the advanced state of cystic degeneration and other chronic changes consequent upon constant and long-continued irritation to which the exposed gland tissue had been subjected. The operation for the cure of the lesion consisted in making a long horse-shoe shaped denudation three-eighths of an inch wide and very deep, so as to excise as much cicatricial and cystic tissue as possible, and then drawing the edges together by six wire sutures, rolling the denuded edges of the cervix inwards upon its longitudinal axis. In this way the cervix was reformed back to its normal condition and shape, the external os being formed at the apex of

the body of the last suture. Union was complete throughout; the sutures were removed on the tenth day. The convalescence was slightly protracted from debility, but the patient is now in perfect health, and takes a great deal of exercise. She is free from pain, dyspepsia, and "nervous spell." She is no longer troubled with her heart or liver, and has not passed any more "gall-stones." The flow has returned two or three times since operation, but when last heard from she stated that seven weeks had elapsed since her last period; probably the menopause had set in.

Dr. ALLOWAY drew attention to the extreme rarity of this lesion. Emmet states that of 164 operations, only 4 were for posterior laceration. Goodell, in 113 successful cases, records no posterior laceration; and in no other reliable authority can he find reference to this rare lesion. Emmet supposes that when it does occur it heals spontaneously, but that it often causes parametric inflammation, with cicatricial bands and retroflexion resulting.

Salivary Calculus.—Dr. HINGSTON exhibited a salivary calculus which had ulcerated its way out of the sublingual duct. The patient had been sent to him to be operated on for supposed malignant disease. The parts about the floor of the mouth were greatly inflamed. This condition had lasted for months.

Dr. JAS. BELL said that some time ago he had removed a similar calculus from Wharton's duct. The patient had been sent to him from the country to be treated for cancer in the mouth.

Dr. SMITH mentioned having removed last year a phosphatic calculus from the tonsil $1\frac{1}{4}$ inch long.

Stated Meeting January 22nd, 1886.

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

Pathological Specimens.—Dr. WM. GARDNER exhibited the following specimens: 1. *A Fibrous Polypus of the size of an orange*, removed from a woman aged 48. The growth hung in the vagina, and was attached along the whole length of the posterior walls of the uterus. The patient was blanched to translucency by hemorrhage, which had lasted almost constantly for five years. She made a good recovery. 2. *Two diseased Ovaries* slightly enlarged and cystic, being the second ovaries respectively from two cases of ovariectomy—the tumor in one case being a unilocular ovarian cyst; the other the ordinary multilocular cyst.

toma. In each case the uterus was enlarged and retroverted. Menorrhagia had in both been a prominent symptom. In such cases, where the second ovary is diseased, the question arises as to what should be the proper treatment when a part of the ovary seems healthy. Schroder has recently published reports of a number of cases in which, instead of complete removal, he has excised the diseased tissue by a wedge-shaped incision and brought together the cut surfaces by sutures. The object in such cases is to permit, if possible, subsequent conception. Dr. Gardner was not aware, however, of conception having occurred under such circumstances. Doubtless, however, after ovariotomy, the second ovary has often been unnecessarily removed, as slight enlargement and a cystic condition do not necessarily imply a condition which shall develop into an ovarian tumor requiring the ordinary operation. The responsibility on the part of the surgeon in dealing with such conditions appears to assume a new aspect in the light of Schroder's experience.

The PRESIDENT said that one objection to a woman becoming pregnant after this operation was that sometimes the abdominal walls give where the incision had been. He had seen this occur once, and produce hernia of the pregnant uterus.

Dr. ALLOWAY said he had attended this woman in her confinement, and had great difficulty in keeping the womb in proper position; it came through the abdominal walls and stretched the integument greatly. She has to wear a pad constantly to keep the abdominal organs from coming through.

Dr. GEO. ROSS said that the first woman upon whom he had performed ovariotomy was told by some of her friends that she would be barren. In twelve months' time she became pregnant, and although the case was one of breech presentation, and although the wound could not heal by primary union, a clamp having been used, still she had no trouble in her labor.

Dr. SHEPHERD said that if the wound healed by granulations, it ought to be all the better.

Cerebellar Disease.—Dr. WILKINS read a paper on "Cases of Cerebellar Disease."

Dr. STEWART asked Dr. Wilkins what were his reasons for considering the second case to be cerebellar and not cerebral; and why hemorrhage?

Dr. WILKINS, in reply, stated that the sudden nature of the death and the symptoms immediately preceding it pointed conclusively, he thought, to

interference with the respiratory centre in the medulla. The state of perfect health up to, at the most, three days preceding death, and the sudden onset of the symptoms, pointed to hemorrhage. Had this hemorrhage been into the cerebrum, there would have been other symptoms present, according to the region affected; if into the anterior portion, there would most likely be some psychical symptoms; if into the motor area, some motor phenomena would be expected to be present; if into the posterior portion, there would probably be some sensory symptoms. Further, persistent vomiting is more frequently present in cerebellar lesions, or lesions in its immediate vicinity.

Dr. GODFREY asked if any of the members had bled for cerebral hemorrhage. He had once done so, with favorable results. The diagnosis was verified by an autopsy made a few months later, the man having been killed by falling off the roof of a house.

Dr. Hy. HOWARD said he had bled for everything. Years ago he had bled as many as forty persons in a morning. The last time he had used his lancet was seventeen years ago, on a man who had an attack of apoplexy. He got well, but had right-sided paralysis for the rest of his days—ten years.

Stated Meeting, Feb. 5, 1886.

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

PATHOLOGICAL SPECIMENS.

Two Cases of Tait's Operation.—Dr. Trenholme exhibited two pairs of ovaries and tubes. The ovaries were all enlarged and diseased. In the first case, one pair were removed from a woman aged 23 years, who, since she began to menstruate, had dysmenorrhœa. Some years ago her menses were stopped by a cold bath, and each month since then she has suffered from epileptic attacks at this period. In spite of bromide of potassium, etc., these attacks were getting worse. An examination revealed enlarged ovaries. The operation for their removal was the most difficult he had had. There was an enormous amount of adipose tissue in the abdominal walls, and the recto-muscles were very tense. The right tube was free, and disposed of. The left tube looked at first like a multiple or lobulated ovary from old inflammatory constructions. This tube and ovary were bound down by adhesions all around, and covered over by the adherent omentum. After the operation, the patient had a

severe attack of peritonitis. This was treated by hot fomentations, large doses of opium, and injections of linseed tea. She complained of intense thirst, and as she appeared to be almost dying, she was allowed cold water *ad libitum*. The wound, which was nicely closed, was torn open on the third day to allow vent to some exudation. No drainage was used. The patient recovered, and has had no convulsions since. The ovaries were about the size of bantam's eggs, and cystic.

In the other case the appendages were removed from a woman who had suffered ever since she began to menstruate, 14 years ago. Was married ten years, and had one child. She has suffered from almost continual pain aggravated each month. Pain began one week before her period, and continued for a week after, leaving her only five days free. On examination, the uterus was found four inches deep and the ovaries enlarged. The right ovary had a projection like a teat on it. The operation was performed a week ago, and the patient is doing well.

Intra-uterine Myoma.—Dr. William Gardner exhibited the specimen and related the case. Patient, aged 32, was sent to him by Dr. R. T. E. McDonald of Sutton, October 15th, 1885. She had been married 13 years, and had had one child eight years after marriage. She suffered from profuse and painful menstruation at intervals of three weeks. An examination revealed the cause. Removal of the appendages was thought of, but ergot and astringents at the period was tried. She returned three months later with a history of increased hemorrhage. She now was extruding shreds of the fetid tumor, probably from the action of the ergot. She also had had chills. It was decided to at once remove the myoma. The cervix was first incised with the thermo-cautery, and by means of a pair of scissors and the serrated scoop the whole was removed. A double drainage-tube was then inserted, and sutured to the cervix. Irrigation of weak carbolic solution was used every two hours. Twenty-four hours after the operation the temperature rose to 102°; irrigation was now constantly used till the temperature fell. Some days after, the suture sloughed away and the tubes came out, causing the temperature to again rise. After this a single tube with a cross piece at the end was used, thus making it self-retaining. Patient made a good recovery. Dr. Gardner laid great stress upon the necessity of frequent irrigation in these cases. Mr. Tait used to lose 5.0 per

cent. of these cases, and now his rule is to remove the appendages. He once had to operate hurriedly at night to relieve alarming symptoms caused by the os being plugged with an extruding and sloughing myoma. The patient did well.

