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Original Communications.

Stone in the Bladder. By W. H. Hingston, M.D.
L.R.C.S., Edin. Surgeon St. Patrick's department,
Hotel Dieu Hospital.

[Read before the Médico-Chirurgical Society of Montreal
November 21, 1873.]

Papers on stone in the bladder are now so frequent as to lead one to suppose either that the disease is more frequent, or that the trouble is less liable than formerly to escape attention. My own opinion is that both these circumstances obtain. Two papers on stone in the bladder have, within a comparatively short period, been contributed to the medical literature of this country by members of this Society—one on lithotomy, the other on lithotomy and lithotripsy. Still the subject is always interesting—always new. The case I have now to submit possesses certain features which may interest the members of this Society. It is an exception to a general rule in its history, and is a marked exception to another general rule in its indication as to the choice of operation.

For practical purposes the varieties of stone may be reduced to three classes; which, in the order of their frequency, may be mentioned thus: the uric acid and urates, the phosphates and the oxalates of lime. An oxalate is usually oxalate throughout; the same may be said, but with occasional exceptions, of the two other varieties. The stone I have submitted to your inspection possesses in addition to its large size, a combination of three varieties, a combination which puzzled me not a little, and left me for a time undecided as to which operation, to choose, lithotomy or lithotripsy, so as to expose the patient to the least danger.

A. Darragh, of Syracuse, N.Y., consulted me on 12th July last, and gave *a peu près*, the following history of his case. He is twenty-three years of age, and had suffered from early infancy. He states that when fifteen days old he had troublesome micturition, and the doctor was consulted. How often he was carried to the doctor he knows not, but within his recollection he had seen a dozen physicians, most of whom gave anodynes and diuretics. The pain at times was agonizing, while at others he was comparatively easy and comfortable. Certain seasons and certain conditions of the atmosphere seemed to influence and modify his sufferings; but at no period of the day, and rarely at night, could he consider himself free from pain. The suffering at times was so great, particularly at night, that he was forced to lie on one side (the right), and even

then the neighbours were often awakened by his screams. This condition of things continued for a period of twenty-three years with varying severity. A severe paroxysm seized him when in Syracuse, State of N. Y., and a physician being called suspected the existence of stone, and on being sounded shewed his suspicions to be well founded. The patient then came to Montreal and placed himself under my care.

An examination showed the existence of stone, but which when struck did not give out that sound which more or less characterizes its nature and consistence. When struck on one side it gave out a dull *thud*, to use a Scotticism, while when another portion was smartly struck, it gave out a sharp, hard, metallic ring. I tried to measure the stone with the lithotrite; but this was a matter of much difficulty, and I have now reason to believe that while I made out, tolerably correctly, its two lesser diameters, the greater was not, could not, be made out, the lithotrite not being susceptible of sufficient dilatation to permit it within its jaws. The soft muffled sound which the calculus emitted when struck, and its huge size, induced me to think that I had to deal with a phosphate; and the alkaline condition of the urine favored that belief. At the first examination I seized the calculus and easily detached a not inconsiderable portion of its crust. The urine, for a few days, was more markedly alkaline and loaded with phosphates; and pieces the size of a split pea and smaller, came away during micturition. Four days afterwards, at another seance, I repeated the attempt at crushing, but the lithotrite closed on a body as unyielding as the instrument itself, showing unmistakably the phosphate formed the crust of the stone and that a havier stone lay hidden within. I threw aside the lithotrite, and aided by the hospital staff proceeded at once to lithotomize. The old fashioned, good fashioned, lateral method was adopted; the bladder was reached without difficulty, the stone seized, and, guided by the left index, with a coaxing, swaying motion, with not more force than was necessary, was extracted. It is now before you, gentlemen, and from all I can learn, is the largest ever removed entire from a living subject in Canada. It measures in greatest circumference $9\frac{1}{2}$ inches, and weighs 5 oz. 5 drachms. The crust is phosphatic and the nucleus is oxalate of lime, hard as flint, into which no lithotrite could be forced to take a grip; and even now, removed as it is from the body, I much question if the best lithotrite ever made could reduce it to proportions to enable it pass per *vias naturales*.

The patient made a good recovery; the urine trickled through the wound during the first fortnight, when it gradually ceased; and on the 21st August, 33 days after the operation, the patient left the hospital for the United States in perfect health, and freed of the malady for which he had come to the city.

The diagnosis of stone is sometimes not easy, but when once its presence is established another difficulty presents itself, that of selecting the operation best suited to its size and hardness. Formerly and even now to those who invariably cut the diagnosis was not a matter of moment, as the knife made a way equally for a large, small, hard or soft stone; but to those not wedded to either operation, it is important to select the right one; otherwise the mortality would be greater than if lithotomy were always chosen.

There are but two ways of getting rid of stone. The advocates of cutting would fain believe that at no distant day the lithotrite will be laid aside, while those in favor of crushing are disposed to hope, that instruments will ultimately be fabricated, capable of seizing any stone, however large, and of crushing it, however hard it may be.