Dr. STEWART asked what caused the tumor to slough.

Dr. GARDNER said that no doubt it was due to its being rapidly starved by the effect of the ergot on the uterus.

The PRESIDENT said he could testify to the necessity of free irrigation in these cases. He had charge, during a temporary absence of Dr. Gardner from the city, of two of these cases of his, and noticed that if by any accident the tubes came out, the temperature went up.

Dr. TRENHOLME related a case of post-partum hemorrhage occurring in a patient of his. On introducing his hand, he found a tumor about the size of an orange. By the aid of ergot and gallic acid the bleeding was arrested, but when three months pregnant, she lost about a cupful of pus. A week later she aborted, and now no tumor could be felt. She has had two or three children since. He had removed uterine myomata successfully without the use of drainage-tubes, but now believed they should always be used.

Salivary Calculus from Steno's Duct.—Dr. A. L. Smith exhibited the specimen removed by him from inside the cheek. After its removal a thin inspissated fold came away.

"Weid" or Ephemeral Fever.—Dr. Kennedy read a paper on this subject. He had met with several severe forms of weid whilst in charge of the obstetrical department of the Western Hospital. He looks upon weid as being more than an exaggerated milk fever, and something entirely apart from puerperal fever. Dr. Kennedy defines weid as a specific ephemeral fever occurring in women of nervous temperaments during the earlier periods of lactation, commencing by severe chill and ending in profuse diaphoresis, such attacks seldom exceeding 24 or 36 hours. As one diagnostic sign, the chill invariably commences in the back, between the shoulders—patients will often indicate the exact spot,—and from there it rapidly extends over the entire body. Older authorities gave this subject some importance, but modern authors consigned it to oblivion as a "legend no longer to be believed in." Our improved treatment of lying-in patients gives fewer opportunities to observe such cases. The different views as to its

causation were given. Dr. Kennedy did not believe in its being of septicæmic origin, nor of its being merely from distended breasts, but analagous to the rigor and fever occurring after an amputation or passage of a catheter. The after-stages, especially the profuse diaphoresis, indicate also deep impressions made upon the vaso-motor centres. A report of a typical case was read.

Dr. CAMPBELL said it was a long time since he had seen a case of weid, but had many cases years ago. He thought that women were better housed and nursed now-a-days. He believed it was usually induced by a sudden chilling of the body, and was easily diagnosed.

Dr. SHEPHERD looked upon this condition as simply inflammation from retained secretion, similar to what is seen after amputation, if the secretion is pent up.

Dr. SMITH said he did not like the names ephemeral fever or weid; he thought milk fever better. He tries to avoid this trouble by putting the infant to the breast soon after delivery.

Dr. CAMPBELL insisted on the infant being kept from the mother till there were signs of milk in the breasts.

Dr. GARDNER said that some German authors call the disease known as weid late puerperal fever. It is due to a variety of causes. Often it is seen from the 7th to the 14th day, from cold, gastric disturbance, or nervous influence, and frequently it is due to septic poison, auto-infection, caused by the breaking down of clot in a sinus or from abrasion of the genital tract. He said that putting the child to the breast early powerfully favored involution of the uterus.

The PRESIDENT said that the septic poison might not come from the genital tract at all, but be from a minute quantity of pus retained in the breast gland. He had seen death follow septicæmia caused by a drop of pus under a corn on the foot.

Stated Meeting, February 19, 1886.

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

Uterine Fibroid.—Dr. TRENHOLME exhibited a large uterine fibroid which he had removed the previous week from a woman aged 33. Patient, who was married and had borne children, had suffered from symptoms of fibroid for some sixteen years, and as the hemorrhages were becoming more severe, had requested that an operation should be performed. Dr. Trenholme consented,

and performed the operation. The tumor was encircled by a wire écraseur one inch above the os uteri and removed; there was considerable hemorrhage, which was difficult to control. The patient never rallied from the operation, but died seven hours after from shock.

Sarcoma of Spleen in a Dog.—Dr. W. JOHNSTON exhibited a specimen of angeio-sarcoma removed from a dog. The tumor weighed 4 lbs., and was continuous with the upper end of the spleen substance. The dog suffered from abdominal dropsy, for which he was tapped, and died of peritonitis a few days subsequently.

Large Urinary Calculus.—The PRESIDENT presented a large uric acid calculus which he had recently removed from a man aged 69, by the lateral operation. The stone weighed $3\frac{1}{4}$ ounces. The patient had suffered from symptoms of stone for five years, and had been frequently sounded without result. The man recovered from the operation without a bad symptom.

Dr. HINGSTON said he took exception to Sir Henry Thompson's statement that if a stone be over 3 ozs. weight it must lacerate the neck of the bladder. The supra-pubic operation, which appears to be much simpler than the lateral method, had not as yet been performed in Lower Canada. He preferred the lateral operation.

Dr. SHEPHERD quoted a case where a German surgeon had attempted the supra-pubic operation, but finding the peritoneum came down abnormally low he sewed up the wound, performed the lateral operation, and the man did well. However, he believed that the supra pubic operation was the operation of the future for large hard stones. It had been practised with brilliant success by the leading surgeons of France, Germany and America, and now was being adopted by the most conservative of English surgeons.

Dermoid Cyst.—Dr. Wm. GARDNER presented two specimens, and briefly narrated the case:—

Case I.—*Dermoid cyst containing a bunch of hair, two well-formed incisor teeth, and one bicuspid tooth attached to a piece of bone, also a fourth tooth in another part of the cyst wall.*—The fluid contents contained a large quantity of fat, and on cooling looked like drippings of meat. The other ovary was an aggregation of cysts, and was also removed. The patient, an unmarried lady of 30, had noticed the tumor for only four months; she had had several attacks of pelvic pain in the side on which was the tumor. She made a rapid

and easy recovery, leaving for home on the eighteenth day.

Case II. *Tait's Operation*.—Uterine appendages removed from a case of uterine myoma. Both ovaries consisted of a mass of smooth cysts, and were three times the normal size. The tubes were healthy. The myoma was as large as a child's head. The patient had been married three years, and had never been pregnant. She was much blanched by hemorrhage and watery discharges, which had lasted for five years. She had suffered from fever, abdominal distension, and profuse metrostaxis after the operation, but at the date of the meeting (eleventh day) was doing perfectly well.

Dr. GARDNER said that since September last he had had nine successive successful cases of abdominal section; eight were ovariectomies and one removal of uterine appendages. Of the eight ovariectomies, two were for dermoid cysts. In four of the cases, the second ovary was also found diseased, and removed.

Malignant Stricture of the Œsophagus.—Dr. Geo. Ross showed a specimen of cancer of the œsophagus, the following being the principal facts in the clinical history: A man, aged 54, 6 feet 4 inches high, and who had been immensely powerful, was admitted into the hospital with intense dysphagia and in a state of great emaciation and weakness. There was an intense fetor of breath, and he had had a severe cough for some time, with a copious similarly foetid purulent expectoration. He was intemperate, and was in the habit of drinking raw spirits. The difficulty of swallowing had gradually developed during more than a year, until of late even fluids were forced down with the greatest difficulty and straining. There had never been any vomiting or regurgitation of food. An œsophageal bougie of soft, flexible rubber, and of almost the largest size, was twice passed its full length without meeting with any special obstruction. It slid down with ease, and not the slightest force was used. The withdrawal of the bougie was followed by the escape of horribly foul air from the patient's mouth, and the instrument itself was smeared with stinking pus. Physical examination of the chest gave signs of cavity in left apex and of softening deposit, with cavity, localized in right mammary region. He rapidly became enfeebled, and died in about a month from asthenia, continuing to the end to swallow a large quantity of fluids every day, and there was never seen any regurgita-

tion. The diagnosis had been epithelioma of the œsophagus, involving the tube in such a way as to produce all the phenomena of stenosis, and yet permit of considerable potency of the lumen; secondary cancer of the lungs, with gangrene. The autopsy showed an epithelioma of unusually firm texture situated just below the level of the cricoid cartilages and extending for about two inches. It encircled the œsophagus, and the stricture was almost impermeable. It was only after repeated efforts that a No. 2 flexible (urethral) catheter could be insinuated through it. In the apex of the left lung was a large cavity containing a considerable slough lying loose within it; the chamber was excessively fetid. The upper part of the lung was firmly adherent to the diseased portion of the œsophagus, but *no communication* could be shown between the pharynx and the apex-cavity. In the front of the right lung was a mass of cancer which had softened centrally.

Dr. Ross directed attention to some points of the case. He thought the disease might here have originated from the habit of drinking copiously of raw spirits. The absence of all regurgitation was a remarkable feature, considering the high situation of the growth and the tightness of the stricture. He also asked the question: "What course was taken by the bougie?" The tight, firmly organized stricture must have existed for a long time; such a large instrument could not possibly have passed through within two or three weeks of the man's death. The bougie was too large, the space too narrow, and the stricture too high for it to have bent upon itself. Could it have passed into the cavity in the apex of the lung? If so, there must have existed a direct and free communication with this part from the pharynx, which avenue had been subsequently shut off by adhesive inflammation. Except on the latter hypothesis, he was at a loss to explain the facts given above.

The PRESIDENT inclined to the belief that the bougie went down to the stomach, and that since it had been introduced, a few weeks, the growth had increased, producing the high stricture shown.

Malignant Disease of the Rectum treated by Excision and Colotomy.—Dr. Geo. E. FENWICK read a paper on this subject.

Dr. HINGSTON advocates operating if the disease be confined to the bowel; if it does, he prefers colotomy. He has noticed that malignant disease of the rectum does not return so soon as when in the mammæ.

Dr. SHEPHERD said that Dr. Fenwick was to be congratulated upon the results of his operations. He remarked that many continental surgeons removed the coccyx so as to get more room; indeed some remove also the sacrum for this end.

The PRESIDENT said that as a rule colotomy was a much more satisfactory operation when performed for syphilitic stricture than for cancerous. The treatment for syphilis of the rectum progressed better when that bowel was given a rest.

Progress of Science.

BELLADONNA—SOME OF ITS THERAPEUTIC USES.

Dr. P. N. Cilley thus writes in the *Virginia Medical Monthly*. This drug has been selected as the subject for discussion, with no intention on my part to present an elaborate disquisition upon the philosophy of its action, or of even naming but a few of its most prominent virtues, and elucidating its most important effects on the human system. This I will endeavor to illustrate and make clear by mentioning some cases in which I am satisfied it was eminently useful in my hands. My impression is that it has been too much neglected by the profession generally; and my belief in it as an extremely valuable medicinal agent is my excuse for calling attention to it.

I will first report a case of *obstruction of the bowels*, and the treatment employed.

In 1880, immediately after having eaten a hearty meal, while rolling a caskful of corn on its chine across my crib, I was subjected to a sudden, violent twist and wrench of my whole body, requiring a tension of all the abdominal and lumbar muscles to prevent the cask from falling. On the instant of this wrench I experienced a sharp, stabbing pain in the central and outer part of the right hypogastric region. This pain continued very severe, and in a few minutes I was compelled to go to stool, and had a full natural action.

Partial relief from the pain followed the action, but in a short time nausea and faintness set in. Desiring to rid the stomach of its contents, I took an emetic of mustard, which acted freely, but immediately on its action the pain returned.

A rupture was suspected, but a critical examination by my physicians, Drs. Buse and McBee, did not confirm this expectation, but satisfied them of the existence of an obstruction, probably an invagination, or intussusception of the large bowel at its junction with the small intestine. Probably the violent muscular contraction at the moment the trunk was twisted upon itself—the stomach being distended with food—forced a portion of the bowel

within an adjacent portion, perhaps the smaller within the larger at their junction—this displacement naturally setting up spasmodic contraction and constriction of the invaginated parts.

A small tumefaction, easy to move, speedily showed itself at the point of pain, not being very sensitive to touch at the outset, but increasing in tenderness on pressure as its size increased. From the moment of its development until its removal I am confident no fecal matter passed through that point in the bowels.

Anodynes, cathartics, enemas, poultices, hot and cold applications, and a large list of remedies, general and topical, were brought to bear on that slowly-increasing tumor, but it held forth against them all; so I will not particularize.

Everything taken into the stomach was speedily rejected, and all enemas were quickly returned.

Local applications doubtless retarded inflammatory action, and anodynes lessened sensibility to pain, but all failed to open this obstructed viaduct.

Large injections of warm water were thrown slowly into the bowels by means of a Davidson's syringe, in order to fill and distend the colon up to the point of obstruction, and thus, if possible, lift off the contracted envelope; but when the fluid began to impinge upon the irritated mucous membrane, there was not strength in my muscles sufficient to resist the violent ejection of it, and the resulting pain was intolerable.

In the first stages of such an attack, after the spasmodic action of the muscular tissues has had time to abate, and before irritation and inflammation have been set up, I feel assured this form of treatment might often be pushed to success; but, in the more advanced stages, when the tumefaction is well marked, and the integrity of the tissue perhaps involved, I apprehend danger of rupture in using much pressure. In my case I will not say it gave no aid to the other means used, for possibly, notwithstanding the increase of suffering, it paved the way for more effective action of other remedies.

I was attacked on Monday morning, and these enemas were used on Wednesday and Thursday. On the latter day three drops of croton oil were given but rejected by the stomach instantly.

Later, on Thursday night, a plaster spread with Tilden's extract of belladonna, four by six inches in size, was applied to the right side of the abdomen and kept there. At 2 o'clock p. m. Friday, the surface about the umbilicus and in the right hypogastrium was rubbed with three drops of croton oil, and a plaster of belladonna applied to the entire surface of the abdomen; and five hours later, eight drops of the croton oil were well rubbed in, and the belladonna again applied, with a warm poultice over it.

At 9 o'clock p. m. on the same day, I discovered for the first time the acrid taste and roughness in throat, characteristic of the belladonna, and, half an

hour later, the small bowel for the first time since the accident set up peristaltic active accompanied by borborygmus. This rapidly found its way down to the obstruction, where a sensation of tugging or pulling became manifest, with a well-marked sensation of slipping in the bowel at the invagination; and I as distinctly felt the inner fold drawn out of the embrace of the outer as I do now my finger drawn out from the grasp of my other hand. I thought I knew what pain was before this, but the slipping of that bowel, each time it moved had such a world of anguish in it as I never felt before, and hope never to experience again.

The bowels were speedily moved, discharging a dark fluid, extremely offensive. Hypercatharsis had now to be guarded against by anodynes and stimulants, and irritation subdued by topical and other remedies, and I was soon on my feet again; but for a year I could not sit in the saddle without pain.

What relieved me, and how? Was not the belladonna an indispensable integer in the cure? We all know it has a wonderful effect in relaxing muscular tissue, and combating irritative contractility of muscular fibre, by paralyzing the motor nerves. Here was what we desired to unfasten—this grip of the bowel upon itself.

Then, again, it is well understood that belladonna in moderate effect increases peristaltic action by paralyzing the inhibitory nerves which control the intestinal function: might not this increase of peristalsis have been sufficient to untie the knot without the aid of croton oil?

And further, we know that through its paralyzing the peripheral vagi (the inhibitory nerves of the heart), it increases the heart's action, gives more *vis a tergo*, sends a more powerful current through the arterioles into the venous capillaries, establishing an exaltation in the venules. Now, what more reasonable conclusion is to be presumed than that under this exalted circulation, the invaginated and constricted coats of the bowel should have their depressed circulation increased, their lost vitality restored, and their natural functions re-established?

Perhaps the croton oil, carried into the circulation by absorption, was just at this juncture calculated to set up violent peristalsis and open the *prima via*. Had not relief come when it did, I should have insisted on having the cavity of the abdomen opened, and reduction attempted by taxis.

In all such protracted cases, when the bowels are moved, the practitioner should carefully guard against excessive purgation and prostration.

Many years ago, I treated in the same year two cases of obstructed bowels, both young negro men. Belladonna was the leading remedy, and in both the obstruction was removed. The one, in the care of a vigilant master, strictly conforming to directions, made an excellent recovery; but the other, left to the tender mercies of a careless overseer, was neglected, no support being

given, and, after long and violent purging; sank and died.