I differ entirely from both, and believe that lithotomy will ever maintain its position as a preferable operation in children, and a necessary operation in exceptional cases, as in the present, in the adult; but that it will, it must give place to lithotripsy in the adult when too long an interval has not elapsed before the discovery of the stone and the attempt at its removal, when its moderate size will permit its being crushed without difficulty on the part of the operator, and without much danger or suffering on that of the patient.

Here, however, in the case before us, there was no choice. The lithotrite was powerless to cope with the increasing hardness of nearly a quarter of a century. Had the stone been discovered earlier it might have been crushed with every certainty of success.

Sir Henry Thompson in a somewhat prophetic strain, says, when addressing his class:

"I hope you will live to see the day when lithotomy for adults will disappear. I do not suppose," says Sir Henry, "I shall; but I do expect to live to see one thing, and that is, lithotomy becoming very much rarer than it now is. You certainly will live to see it one of the rarest operations. I do not say that I look forward to that with any particular pleasure: for it is a grand operation, demanding all the skill, self-command, and force of a man. It is

one of the best practical tests of a good surgeon, and looking at it from that point of view, one cannot desire its discontinuance; but it will disappear most assuredly; and as it will be for the benefit of humanity that it should, we must acquiesce in the result."

Gentlemen.—From my humble standpoint I endorse most fully the views of one of the chief, if not the greatest among living lithotomists and lithotritists; and this from an equal practical acquaintance with both operations, and with a success equal in both.

CASE OF EMBOLISM OF THE LEFT MIDDLE CEREBRAL ARTERY, BY R. A. KENNEDY, M. D., PROFESSOR OF ANATOMY IN THE UNIVERSITY OF BISHOP'S COLLEGE ATTENDING PHYSICIAN MONTREAL DISPENSARY.

Read before the Medico-Chirurgical Society of Montreal, November 28th, 1873.

MR. CHAIRMAN AND GENTLEMEN,—It was not until several days had elapsed after my attendance had ceased that I thought of bringing this case before you. It was interesting to me, inasmuch as it was the first of its kind in my practice, and also from the fact that the post mortem examination verified the diagnosis made during life. Enough will be seen from the pathological specimens before you to give an idea of their condition:

J. H., an unmarried female, æt. 27, born in England and of delicate habit of body, had an attack of typhoid fever two years ago, since which time has never enjoyed good health. Some time after recovering from the fever, and during the winter, had walked across the ice to St Lamberts in company with several friends. She suffered severely afterwards, but did not seek medical aid. Since that time she has been unable to walk any distance or exert herself from the great distress and difficulty of breathing thereby occasioned. Did not suffer from palpitation, but occasionally has had spells of fainting. There is no history of rheumatism.

On the 2nd of November, I was requested to visit her, and found her ill from an attack of pleurisy on the right side; a friction murmur being heard over the lower lobe of the right lung. At the same time there was observed over the heart a peculiar burring sound, only heard at midsternum, opposite the third costal cartilage, and during the systole of the ventricles; which gave the impression that something was attached to the aortic valves, and thrown into vibration by the current of blood passing upwards.

A loud mitral bruit could also be heard, most dis-

tinctly below the apex of the heart, taking the place of the first sound and followed by a slightly different bruit which partly obscured the second sound, but did not occupy the whole of the ventricular diastole. I will not occupy time by giving in detail the symptoms and treatment of the pleurisy. Suffice it to say, that the inflammation subsided under treatment, which consisted at the outset of aconite and opium internally, counterirritants and poultices externally. The pain subsided gradually, no effusion occurred, and the friction sound was lost. The pulse never exceeded 96, or the temperature 102°.

On the following Saturday, November 8th, she was convalescent, and able to sit up. During the evening she was up sitting with the family and felt much better than she had for some time, and nothing of an exciting nature occurred to disturb her. She went to bed at 9 p.m. and slept a short time. On awakening discovered that she could not move her right arm. I was hurriedly sent for, and found the following condition:—Considerable mental excitement, but functions of mind perfect, being perfectly sensible, speaks plainly but rather thick; pupils normal, skin hot and moist, face much flushed, temperature normal, pulse 100, respiration quickened, tongue clear, no nausea or vomiting, slight pain in left temple, no pain elsewhere. Partial hemiplegia of right side, voluntary motion not entirely lost as she was able to move her arm or leg when asked to do so.

No paralysis of muscles of face but the tongue was slightly pushed to one side when protruded. No dysphagia. Sensation normal. On referring to the special lesions which cause hemiplegia, viz:—Softening, apoplexy, and embolism, softening was excluded as there was no previous symptoms, and apoplexy from the absence of nausea or vomiting; inequality of pupils; stertorous breathing; or loss of perception; as well as the incompleteness of the paralysis. I therefore concluded that the cause must be embolism of the left middle cerebral artery as the function of the left corporo striati was alone disturbed. On examining the heart I found the mitral murmur as before, but that of the aortic valves was gone, the burring sound being lost. This I looked upon as confirmation of the diagnosis already made, in addition to the fact that cerebral embolism most generally occurs on the left side. Looking upon it therefore as a case of embolism, and that medical treatment would be of little benefit, I enjoined perfect rest and strict quietness and not to be spoken to more than necessary. The following mixture was also prescribed, with the object of quieting cerebral

excitement, and to lessen the flow of blood through the brain, so as to favor the gradual establishment of collateral circulation, if possible:

℞ Potas Bromed ʒ ii.
Ext. Ergota Fl ʒ ii.
Aguae ʒ vj. M:

S. One tablespoonful every six hours.

November 9th, 10 a.m. Patient passed a quiet night, has slept occasionally, symptoms somewhat improved; pulse 90; respiration quiet but slightly quickened; temperature normal, but skin feels warmer than natural. Tongue clear but dry, bowels not moved during last 24 hours, urine passed as usual, no pain whatever. Voluntary motion considerably improved in affected side, protrudes tongue correctly and speaks plainly. From the improved condition I was in hopes that collateral circulation was becoming established, and ordered a nourishing diet, a dose of castor oil and to continue the mixture. I was sent for at 10 p.m., all the symptoms increased in severity. More complete loss of motion in right side, tongue more affected and speaks very thick but can be understood. No loss of sensation or mental perception. The other symptoms as before, the bowels were moved and urine passed during the day.

Monday 10th., 10 a.m. Symptoms the same as previous night, there being no change to record. I was requested to meet Dr. Fuller, and at 4 p.m. we held a consultation. D. F., after careful examination, agreed as to condition and treatment. The only alteration in symptoms, was a slightly increased loss of motion; still she was able with some effort to move the arm. I was again sent for at 10 p.m., and found her perfectly helpless; vomiting had occurred one hour previous to my seeing her.

No motion in affected side, excepting an occasional clonic spasm, lower jaw slightly dependant, and paralysis of buccinator.

Tongue and lips dry, and covered with sordes; could swallow but with some difficulty; respiration laboring; pulse weak and almost imperceptible; pupils left side dilated; face very much flushed. Consciousness was not lost, as she would turn her eyes to the party addressing her. Suspecting cerebral hæmorrhage, I applied cold to the head and administered ergot.

From this time she sank gradually; clonic spasms increased in number and intensity, respiration more labored. Involuntary defecation and micturition and at last coma. Death relieved her next morning at 9.30 a.m.

Post mortem, one hour after death:
Abdominal cavity not opened.

Thorax, Lungs, substance healthy but somewhat congested. Evidence of recent pleurisy on right side, the pleura covering the lower lobe of right lung adherent in patches to parietes. No fluid in pleural cavity.

Heart: right side full of blood, right auricle nearly filled by a large clot, the attached half being ante-mortem in formation and connected to the musculi pectinati. Left side, mitral valve tubular in character, and constricted so as not to allow the finger to pass through, and ossific deposits on the attached margin of the valves. Aortic valves much thickened and uneven, one spot having the appearance as if there had been detachment of substance. Small shreds of fibrin were found entangled in the columnæ carnæ of the left ventricle.

Cranium, structure of brain and membranes, with the exception of the part affected, in a remarkable healthy condition, being well developed. On section only the left corpora striata was found altered, its substance being softened and presenting numerous small hemorrhagic spots irregularly disposed, the difference being well seen by comparison with the opposite corpora striata. The arteries of the base were as usual empty and their coats healthy, with the exception of the left middle cerebral and its branches, these latter were filled with a recent thrombus. From the transparency of the vessel the point of inspection of the embolus was well seen, being at the part of a lighter color and easily distinguished from the dark color of the thrombus which afterwards formed both in front of the embolus and in the branches of the vessel.

I have but few remarks to make concerning this case. The subject of embolism has been treated so extensively of late years that the facts recited explain themselves so that it would be superfluous for me to dwell at any length upon them. Whether the cardiac affection dated from the fever, or subsequently was due to the exertion of walking across the ice, the history does not show. No doubt the condition was considerably increased by the latter event, as the symptoms of following days would indicate.

No atheromatous degeneration of the vessels existed, so that the embolus must have been fibrine, its formation being due to the condition of the mitral valves favoring deposition of that substance. That the embolus had been formed on, and detached from, the aortic valves is proved by the absence of the murmur which had existed previous to the occurrence of hemiplegia. This murmur was peculiar, it was a soft burring sound as if the substance producing it was but slightly attached and therefore readily

thrown into vibration. Once detached, its course can be easily followed. Carried by the current of blood, its gravity would project it against the opening of the left carotid, and then up into the middle cerebral, one of the most common sites in which emboli are lodged. It was unfortunate that the embolus became impacted at the point where the small branches are given of which supply the corpora striata, thereby excluding the establishment of collateral circulation through them and suspending the function of the ganglion by anemia. Collateral circulation had occurred to a slight extent as shown by the improvement in the symptoms the day following the attack, and also from the branches of the vessel being entirely filled with a thrombus, as this latter must have been gradually formed from the blood derived by anastomosis. The want of nutrition and consequent degeneration soon destroyed all function. Hæmorrhage occurring, gave rise to the signs of compression; and it is astonishing that such small spots as here existed should give rise to such grave symptoms when it has been observed that large portions of the anterior or middle lobe may be destroyed by hæmorrhage without causing such serious effects. The clonic spasms are also interesting, as I find it stated that they are rare in cases of hæmorrhage confined to the cerebral substance. I would mention, in conclusion, a peculiarity in connection with the aortic valves; the post mortem showed that the valves were much thickened and uneven, yet after the occurrence of hemiplegia and the loss of burring sound, there was nothing to indicate that these valves were in any other than a healthy condition. This fact was noticed by Dr. Fuller, for after I had explained that such a sound as described had been there, he remarked that there was no murmur in that region now, that is at the time of the consultation.