But warm water injections, croton oil, and belladonna, will not cure all cases of obstruction of the bowels. I believe the belladonna more useful than any other remedy, and I have used it locally and internally; but under favorable circumstances, the former method has my preference. I give the solid extract in half-grain doses every hour, until the acrid taste and dilating pupil warn me to discontinue it.

Belladonna is an admirable assistant in the reduction of *strangulated hernia*. Apply the soft extract freely to the strictured neck after softening the surface with warm water, exercise a little patience, and then, grasping the sack with both hands, gently compress it, drawing it away from the neck, swaying it from side to side; and, take my word for it, in nineteen cases out of twenty of recent strangulation, the bowels will be speedily returned—especially if you elevate the hips and relax the abdominal walls.

In *spasmodic stricture of the uterus or urethra*, and in the passage of calculi through these ducts, I have seen speedy relief result from the use of this drug, applied locally, or given internally either by the mouth, rectum or urethra.

In *strangulated hemorrhoidal tumors*, where those oft-repeated spasmodic contractions of the sphincter ani are causing so much distress, nothing can surpass, in promptness, the relief procured by a liberal application of the extract of belladonna to the anus and perineum, after softening the parts with warm water to facilitate absorption. Nor is this relief palliative alone. If given in half-grain doses once, twice, or three times a day, as may be necessary to keep the bowels open, it will permanently cure many cases.

In two cases of *paraphymosis*, it allowed easy reduction, where the knife would have been a terror. Intelligent effort at reduction had been previously used in vain. The extract was applied locally.

In *inflammation of the iris*, or any other portion of the eye, the local application of belladonna should not be neglected, as it prevents or breaks up adhesions that would impair vision. It may be applied around the eye, or a solution may be dropped in the eye, and a cloth dipped in the solution may be applied over the organ.

But the trouble in which I regard it as a remedy, *par excellence*, is in protracted labor, with rigid, thin, partly dilated os, where the patient is worn out, irritable and nervous from long continued, short, and sharp cutting pains. From the time of the first masters until now, thousands of plans have been devised to relieve this distressing complication; many of these plans are useful; most of them will relieve if persisted in long enough. But in belladonna I offer one agent that has never failed in my hands to produce a speedy change. With a little of the soft extract on my index finger, I smear it on the os uteri, both without and with-

in heavily, for an inch or more in width all around the ring. But should any obstacle interpose to render its application difficult by the finger, the extract is dissolved in a little warm water, and applied by the aid of a vaginal syringe. The application of the belladonna may occasionally require one or two repetitions, at intervals of half an hour. In most cases, however, before the expiration of that time, the ring suddenly becomes soft and thickened, yielding kindly to the pressure of the head: dilatation occurs with wonderful rapidity, the pains become protracted and expulsive, the nervous irritability subsides, the patient returns with alacrity to the task in hand, and a speedy delivery is the result.

Nor is it less useful in a *rigid perinæum*, if smeared on the parts. But strict care should be observed to support the perinæum through every pain, as the dilatation occurs so suddenly, and in most cases commences to develop its effects at the posterior margin of the perinæum before the meatus is impressed; and in this condition a violent pain might cause the head to pierce the perinæum and tear its way through. I am not quite sure but a free use of belladonna increases liability to post partum hemorrhage. This should be guarded against.

In *dysmenorrhœa* belladonna is eminently useful, especially in that form of it dependent upon a constriction of the cervix and os uteri, a narrowing of their canal, and a dense, hardened and unyielding condition of their tissues. It was extensively used by my preceptor and former partner, Dr. H. V. Wooten, and subsequently by myself, in the formula recommended by Drs. Cartwright and Holmes, of Mississippi.

B. Powder camphor135 grains.
 Extr. belladonna 27 "
 Sulph. quinine..... 27 "

Mix and make seventy-two pills.

On the incursion of the pain give one of these pills, and repeat it every half hour until the violence of the attack abates or a pungent, acrid taste in the throat, resembling tobacco, and dimness of vision, from dilatation of the pupil, warn the medical attendant of the development of the effects of the drug, and point to the propriety of its discontinuance. Relief from pain will surely follow. Occasionally, but not often, the pain returns before the close of that catamenial period, and if so the pills should be repeated. So pointed is the relief from this preparation, that several of my female friends are unwilling to meet these periods unless provided with this combination or some modification of it.

Belladonna often disappoints the profession, because of the carelessness or dishonesty of druggists. Be sure you have a reliable preparation, fresh and pure, and you will find it will do all, and more, than I have claimed for it.

THE SPECIFIC TREATMENT OF DIPHTHERIA AND CROUP.

Dr. George A. Lynn, of Monongahela City, Pa., read a paper on this subject before the last meeting of the American Medical Association, wherein he stated that the object of his paper was to show the proper method of using the bichloride of mercury as a specific in the treatment of diphtheria. The mere use of a remedy does not necessarily constitute its use as a specific. For instance if one should attempt to control a malarial fever with $\frac{1}{4}$ grain doses of sulph. of quinia given two or three times a day, it would most signally fail, and he might say that he had tried the remedy and it had failed in his hands.

So in using the bichloride of mercury as a specific in diphtheria, the dose, time of giving, and stage of the disease, are as important as the remedy itself.

"Without entering into a discussion of the pathology of the disease, I may point out what seems to have escaped the notice of most writers on diphtheria, that there are two distinct stages in the disease; one the disease proper, which lasts from three to five days, and terminates in the full development of the membrane and the generation in it of a deadly poison, the other the effects of the absorption of this poison, which is generated in the membrane only, and not in the blood, but when absorbed in sufficient quantity destroys the red corpuscles of the blood. Patients do not die in the first stages of the disease (except in the croupous form) but only from the effects of the poison absorbed from the membrane.

"Taking this view of the case to use the bichloride as a specific:

1st. It must be given in the first stages of the disease.

2d. It must be given in large doses, frequently repeated.

"The effect of the large doses of this remedy, given in the early stage of the disease, is to reduce the temperature, relieve pain in the head, back, and limbs, unlock the secretions, lessen the soreness in the throat; in time, to relieve the nausea and vomiting, restore the appetite; and, most of all, it prevents the generation of the poison in the membrane; in mild cases it checks the formation of membrane at once, and causes what is formed to speedily disappear.

"Now, as I claim that the greatest virtue of this medicine consists in its preventing the generation of the poison in the membrane, the absolute necessity of giving it early in the disease becomes evident.

"It will take physicians a long time to find out the value of this remedy, if they persist in only trying it after everything else has failed, and their patient is in a moribund condition; yet even in such cases I have known it to prove successful.

"In using a medicine of so great power, the manner of exhibiting is of some importance. It is best given in solution, so that when excessive

nausea is present, the dose may be gradually lessened and the time shortened, giving the stomach a chance to dispose of it, and at the same time keeping up full treatment. By ordering the druggist to make a solution of the bichloride in alcohol of the strength of gr. j to f. ʒ j, and dispensing from this, the weighing of a grain and fractional parts of a grain is avoided. Next in importance is a pleasant vehicle in which to give it; this we have in elix. bismuth and pepsin, or elix. of pepsin. Pepsin itself has a good influence in the disease, and is said to have the property of softening the membrane.

"In a mild case of diphtheria, I give a child 3 years old $\frac{1}{16}$ of a grain, or in a malignant case $\frac{1}{12}$ of a grain of bichloride of mercury in a teaspoonful of elix. of bismuth and pepsin every 3 hours. To an adult I give from $\frac{1}{12}$ to $\frac{1}{8}$ of a grain every 3 hours.

"The manner in which this dose is borne in a bad case of diphtheria is a matter of surprise to a physician using it for the first time. It rarely disturbs the stomach, and soon allays existing nausea. I have never seen it produce pytalism, and it seldom acts on the bowels more than is desirable. I generally order carbonate of magnesia to be given the first night, and after that the action of the bichloride keeps the bowels open. Under this treatment, when commenced early, in an ordinary case the patient will be convalescent by the end of the third day, but in more grave cases the medicine should be continued to the end of the fifth day—it rarely needs to be given longer.

"Where the disease has made considerable advancement, and the poison of the membrane is already being absorbed, as may be the case before the physician is called, the result may not be so satisfactory, and brandy and iron should be added to the treatment.