Acute Pleuritis, terminating in Suppuration—Paracentesis Thoracis. By CHARLES LAFONTAINE, L.C.P. and S.L.C., of Chambly, Q.

The characters of this disease are well described by authors, and the nature of the treatment is so well known, that I need not occupy space with them. I am, however, induced to send you brief notes of a case which in its results have been eminently successful. M. G., a miller by trade, aged 57 years, and of good constitution, came under my care, having been ill previously for four days with symptoms indicating inflammation of the pleura. He had had severe chills, with severe pain of a lancinating character on the right side of the

chest, difficulty of respiration. After a certain time he had several signs indicating the formation of pus. On examination, the right side was found swollen and œdematous. On comparing it with the opposite side of the chest it was obviously enlarged. There was dullness on percussion and absence of the respiratory murmur. The diaphragm was depressed and the liver considerably displaced, leading me, at one time, to think that there was considerable hepatic enlargement. The first week that he was under my care there was total inability to lie on the affected side. During the second week he only could rest on the affected side. The treatment having failed to produce absorption, I called in Dr. Godfrôi Dubuc in consultation. We decided to puncture the chest at once. The patient having been placed in a proper position, the space between the sixth and seventh ribs was selected and an exploratory puncture made, which justified the diagnosis of suppuration having taken place. The trocar with its canula was at once introduced, when the pus flowed freely till six pints were withdrawn. From the date of the operation the patient improved rapidly, and is now perfectly convalescent.

Chambly, P.Q., November, 1873.

Acetate of Lead in Post partem Hemorrhage. BY JOHN CHANONHOUSE, M.D., of Eganville, Ont.

On the morning of the 6th of July, I was called on about 2 o'clock to attend a woman in labor. Mrs. D, a Canadian by birth, is about 40 years of age, and the mother of eight children, the youngest being about two years old.

Arriving at the house, I found labor progressing rapidly, the os well dilated, the labia were everted, and parts swollen, and notwithstanding every advantage was taken by restraining the rapid advance of the fetal head, the patient was delivered at 6 a.m., having been just four hours in labor, the placenta following a few minutes afterwards.

After a lapse of ten minutes, and when hoping all would progress favorably, excessive hemorrhage set in, accompanied with cold extremities, pulse flagging, vomiting, &c.

The cold douse was applied to the abdomen, and ice introduced into vagina, but all of no avail, and a fatal termination seemed imminent if relief was not soon afforded, as the patient was rapidly sinking from loss of blood. In this extremity, and as a *dernier* resort, I administered one drachm of crys-

talized plumbi acetat, which I hoped would stay the hemorrhage, which it did.

In a few minutes after the medicine was given, the tissues of the uterus commenced to contract, and its sedative effects were visible in the system, and in a few weeks the patient was able again to attend to her ordinary duties.

Mrs. T. A., aged 32, the mother of six children. I was called to attend her on the night of the 14th of August; was only two hours in labor when she was delivered of a large male child; placenta followed, and immediately profuse hemorrhage set in, followed by the following symptoms: sighing, yawning, cold extremities, pulse wavy, weak, and continuous loss of color in face, lips blue, &c. I applied cold to abdomen, introduced ice into vagina, compressed aorta, and tried the usual treatment, and all proved abortive, when again I administered the three doses of crystalized plumbi acetat, and its happy effects were the same as the Canadian woman, Mrs. D.

From my experience I would strongly recommend the plumbi acetat in case of excessive hemorrhage after delivery.

Correspondence.

Editor of C. M. Record.

DEAR SIR,—I have read in the few last numbers of the London *Lancet* of a case where a chemist refused to dispense a prescription containing half an ounce of tincture of digitalis, for a patient suffering from delirium tremens, and the controversy it excited between the Medical and Pharmaceutical journals. The chemist refused, as he considered the dose excessive, and was not able to recognize the initials of the doctor, who, it appears, had only arrived in the neighbourhood. The patient died, and at the inquest some rather hard things were said about the druggists taking too much on themselves to discriminate what should and should not be. There is no doubt in this case, the druggist was wrong, as he should have asked the messenger who the medical man was, and then have communicated with him, before acting as he did. I readily admit any chemist has a perfect right to refuse to make up a prescription containing excessive doses of dangerous drugs, but at the same time it is equally his duty to put himself in communication with the doctor. There is no doubt there are a good many chemists that like occasionally to snub an unfortunate M.D. who has not been over-successful in this world, to

make amends for all the slights received from the big guns of the profession. The members of both professions should only be too glad to work harmoniously together, to do all in their power to further the progress of each other's scientific investigations, and not as they are now, in a quasi hostile position. It is just as well to look at facts in the face, and understand the true position of affairs. There are faults on both sides. Medical men must know there are a great many ignorant men in the profession, due to the fact that, instead of improving after graduation, they retrograde and become rusty. These men soon lose a good portion of whatever knowledge they learned at college. Chemists are in the same position, and are too apt to forget that most of the doses in the Pharmacopœias are smaller than what is generally prescribed. Then again, although a good many of them complain of the percentage system, they must remember that it first originated in their own body. If both sides would remember these things and work for each other's benefit, we would hear less of these annoyances that are continually occurring between the two professions. Now as to the half ounce dose of tincture of digitalis, it is a common treatment of delirium tremens in England, and one we have often seen employed in traumatic cases. The doctor was wrong to say the want of it killed his patient, as judging from the history of the case the man would have died at all events, but it would certainly have given the patient a chance of living. In order to set both sides before the reader, we may say that Mr. Hampson, at the recent British Pharmaceutical Conference, proposed that unusual doses of a drug should be initialed by the physician, insisting at the same time on the *right* of the pharmacist to decline to dispense unusually large doses of dangerous drugs. A committee of the leading chemists in England was appointed at the same meeting to draw up a report on the subject, which they have since done, and they suggest to physicians that the bracketed initial letters of the prescriber's signature written immediately after the unusual dose is the best suited to the purpose. It cannot be denied the druggist has daily a very responsible duty to perform, and to give some idea of this to our confreres, I may say a friend of mine, a druggist, was once employed in an establishment, where it was quite common to empty three or four bottles of Scheele's hydrocyanic acid per week at the dispensing counter, and in his own business now he dispenses 50 or 60 grs. of atropia sulh. in the same time. So that in judging this chemist at Ramsgate, the great responsibility on his shoulders

must not be forgotten. He has also, it appears, been supported in his action by the leading physicians and all the chemists of the place. In taking a general view of the relations of Pharmacy to the Medical Profession, and blaming severely as I must do, any encroachments of the druggist upon the domain of the doctor, and seeing as I frequently have done, cases of great ignorance on the part of pharmacists, I cannot but deeply regret the opposition which the many well educated druggists of this province have met with in their efforts to advance the standard of Pharmacy and provide a higher education for the rising generation. Two or three years ago, when two or three Montreal chemists went to Quebec praying the Legislature to grant a charter to the College of Pharmacy, and asking for licensing and other powers necessary to the carrying out of their plans, they were met with opposition from the Quebec medical men, and the College of Physicians and Surgeons through their president, Dr. Landry, and some of the board of governors resident in Quebec. In attacking chemists and druggists on the score of ignorance, we find our arms paralyzed by opposition such as this. The only reason I ever heard offered on the part of gentlemen engaged in thus keeping back the profession of Pharmacy is because of some obsolete medical act of a by-gone age, which the Druggists of to-day very properly refuse to comply with. This opposition has now nearly altogether vanished, thanks to the persevering efforts of the chemists, and they are now in a fair way of having a college of their own, and of being able to manage their own affairs in a way that will advance and raise their profession more to that standard which Pharmacy should have attained long ago in this Dominion. It should be the delight of every educated and well-meaning man in Canada, of whatever nationality or religion, to see educational institutions increase. It should also be his duty, particularly if possessed of influence, to aid them all he can.

I am, &c.,
JAS. PERRIGO, M. D.

Progress of Medical Science.

SOME OF THE CAUSES OF HÆMOPTYSIS.

BY HORACE Y. EVANS, M.D.

There is scarcely an event occurring in the general practice of medicine, except it be postpartum flooding, that so shocks and, to an extent, paralyzes the physician, as copious hæmoptysis.

Notwithstanding the conviction of the experienced that this hemorrhage rarely proceeds so far as to produce immediate death, yet, remembering that the blood is life, and to see that life, as it were, gushing from both mouth and nostrils, and that, too, from a being already chlorotic from a wasting disease in a vital organ, is sufficient to disturb the equanimity of the most deliberate.

This loss of blood may arise from various causes, and at various periods of health and disease.

The causes may be conveniently, and to a certain extent truly, divided into two classes,—those external to the body, and those internal, or arising as a result of a diseased condition. Of the first, we have mechanical injuries to the chest, such as penetrating wounds. During the late war of the rebellion this was not an uncommon event in the experience of many of us. So also from fracture of the ribs, spiculae of bone penetrating the lung-tissue, the inhalation of caustic fumes and particles of irritating dust, as in the case of file-makers or those employed in grinding and polishing metals. It frequently results from excessive physical exertion, as in straining, or lifting heavy bodies. The forced retention of air in the lungs whilst the abdominal and thoracic muscles are rigidly contracting will, in many cases, produce either an emphysematous condition or a complete laceration of the viscus with its contained plexuses of arteries and veins.

Of the second class, catarrh may be named as occasionally causing hemorrhage; though the uncomplicated attacks usually traceable to this cause are of so slight a character that we are forced to the conclusion that the bleeding is from the vessels on the larger bronchial surfaces, and not from the lungs proper.