"If we assume that this treatment is no better in results than the general method in vogue, still it has many advantages that strongly recommend it.

"There is but one medicine to be given, and there need be no confusion or mistakes. No washes or gargles are needed; no swabs or probangs to be thrust down the throat to strangle and frighten the patient, and make him wish he was dead and at peace; no steaming; no atomizing; none of these—only a teaspoonful of not unpleasant medicine and two or three hours rest. While I hold that the corrosive chloride of mercury, given in large doses in the very early stages of diphtheria, is a specific, because, when so used, it prevents the generation of the poison in the membrane, and soon arrests its formation, yet membrane is often formed before we are called to the case, or before the remedy has had time to stop the process; and in this case it may involve the windpipe, or may be primarily formed there, causing diphtheritic croup; and a new danger arises from mechanical obstruction, for which the corrosive chloride gives no relief.

"The difficulty of breathing is common to all kinds of croup. It is as great for the time being in simple croup as it is in pseudo-membranous or diphtheritic croup. For this and other reasons it is held by good authority that the dyspnoea of croup is not due in the main or even in great degree to the mechanical obstruction of membrane in the windpipe, but is rather due to the spasmodic condition of the glottis, and of nervous origin. It is for the relief of this dyspnoea that we resort to tracheotomy, at all times a dangerous operation, and in diphtheritic croup almost hopeless. In any kind of croup the operation, if successful, only enables the patient to breathe. Its effect on the disease is rather to aggravate than otherwise. If we had a remedy that would control and relieve the spasmodic condition of the glottis in croup, we would have little need for this operation. And I think we have this in the chloride of gold. A few years ago I was using the chloride of gold, as recommended by Niemeyer in his practice, in some obstinate cases of hysteria, and observed that it had marked effect in nervous affections of the air-passages, and was thus led to try it in a bad case of diphtheritic croup, with good results.

"Since then I have used the chloride of gold in all cases of croup. In simple croup it acts as a specific, and nothing else is needed, and but few doses of this.

"The chloride of gold should be given in solution in distilled water. As it is very deliquescent and difficult to weigh, I direct the druggist to dissolve the contents of a 15 grain bottle,—as it comes from the manufacturer—in 15 drachms of distilled water, and dispense from this solution.

"A caution is necessary in administering—not to use a spoon, on account of the strong affinity the preparation has for metals, especially for silver. I direct it dropped in a glass with a little water, and as it is almost tasteless there is no difficulty in taking it. The dose may be from $\frac{1}{15}$ to $\frac{1}{10}$ of a grain every one to three hours."

WEAK HEART.

We take the following from the *Medical Press*, March 18, 1885:

Every physician in extensive practice is occasionally brought into contact with cases of heart failure, of which the essential nature is somewhat obscure, and which are frequently recorded, when terminating fatally, as angina pectoris. As an example of the kind of illness typical of such affections some such history as the following may be taken: An apparently healthy man of sixty or sixty-five, of florid build and choleric temperament, is attacked soon after the exhibition of unusual excitement, with acute pains over the cardiac region, accompanied by shooting pains down the left side and arm, and a general sense of oppression. There is no loss of consciousness, no actual paralysis, although some degree of numbness may be experienced in the hand, but without materially

diminishing the force of its grasp. Occurring in the absence of the physician, the bystanders administer stimulants, and resort to rubbing the arm of the sufferer, with resulting relief to the symptoms; and in an hour's time probably the attack so far remits as to admit of the patient's moving about more or less freely; or a fatal termination may then and there occur. It is more likely, however, that, as in the most recent cases of the kind we have encountered, an interval of rest will be noticed, and then on a renewal of movement, the symptoms will once more set in, this time, perhaps, less violently than at first, and apparently ending in the appearance of quiet repose, during which death ensues almost without any indication of its approach.

Very often the subjects of such illness are unable to recall that they have ever been similarly attacked; they have not, that is, as is usual among the victims of angina pectoris, been for a greater or less number of years suffering from spasmodic affections of the heart, and to their own knowledge this organ of their economy is free from any kind of disease. Nor as far as our own experience goes does auscultatory examination yield any positive or reliable signs, with the exception that its sounds are distant and indistinct; but the most careful observation will fail to make out anything deserving the name of diagnostic indications. Moreover, the evidences of cerebral lesions are altogether absent, and the suggestions of any such origin for the symptoms exhibited in the cases described must be entirely excluded on purely clinical grounds. Neuralgia also can hardly be accepted as explaining the phenomena, inasmuch as a sudden single attack of so violent a nature as to produce a fatal result is improbable, to say the least; and wherever this cause is responsible for death it is reasonable to assume that the final illness will have been preceded by less severe indications of cardiac neuroses. It is consequently necessary to look for some other producing causes of the effects, and this may with some assurance be assumed to reside in a deterioration of the heart itself. As already hinted, the subjects generally found to suffer in the manner under discussion are those in whom the existence of fatty heart might be reasonably suspected; and the *modus operandi* of the changes taking place under such conditions is not difficult to comprehend. As the structure of the walls degenerates the propulsive power of the heart is *pari passu* reduced, and a time ultimately arrives when its action suffices only to maintain the circulation, under conditions of ordinary and unexcited life. Even now, however, the habits of the individual are unconsciously adapted to the failing strength of the organ; all unusual exercise is avoided, and without at all being aware of the fact, the patient foregoes most of his customary exertion, the only point which presents itself to his mind being that he is "growing old." This may continue for a length of time, but should it happen at any moment that either by indulging

in a fit of passion, or by taking sudden and violent exercise, the heart is called upon to perform a labor beyond its diminished powers, then the strain becomes more than it can resist, and the attack described results. The popular remedy, a stimulant, usually in the form of whisky, which is at once administered, acts as a temporary aid to the exhausted organ, which, however, is left in a still more exhausted state when its effects have disappeared, and being then still under call to continue its normal action, it responds with rapidly lessening strength to the needs of the circulation, and with or without a renewal of severe symptoms it slows into death.

Such, we take it, is a general explanation of a large proportion of the deaths which have of late figured in reports as being caused by angina pectoris, and the frequency of which has caused some degree of surprise. We cannot, however, hope that treatment is likely to be materially assisted by acceptance of this view, since the structural degeneracy of the implicated organ must necessarily militate against any permanent restoration of its function; the more especially as the occurrence of an attack of illness offers a certain indication of its being inadequate to meet the calls made on its resources. Such failure in fact is proof that the organ has advanced so far in decay as to render its performance of even ordinary work uncertain, and it is suggestive that a greater part of the cases observed are seen in persons in whom on *a priori* grounds, fatty changes are indicated. Possibly, also, many other sudden deaths, the reason for which is often obscure, may have been brought about by similar means; and the subject is at least one worthy of receiving attention.

TORTICOLLIS.

Bartholow, Jour. Am. Assoc.

A great deal can also be accomplished by gymnastic training under the direction of the will, which should be used to educate the weaker muscles to antagonize the stronger; it is wonderful how much can be accomplished in this direction by the force of the will. All drugs that have a reputation for controlling muscular spasm have been tried in this affliction, and hyoscyamus and gelsemium have done some good, but they do not cure. Arsenic thrown directly into the muscle, by hypodermic injection, has done more good than anything else; its use was begun empirically, because it was known to do good in chorea, which is a disease somewhat analogous to torticollis; some very obstinate cases have been thus cured by arsenic. Cocaine, the drug of the day, has also been used with advantage, injections of one-sixth or one-fourth of a grain being made. While these injections are being made into the contracted muscles, strychnia should be similarly used in the paretic muscles. By these combinations we can generally cure the disease, if there be no lesion of the nerve, but we shall find it a very obstinate disease to handle.

A CHERRY-PIT IN THE EAR OF A CHILD.

Dr. David Webster reports this case in the *Archives of Pediatrics*:

On Thursday, July 24, 1884, at 11 a. m., a girl, nine years of age, while engaged in a frolic, had a cherry-pit blown into her right ear from the mouth of an older sister, with whom she was playing. Half an hour later, she appeared at the office of the family physician, who happened to be absent. She was then taken to the office of another doctor in the same village, who tried to remove the foreign body with a hair-pin, and failed. At one o'clock the same day she was taken again to the family physician, who tried to remove the pit with a small dissecting forceps. The tenderness by that time was very great, and the child had become so intolerant of manipulation that his effort was very short. He therefore sent the child away, advising delay. Nothing more was done to the ear until Sunday, August 3, when the doctor went to the house and tried syringing for half an hour. Not succeeding, he put the child under ether, and tried again to remove the pit with forceps; but as he found he could not readily grasp it, he "gave it up," and on the following day, August 4, he brought the child to me.