Another very fruitful cause of this hemorrhage, and one frequently not recognized, is disease of the left side of the heart. The defective mitral valve, with its indurated, contracted, and weakened segments, no longer protects the delicate lung-structures against the powerful contractions of the left ventricle, and, as a consequence, regurgitation takes place, thus keeping up a constant and forced dilatation of the pulmonary vessels. These sooner or later give way, producing the most annoying and obstinate attacks of hæmoptysis with which we meet. Indeed, there is no more unfortunate complication with which the consumptive can be afflicted than this same disease of the heart.

We have also what are called vicarious hemorrhages,—those following the interruption of habitual discharges, such as hemorrhoidal or menstrual. They are occasionally serious, yet by that remarkable law of accommodation in nature the vessels soon become reconciled to the excess of blood, and it flows unobtrusively in the natural channels. Notwithstanding the facility with which we can thus rationally account for almost every form of hæmoptysis, we usually associate its occurrence with an internal and far more grave disorder than any of which we have as yet spoken,—viz. the incipency or full-fledged existence of consumption.

Authorities differ widely in regard to the rela-

tionship existing between this hemorrhage and the presence of tubercles in the lungs. Laenec, Louis, Rokitsansky, Watson, Williams, and many of our own writers, associate the two as almost invariably dependent the one upon the other. Either the hemorrhage, by its subsequent clots, creates a local irritation, congestion, and inflammation, thus clogging the channels of nutrition, the lymphatic glands degenerate and are converted into tubercles, or the whole mass becomes cretaceous phthisis; or, on the other hand, fully-developed and softening tubercles by the ulcerative process open a pulmonary vessel and thus act as a direct cause of hemorrhage. Though there may be valid reasons for rejecting hæmoptysis as pathognomonic of consumption in the early stage, yet in the latter it becomes a direct result, pointing to softening and actual destruction of lung-substance. There are, undoubtedly, numerous instances in which hemorrhage has been frequent and copious without terminating in disease; yet it is a well-established pathological fact that in cases of tubercular cachexia there exists a fragile state of the blood-vessels not usually found in other diseases. This degenerating tendency, so characteristic of consumption, greatly favors, and is the only way of accounting for, this bleeding in the early stage, when the physical signs do not as yet indicate disease. We have often watched, and with a degree of certainty predicted, hemorrhage in the early stages of phthisis. The history and symptoms of such a case would be about as follows. An irritating, short, and dry cough, traceable to a slight cold contracted a few days previously; great oppression, difficulty in breathing, loss of appetite, thirst, continued fever; pulse rarely under 100; temperature from 100° to 104°; expectoration very slight, and of a saltish taste. Percussion-signs at first almost nil. Auscultation would reveal dry tubular sounds over a part of one or both lungs. Respiration rapid, with prolonged expiration. These symptoms would gradually become aggravated, continuing for several days, when, after an unusually severe attack of coughing, hemorrhage would commence. The relief following this occurrence sustains our explanation,—viz., the existence in the first place of tubercular deposits to an extent not as yet recognizable by physical signs nor incompatible with the normal functions of the lungs. But the catarrh awakens the fire; the flames spread rapidly to the miliary centres already existing, and upon the principle of *ubi irritatio ibi affluens*, an active congestion results, and the degenerated and enfeebled blood-vessels, unable to endure the pressure, give way.

The main cause, however, in the advanced stage, and the one resulting in the most copious loss of blood, is the dilatation and thinning of the pulmonary blood-vessels. By some authors it has been named ectasis, or aneurism; but to the sight and touch in the cadaver it resembles the varicose condition often found in the veins of the lower extremities. In the process of softening and conversion of the tubercular or adenoid substance into pus, cavities are formed, through or on the walls of which the pulmonary vessels pass; by the loss of structure

they are exposed; the normal support of the lung-tissue is removed, and the vessels dilate and eventually burst.

This event may occur in the formation or emptying of each successive abscess. The progress of the disease to a fatal termination depends upon the rapidity with which one abscess follows another.

—*Philadelphia Medical Times.*

TREATMENT OF GLANDULAR AFFECTIONS.

Dr. F. PAGE ATKINSON gives (*Edinburgh Med. Journ.*, August, 1873) the following outlines of the treatment he has pursued for some years in glandular affections, and with satisfactory results.

In *Quinsy* he says: "I can predict with certainty that any patient will be quite well and able to resume his duties on the fourth day; whereas, by the old method of treatment, the disease lasted from nine to ten days. I do not know of a single instance in which matter has formed, except prior to the time of the patient coming under my care. The prescriptions I give are the following:—

"20 grains of bicarbonate of potash; 30 minims of the compound tincture of guaiacum; as much as is necessary of the compound tragacanth powder, in one ounce of water, and 15 grains of citric acid, in half an ounce of water. To be taken in a state of effervescence, three or four times daily.

"25 minims of the tincture of iodine, in an ounce of water, to be used as a gargle three or four times daily; three or four glasses of port wine in the course of the twenty-four hours, and as much beef-tea as the patient can take.

"The throat should be left uncovered, and poultices, steam inhalations, etc., should be particularly avoided, as also should the use of purgatives. In these cases there is generally a rheumatic tendency; and it will be found on enquiry that there has been excessive mental or bodily exertion prior to the attack.