Upon examination, I found the auditory canal red, swollen, and sensitive at its inner third. The swelling seemed to diminish the lumen of the canal by about one-half. The extremity of the canal was blocked up by a reddish mass, which was hard to the touch of the probe, and insensitive. From the history, I had no doubt that this was the cherry-pit. The hearing power of the ear was reduced to 2-60, as measured by my watch. The child had suffered pain only during, and immediately subsequent to, attempts to remove the foreign body.

The question now arose as to what would be the best course to pursue. It was evident that it would be extremely difficult to remove a hard, unyielding body like a cherry-pit through a passage having a diameter much smaller than its own. Any effectual attempt to do so would necessarily involve very considerable amount of violence to the parts. Therefore, as the symptoms were not urgent, I thought it would be wise to delay any operative interference until the swelling of the walls of the canal had subsided. I advised that the ear be douched with warm water thrice daily by means of a fountain syringe for a week, when the child should be brought to me again, and then, if the conditions were favorable, I would attempt the removal of the foreign body. About a week later, instead of seeing the patient again, I was gratified by receiving a letter from her family physician, in which he stated that on Friday, August 8, after having douched the ear thrice daily, as advised, for three days, the cherry-pit came out while the douche was being used.

It is probable that in this case the foreign body might easily have been removed in the first place

by a judicious use of the syringe. It is not improbable that every attempt at its removal by means of the hair-pin and the forceps, only lodged it deeper in the canal, and irritated the contiguous parts, thus helping to increase the swelling of the walls of the passage, already inclined to resent the presence of a foreign body. I have not seen the patient since, but her physician, to whose kindness I am indebted for so complete a history of the case, informs me that the hearing is still considerably impaired.

TREATMENT OF NIGHTSWEATS.

In the *Gazette Médicale de Paris* we find two suggestions as to the relief of phthisical and other nightsweats. They are both simple enough and certainly merit a trial.

In the first procedure it is directed that the trunk be sponged or rubbed with a mixture of four parts of tincture of belladonna to thirty parts of water. The lotion is best applied by pouring it into the hollow of the hand and bathing the body an hour or two before the expected sweating.

In fifty cases cited but one failure to suppress the perspiration is recorded.

The second method consists in sponging the body of the patient with a solution of eight grams of chloral hydrate in one goblet each of water and whiskey. If the sponging alone does not suffice the patient should wear a shirt that has been dipped in the solution and then dried at a moderate heat. In the non-phthisical nightsweat of children this device is said to yield excellent results.

In practice I generally find that we have at least three distinct varieties of rheumatism: 1. The sthenic. 2. The asthenic. 3. That variety caused and preceded by other diseases, as gonorrhœa, scarlet fever, etc.

I shall not deal with the pathology of rheumatism at all; but in this patient there is a tendency to inflammation of certain tissues, and to the accompanying fever. He sleeps in a damp bed, or catches cold in some way, and then comes on the attack. These are the cases where salicylic acid, salicylate of soda, and the bicarbonate of potash are beneficial. Of the two, I am inclined to think that I have seen more benefit derived from the salicylate than from the bicarbonate; but I frequently begin by giving the salicylate, and then go on with the potash. Attention to little details we all find in rheumatism, as in all other complaints, of great importance. For instance, covering the whole or the front of the chest with a layer of cotton wadding has often, I am sure, prevented an attack of pericarditis from coming on; and I found a night-shirt of very thin wool very useful, as these patients, perspiring much, are very apt to catch cold; in fact, I now recommend all my rheumatic patients to wear it regularly, and many have been very thankful for the advice.

THERAPEUTIC HINTS AND APPROVED FORMULÆ.

Dr SAM'L. S. WALLIAN, (*Med World*).

Dysentery.—Full hot bath, followed by thorough and continuous fomentations over the whole abdomen, and free enemata of as hot water as can be borne. Instead of clear water, milk and water may be used, or a weak solution of chlorate of potassium.

Strict abstinence from solid food must be enjoined, milk or Mellin's food forming the best diet. Sub carbonate of bismuth, or benzoate of soda in 10 grain doses, each dose to be followed by half a pint of hot flaxseed tea, hot milk and water, or simply *very hot* water, is an excellent treatment.

Dysmenorrhœa.—Apiol, monobromated camphor, permanganate of potassium, hot hip and sitz baths, massage, electricity, either galvanic, faradic, or both alternately; cemicifuga, viburnum opulus, oxygen and nitrogen monoxide combined.

Dyspepsia.—Hydra-headed and many-featured dyspepsia:—

First wash out the stomach. How shall this be done?

Use a stomach tube of softest rubber, with or without pump attached, or if squeamishness on the part of either patient or *practitioner* makes this infeasible, establish a thorough system of *hot water drinking*. Let there be imbibed (sipped slowly) twelve to sixteen ounces of very hot water (simple water is not flat when decidedly *hot*), or hot, weak lemonade or tamarind water, *an hour or more* before each meal and at bed time.

This should be punctually and persistently followed for from two to six months.

The diet may be varied and should be nutritious and as liberal in quantity as can be well managed by the system. Starvation is bad treatment; overfeeding is also bad. Massage, the current, open air life, oxygen modified. Drugs are for the most part delusive palliatives. Some bitter tonics, as hydrastis, alumin, nux vomica, prunes Virginia, etc., may be used as adjuncts, and sub carb. bismuth, hydrocyanic acid diluted, deoscorein, etc., for painful manifestations. Cascara sagrada is the best laxative. Pepsin may be used temporarily and as a palliative.

Intestinal indigestion may require pancreatine or peptonized food.

Dysuria.—Hot bath, hot fomentations over the bladder, fl. ext. urtica dioica, corn silk, cantharides (in homœopathic doses).

Eczema.—Constitutionally, the oxygen treatment persistently carried out relieves a majority of inveterate cases. Locally, alkaline washes, tar and zinc ointment, *hot* local bathing (very hot), Turkish and Russian baths, tar ointment with 3 ss pulvis ararobæ to each ʒ j. Try also oil of cade, green soap, glycerite of tar (for itching) borax, benzoin.

Emphysema.—The oxygen treatment relieves more effectually than any other. Jaborandi, lobe-

lia, ether, quinia, camphor, iodide of potassium may be of service in appropriate cases.

Empyema.—Oxygen treatment *very freely exhibited*, quinine, solutions of chlorime.

Epilepsy.—Constitutionally, the oxygen treatment has succeeded wonderfully with younger subjects, say under 18. Bromides of ammonium, sodium, and lithium, electricity (constant current), ether, amyl nitrite, open air life, nourishing diet, massage.

Epistaxis.—Hot water (douche), spinal hot water bag; elevate the arm on the affected side; very hot applications to the forehead, compression, post-nasal plugging, styptics (powdered alum acts well).

Erysipelas.—Internally, tincture of iron and quinia (traditional repute); locally, a strong solution of *sulphite of sodium* on saturated cloths covered with oiled silk, proves an efficient germicide (?). Tincture of iodine with glycerine and carbolic acid also acts well. Nourishing diet, mild cathartics.

CASCARA IN CHRONIC FUNCTIONAL CONSTIPATION.

BY RALPH D'ARY, ROMEO, MICH.