"Quinsy is not the result of cold; for, if it were, laryngitis would be a more frequent accompaniment than it now is. As regards the treatment, I would remark that it must be carried out in its entirety, or the results expected will not be obtained. When suppuration has already commenced, order simply the iodine gargle, the port wine and beef tea, and omit all internal medicines.

"In the case of *Inflammation of the Breast*, give the following: 20 grains of bicarbonate of potash; 10 minims of spirits of nitrous ether; 10 minims of aromatic spirit of ammonia, in one ounce of water; and 15 grains of citric acid in half an ounce of water; and order to be taken, in a state of effervescence, every four hours.

"Apply to the breast an ointment consisting of three parts of the extract of belladonna, and one of iodine ointment. Keep the patient up with good, strong beef-tea, and if there is much fever, with a quick pulse, give port wine. The rationale of the treatment proposed is this: the effervescing citrate of potash, as stated above, acts as a febrifuge; the nitre relaxes the cutaneous vessels, and lessens the

quantity of fluid which keeps flowing to the breast; while the belladonna soothes pain, and the iodine helps the absorption of the lymph which has been thrown out. Where abscess has already occurred, give 30 minims of the perchloride of mercury solution, 15 minims of spirits of chloroform, 15 minims of dilute hydrochloric acid, 60 minims of compound tincture of bark, in one ounce of water, three times daily, and paint the breast with a solution of nitrate of silver [2 grains to the ounce of water.]

"I have rarely found it necessary to strap the breast, except when the abscess has been very deep, and the opening has taken place on the upper surface of the breast; and even in these cases strapping rarely proves of much service.

"In cases of *Inflammation of the Testis*, I order the effervescing citrate of potash, in combination with drachm doses of hyoseyamus. The testicle itself should be well supported, and kept covered with some lint dipped in a lotion of 15 minims of the tincture of opium and 15 minims of the tincture of belladonna to the ounce of water, and this again enveloped in oiled silk. This method of treatment will be found to lessen pain, and also the tendency to bubo. When the testicle becomes chronically enlarged, cover it with lint smeared over with blue ointment, and strap, and give the perchloride of mercury and bark internally. Where *Bubo* occurs by itself, give the effervescing citrate of potash and hyoseyamus internally; paint the enlarged gland with iodine; keep it covered with spongiopiline dipped in a solution of sulphate of zinc and alum (3 grains of each to the ounce of water), and enjoin rest. In both these cases, stimulants should be avoided, and the patient should only take a light diet. Barley-water may be recommended as a drink. Beef-tea, of course, should be freely given. Where the *parotid* becomes inflamed, give the effervescing citrate of potash and guaiacum, paint the gland with tincture of iodine, and then, when dry, apply a linseed-meal poultice which has been made up with a warm lotion, consisting of 3 grains of alum and 3 grains of sulphate of zinc, in one ounce of decoction of poppies. Port wine should be given according to the necessity of the case, and plenty of beef-tea. Where there is *inflammation of the absorbents*, I order the effervescing citrate of potash and ammonia, and keep the limb incased in a poultice made up as above. When there is *suppuration*, I find it best to prescribe 3 grains of muriate of cinchonia, 15 minims of the tincture of the perchloride of iron, and 15 minims of spirits of chloroform, in one ounce of water, three times daily; port wine or brandy, according to the requirement, and beef-tea, as much as can be taken.

"In the case of *Scrofulous Enlargement of the Glands*, give the syrup of the iodide of iron internally, with small doses of gray powder and powdered ipecacuanha, and paint externally with tincture of iodine; and the same treatment may be applied both internally and externally where there is an ulcerated surface. The local application of iodine certainly seems to effect more good than the nitrate of silver.

"Where there is *Enlargement of the Thyroid*,

apply a lotion constantly, consisting of 3 grains of alum, 3 grains of sulphate of zinc, 3 grains of sulphate of iron, to the ounce of water, and give internally the following mixture: 3 grains of the bromide of potassium, 60 minims of Parrish's chemical food, 10 minims of tincture of digitalis, water to the ounce—three times daily. Pancreatic emulsion is also of use in giving nourishment to the nervous system. Underdone meat and plenty of farinaceous food should be also recommended."

HOSPITAL NOTES AND GLEANINGS.

Remarks on cases of Vertigo, Reeling, and Vomiting, from Ear Disease. Under the care of Dr. HUGHLINGS JACKSON, at the London Hospital.

A man, thirty-one years of age, came to the outpatient room on August 1st, 1872; for attacks of auditory vertigo. The following account of his first attack may serve as a specimen. One day, about three months before his admission, he was, when walking home from work, attacked very suddenly by *swimming in the head*; he would have fallen, had he not sat down; he felt sick, and also very warm. A friend helped him, or he could not have walked home; when he looked at the ground it seemed to be going round. When home he took some carbonate of soda, and after this he vomited. He slept well all that night, and next morning felt well, except for a nasty taste in his mouth. He had several attacks of essentially the same kind afterwards. Such a set of symptoms coming on paroxysmally suggested disease of the ear. It is worth while mentioning that the patient said there was nothing the matter with his hearing; but, oddly enough, it was found that he could not hear at all on the right side; and, before the examination of it, it was plain that the right ear was very defective, as was shown by his promptly turning his head to place his left ear towards those who spoke to him. Twelve months before he had put a piece of tobacco soaked in rum into the right ear, for the relief of toothache. The syringe brought away a large plug of wax, with bits of tobacco. After this he heard very much better, but there was still some deafness. A plug of wax in the external meatus would be a sufficient cause for the attacks the patient had; but he had another attack, although a slight one, after the meatus had been thoroughly cleared out.