This is not intended to be a treatise on constipation in general; therefore I shall not take up space in enumerating its various causes and forms. My object is simply to communicate my experience, in the treatment of this common trouble in its most common form. As we generally meet with it in practice it is due to no one of its etiological causes, singly or separately, but to their combined action. Whether due to muscular torpor of the intestine or to suppression of the habit of regular evacuation of the bowels, or to deficient glandular secretion, etc., at the time the physician is consulted, all three of the above principal causes are generally in full operation, with sometimes one or the other slightly predominating, but not commonly to such an extent as to call for isolated treatment. The latter must therefore of necessity be directed against all of them. And since both muscular and glandular torpor are due to deficient innervation, it is plain that by increasing the latter and inducing patients to correct neglectful habits we ought to succeed in curing chronic functional constipation. And yet what disease is there that more obstinately defeats our endeavors? We prescribe for our patients a combination of drugs carefully selected for their specific physiological effects, long since fully proven by experiment and accumulated experience. Then we await results. At first the report is excellent. The disease seems completely under control of our remedies. The functions of the bowels are performed faultlessly, and our patient's health improves *pari passu*. But disappointment soon follows. The patient soon discovers that he is not being cured, and that the effect of the medicine is but transient. As soon as he omits the medicine he relapses into his former condition. Nay, worse! He finds that from

time to time he has to permanently increase the dose in order to obtain the wanted effect, until finally he is converted into an inveterate pilulophage, a miserable slave to his pill. Am I wrong in saying that this is the history of the great majority of patients that have become subjects to chronic constipation? Forensic reasoning seems to be entirely at fault, and the patient himself, without the doctor's aid, soon plunges into the wildest experimental empiricism, trying every patent medicine within his reach, and generally with no better luck. I could speak of no more cheerful success in the matter of treatment until I had some experience with cascara sagrada. At first I was much disappointed in its use, for I could see no advantage over older and better-tried drugs, and several decided disadvantages, especially the slowness of its action and the peculiar soreness of the bowels caused by it, and which is often quite persistent. It would be useless to detail my numerous experiments, and I will simply state that I became convinced that cascara, alone and uncombined, in my practice had no very decided results. Its action somehow always seemed to fall short of the desired end. Gradually I came to the conclusion that its action was truly elective of the bowels, but that it ended there, and that in order to make a complete remedy of it, it needed to be combined with other drugs that would act principally through the nerve-centres, and thus give both a central and peripheral impulse of innervation of the intestinal canal until normal function was established. The following formula was the final result of my experiments:

Ext. cascara.....	gr. iv
Ext. nuxvomica.....	gr. ½
Ext. belladonna.....	gr. ¼
Resin euonymus	
Resin xanthoxylum.....	ãã gr. iii
Oleoresin capsicum.....	gr. ¾
Make fifteen pellets.	

These fifteen pellets were intended to represent the ordinary maximum dose if taken at once. I have now prescribed it over three years. Part of my experiments were conducted with a combination of fluid extracts of the above drugs of corresponding strength of dose. The object of subdividing the ordinary maximum dose into fifteen pellets was a twofold one: firstly, to allow the patient to find as nearly as possible the exact strength of dose needed, and, secondly, to allow of a very gradual lessening of the dose. For, I am happy to say that in the above formula I have found the cathartic or laxative that would admit of a gradual lessening instead of the usual tendency to increase the dose. And herein lies its whole value and my excuse for calling attention to it. By its use, where not contra-indicated by some form of spinal or other disease, one may look forward to a permanent cure of chronic functional constipation. We are not always privileged to retain patients under observation for the length of time necessary to complete a course of treatment,

even where the latter is faithfully persisted in by an intelligent patient, and sometimes because the patient gets tired of prolonged systematic attention to his own case, and drops or hopelessly neglects the treatment. For these reasons many of my patients for whom I prescribed the above formula escaped my prolonged observation, and I am left in the dark concerning the effect of my prescription; but I can truthfully say that of those who under my observation complete their course every one was cured. Failures, no doubt, will not lack in the future, and may have been in the past; but the latter have not come to my knowledge, and I therefore regard this method of treatment as a success. I generally give the following directions to the patient: Take five pellets at night only, increasing the dose by one or more pellets every night until the action is sufficient. Then continue to take this number (whatever it may be) every night for one week, if possible. For the next week lessen your dose by one pellet, and so forth, lessening the nightly dose by one pellet for every succeeding week. If at the end of this course constipation still persists, begin again with about five pellets less than at first, going through with the same gradual decrease. A cure may confidently be looked for.

DEODORIZED IODOFORM.

Many attempts have been made to overcome an almost fatal characteristic of iodoform—its disagreeable smell—without destroying the antiseptic virtues which it possesses. Surgeon-Major Oppler, of Strassbourg, has just communicated to the *Centralblatt für Chirurgie* the results of some experiments in this sense, which seem to have solved the problem. He takes finely-ground coffee and mixes it with the iodoform in varying proportions; 30 per cent. of the coffee almost neutralizes the odor, while 40 to 50 per cent. completely destroys it. Mixed with iodoform ointment (1-10) in the same proportion, coffee quite deodorizes it. A point of great importance is that coffee itself possesses great antiseptic power, and exerts no deleterious effects on the wounds. Thus a smaller quantity of iodoform suffices, the disagreeable odor is abolished, and the occasional evil effects are done away with. Coffee has the power not only to arrest decomposition, but also to postpone it. Professor Lucke is of opinion that coffee-iodoform may answer well enough for outward applications, but that it is unsuited for the interior of wounds, as the coffee would be a foreign body and interfere with healing. The coffee, previously roasted, of course, must be ground into a very fine powder before the iodoform is added, and the two must then be intimately mixed. Time alone can decide whether this combination will secure a much desired end; or whether, like pepper-mint oil, tonquin beans, tannin, Peruvian balsam, and other substances which have from time to time been tried, the iodoform will prove itself the stronger.—*Medical News.*

DIET FOR THE SICK.

In speaking of milk as a diet for the sick, Dr. William Roberts (before the *Brit. Med. Ass.*) says, that not infrequently the stomach is not able to digest the milk and we have curds passing from the bowels: here he recommends peptonizing the milk by means of pancreatic extracts. The bitter flavor of peptonized milk is, however, nauseous to many invalids, and you cannot peptonize milk without developing this unpleasant flavor. One of the best means of covering the taste of peptonized milk is to add coffee to it. Another device, which may sometimes be adopted with advantage, is to add the pancreatic extract to cold or iced milk. In the cold the action of the ferment is comparatively slow, and it takes some hours to produce an appreciable change of flavor. But as soon as milk, thus charged with the ferment, is swallowed and passes into the warm atmosphere of the stomach, it is rapidly digested.

A new preparation consisting of the pancreatic enzymes in a highly purified state, under the form of a light, nearly white with powder, is absolutely free from taste and smell. Combating again the popular and erroneous idea of the nutritive value of beef tea, Dr. Robert says: "Beef tea and its congeners, however, take rank as restoratives and stimulants, rather than as nutrients. They contain no albuminous matter in solution, and the small quantity of gelatin contained in them cannot be of much account. There is a wide spread misapprehension among the public in regard to the nutritive value of beef tea. The notion prevails that the nourishing qualities of the meat pass into the decoction, and that the dry, hard remnant of meat fibre which remains undissolved is exhausted of its nutritive properties; and this latter is often given to the cat or dog, or even, as I have known, thrown away as useless rubbish into the midden. A deplorable amount of waste arises from the prevalence of this erroneous notion in the households of many who can ill afford it. The proteid matter of meat is, as you know, quite insoluble in boiling water, or in water heated above 160° F. The ingredients that pass into solution are the sapid extractives and salines of the meat, and nothing more, except some trifling amount of gelatin. The meat remnant, on the other hand, contains the real nutriment of the meat—and if this be beaten to a paste with a spoon, or pounded in a mortar, and duly flavored with salt and other condiments, it constitutes not only a highly nourishing and agreeable, but also an exceedingly digestible form of food."

Speaking of cold made meat infusions, he says: "Infusions made from minced meat with half its weight of water, and allowed to stand for two hours, and then pressed through cloth, were found on analysis to contain over four per cent. of dry albumen. This amount of proteid is equivalent to that contained in cow's milk. The nutritive value of such infusions is, therefore, very high. When heated to the boiling point they coagulate into a

solid jelly. Made from beef or mutton, the product has an unpleasant bloody appearance; but when made from veal, the coloration is much paler. The best preparation, however, is made from the meat off the breast of a chicken."

While cooked eggs are more digestible than raw ones, yet when the stomach is weak and unable to digest solid food, beaten up eggs pass through the duodenum without being mended with, and are slowly digested in their passage down the intestine—*Med. and Surg. Reporter.*

GASTRO-INTESTINAL INDIGESTION.

Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children:

R. Hydrarg. chlor. mit.,gr. i.
 Pulv. ipecac.gr. ss.
 Soda bicarb.grs. viij.
 Sacch. lact.grs. x.
 M. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half teaspoonful doses, or the elix. cinchona co.—*Archives of Pediatrics.*

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AUSTIN FLINT, M.D., LL.D.

The profession in Canada will learn with profound sorrow of the sudden death, on March 13, of Dr. Austin Flint, senior. The sad event occurred at his residence in New York as the result of cerebral hemorrhage.

Dr. Flint had been in his accustomed health, and had attended a meeting of the Faculty of Bellevue Hospital Medical College on the previous evening. Upon returning home, he retired to bed apparently as well as usual. Toward midnight he complained of severe pain in his head. The symptoms of cerebral hemorrhage rapidly developed,

and he soon became unconscious. His son, Dr. Austin Flint, Jr., and others were at once summoned. All remedial measures, however, proved unavailing. Dr. Flint's vital powers slowly ebbed, consciousness did not return, and at 2 P.M. of that day he died.

Dr. Flint was born at Petersham, Mass., on October 12, 1812, of a lineage honorable in medicine. His great grandfather, Dr. Edward Flint, practiced at Shrewsbury, Mass.; his grandfather, after whom he was named, was a private and afterward a surgeon in the Revolutionary Army, and his father, Dr. Joseph H. Flint, was a distinguished surgeon, residing at Northampton, Mass.

Dr. Austin Flint began his medical studies at Harvard, and received his degree from that school in 1833. After practising for three years at Boston and at Northampton he settled in Buffalo, and by his numerous and valuable contributions to medical literature he rapidly rose into professional prominence. In 1844 he was appointed to the Chair of the Institutes and Practice of Medicine in Rush Medical College, Chicago; but he held the position for only one year. In 1846 he founded the *Buffalo Medical Journal*, and during ten years he was editor. In 1847, in conjunction with Profs. James P. White and Frank H. Hamilton, then of Buffalo, he founded the Buffalo Medical College, and he filled the Chair of Medicine in its Faculty until 1852, when he accepted the Chair of Theory and Practice in the University of Louisville. In 1856 he returned to Buffalo and again became connected with the Buffalo School. The winters of 1858 to 1861 were passed in New Orleans, Dr. Flint having accepted the Chair of Clinical Medicine in the New Orleans school of Medicine.

In 1859 Dr. Flint removed his residence from Buffalo to New York City, and shortly afterward he was appointed to the chair of Pathology and Practical Medicine in the Long Island College Hospital, and this position he held until 1868. In 1861 he was appointed to the Chair of Medicine upon the organization of the Bellevue School, as well as Visiting Physician to Bellevue Hospital. In 1872 he was elected President of the New York Academy of Medicine, and in 1883-84 President of the American Medical Association.

Dr. Flint's contributions to medical literature were numerous and valuable.

The work, however, which added most to his reputation as a medical author was his "Treatise on the Principles and Practice of Medicine,"

which appeared in 1866, and which has passed through five editions. It at once took high position, and became a favorite text-book in all the medical schools of the United States and Canada. In addition, Dr. Flint has also written a work on "Clinical Medicine," a volume on "Phthisis," essays on Conservative Medicine and Kindred Topics," and a "Manual of Auscultation and Percussion." He contributed the articles on "Pulmonary Phthisis," and on "Neuroses of the Heart" to the "System of Practical Medicine by American Authors." In addition, he has been a voluminous contributor to periodical literature.

LOCAL AND GENERAL.

The Philadelphia *Medical News* publishes a very interesting paper on a case of retro-peritoneal spindle-celled sarcoma, by Dr. Wm. Osler. The patient had polyuria, passing seven pints of urine, sp. gr. 1.004 with a trace of albumen, during the 24 hours for several weeks. This symptom was, Dr. Osler thinks, caused by pressure of the large tumor upon the renal or solar plexus. The irritation was only temporary, as the amount of secreted urine fell to normal some time before the patient died. No dissection of the nerves could be made--a matter of regret as we know very little about the causation of diabetes insipidus, and this case seemed to be one that might have thrown light upon an obscure subject had the condition of the sympathetic in the region of the tumor been discovered.

The same number of "*The News*" contains a short article by Dr. W. A. Edwards on Supernumerary Mammary Glands and Nipples. I remember that a case reported by Dr. Campbell at a meeting of our local Medico-Chirurgical Society brought on a discussion of this interesting subject. Dr. Edwards tells us that only some 105 cases of polymastia are reported in literature, but Leichenstern and Mitchell Bruce think they are comparatively common, the latter authority setting down their frequency (as shown by the examination of 3956 persons) as great as 1.54 per cent. All observers agree that they are most frequent on the thorax, usually on the left side, and in the great majority of these instances below the normal mamæ.

They have been described in other situations such as in the axillæ, below the costal cartilages, over the scapulæ, etc.

The morphological question as to whether these are examples of the law of "reversion to original types," or whether they are truly accessory mam-mæ or enlarged sebaceous glands may be answered by showing that they do not imitate in their situation and structure those of any particular mammal, as they would do if they were genuine reversions; that the lower mammalia have similar adventitious glands; and, finally, mam-mæ with true milk-bearing glands are also found in the human male in unusual situations.

I am very pleased to see that the proposed *crèche* will likely be successful. How to assist and yet not pauperize the poor, and especially the poor mothers of a large city in their struggle for existence and in their efforts to bring up a large family of children, is a problem worthy of the consideration of every medical man.

He knows best of all how many women of the lower classes are kept in ill-health by the worries and the cares incidental to the management of a household upon a small and precarious income. To relieve her for a certain number of hours of the day of this constant care will confer a boon upon many an overworked woman who might otherwise be obliged to seek needed rest in hospital.

We badly need another aid to the deserving poor, and that is some system of nursing them at their homes while laid up from illness. It has been suggested that women of their own sphere of life should be trained not only to do the required nursing but to assist in the house work while the mother is prevented from attending to it.

The fees receivable by nurses of this class might be paid partly by public subscription and partly by the patients themselves. There is urgent need of some such system in this city. The annual cost would be small and great good might be accomplished thereby. If some charitable association would take the matter in hand I am sure it would receive the hearty support and co-operation of the profession.

I suppose we shall have the usual rate of infantile mortality during the next summer. The cries of the innocent go up for a summer sanitarium, but no one appears to heed them.

With St. Helen's and Nun's Islands close at

hand, and suitable sites thereon for a temporary hospital resort, it is a pity that nothing can be done to fight the grim array of deaths from diarrhœa, cholera infantum, dyspepsia, infantile debility and all the other evils that largely result from life in close, hot and ill-ventilated houses. The fresh, cool air of the St. Lawrence would work wonders for many a child struggling with disease, and it is a wonder that in this city of charities and high death-rate among children nobody has taken up the work.

"Comments on Pasteur's Method of Treating Hydrophobia" by Dr. Chas. W. Dulles of Philadelphia, a reprint from the *MEDICAL RECORD*, has come to hand and deserves the attention of every unbiased searcher after truth. Pasteur was a great scientist long before the world heard of him in connection with the treatment of rabies, and it seems to me a pity that his claim upon our gratitude and our respect, should not have rested alone upon the work which in the past he did so well for France and for all mankind.

This hydrophobia rage, as in my humble way I pointed out some time ago, is a transitory thing which when it subsides will detract greatly from the fame of the man who first gave it birth. Even if Pasteur has discovered a cure for hydrophobia, it is of exceedingly little importance to us in Canada. Of the millions of dog bites that have occurred in this small Dominion of ours how many in the past ten years have resulted in human rabies?

As far as I know, not one, and I question whether any living Canadian doctor has ever seen here a genuine case of hydrophobia.

With Dr. Dulles' conclusions as to the results of Pasteur's method I entirely agree: "One death under his hands, with a lame explanation; over a hundred persons to testify that his inoculations probably do no immediate harm; an almost equal number to illustrate the well-known advantage of having one's fears allayed—in all, no more than is credited to a host of nostrums. Besides which, the excitement it has aroused has brought about a senseless alarm in regard to dogs, and the killing of innumerable innocent and unfortunate animals to bear witness to the sharpening of men's fears and the dulling of their judgments."

P. A. LAVER, M.D.

MONTREAL, March 20th, 1886.