Such cases have long been described; they have been described very recently and most ably by Knapp (*Archives of Ophthalmology and Otolaryngology*, vol. ii. No. 1). But it is not widely known that ear disease gives a sufficient explanation of the group of grave nervous symptoms mentioned. The tendency is to put down the giddiness, reeling, and vomiting, to disorder of the digestive organs, and especially to some affection of the liver. But in the above reported case and in many others, there is no dyspepsia, and no evidence at all of liver affection. It is not denied that there is a *vertigo a stomacho læso*; but it is asserted that, of the

numerous causes of vertigo, aural disease is a very important one. The "bilious vomiting" is what misleads so very often in diagnosis. Bilious vomiting is, however, of no particular value as evidence of disease of the liver. Bile will always be found in the ejecta after long-continued and urgent vomiting, however caused. And as to vomiting itself, it is a symptom which is found under the most different circumstances; it is found with cerebral tumour, renal calculus, Bright's disease, and, as we see, with aural disease. Those who would not accept the explanation of the dependence of vomiting, reeling, and vertigo on ear disease, are at any rate bound to examine the ears of the patients who suffer those symptoms; if they do, they will be struck by the frequent coincidence of noises in the ear, deafness, etc., with the paroxysmal occurrence of the symptoms mentioned.

The affection of the ear varies in its nature. Meniere, who first described this group of symptoms, supposed the semi-circular canals to be in fault. It is well known that the auditory nerve supplies two parts, the cochlea and the semicircular canals. The cochlea is for hearing, the canals (according to Goltz) for regulating movements of the head and trunk. It is certainly a fact that injury of these canals in lower animals produces disorderly movements, and, as stated, Meniere believed that injury of them by disease in man produces the disorderly movement of reeling (vertigo is rudimentary or incipient disorder of movement). But it is enough if the contents of the semicircular canals be interfered with indirectly; for example, if they be subjected to increased pressure from disease in the tympanic cavity. But, as Knapp says, the deafness shows that the cochlea must be affected as well; at any rate, the accepted theory is that the cochlea only is for hearing (Helmholtz supposes the cochlea to be the part for musical sounds, the semicircular canals for noises). Knapp has observed in some cases of Meniere's disease what he calls a contraction of the field of audition (analogous to contraction of the field of vision); there is, in other words, deafness for certain groups of musical sounds, and this, Knapp considers, is positive proof that the cochlea is implicated in addition to the semicircular canals.

Dr. Hughlings Jackson thinks that the function of the "canal" division of the auditory nerve is for the regulation of intervals of movements (for more automatic movements occurring in the intervals of a succession of voluntary movements). Hence the association with the other division for musical sounds; both divisions are in action in dancing to music. He believes that the symptoms of seasickness may be explained on the supposition that the contents of the semicircular canals are rudely dealt with in the unaccustomed movements of sailing on a rough sea.—*Lancet*, Sept. 6, 1873.

ERGOT IN THE TREATMENT OF NERVOUS DISEASES.

Dr. Daniel Kitchen, Assistant Physician to the New York State Lunatic Asylum, makes, in the

July number of the *American Journal of Insanity*, an interesting report of the action of ergot in certain nervous affections. He used the fluid extract prepared by Squibb, and the aqueous extract, or ergotine, made by Merck, of Vienna. The dose of the former is from one to two drachms; the latter from six to ten grains. One drachm of the alcoholic extract of Squibb's preparation is equal to about six grains of the ergotine. He also used a few ounces of a solid extract, made by Squibb, which is about equal in strength to imported ergotine. The full physiological effect of ergot will last from one-half to three-quarters of an hour.

"There is probably no condition so annoying to the patient as headache, and certainly it is the most common. In the following forms we have used ergotine with much benefit and comfort to the patient: 1. Headache, depending on plethora or fulness of blood; 2. Headache from anæmia; 3. Headache, depending on changes in brain substances and the membranes; 4. Epileptic headaches; 5. Migraine; 6. Headache, depending on disordered menstruation. The most common form of headache is the first, or that depending on a plethoric condition of the blood-vessels of the brain. Of course we cannot estimate correctly the amount of pain endured at each sickness, but it depends largely upon the constitutional character and nervous susceptibility of the patient. In plethoric headaches the course is either very short (a few hours at most), or they last for some days. The pain is usually referable to the back of the head, and there is much throbbing of the temporal arteries. In this class of headaches we have used ergotine largely; about one hundred patients have been prescribed for, and in almost every instance relief was given in less than half an hour, and the attack thoroughly cut short.

"In headache from an anæmic condition of the brain the blood-vessels are usually lax, and as a consequence there is a slowness of the circulation. Ergotine contracts the blood-vessels, thereby giving tone to the arterial system; the blood is forced more quickly and regularly through the brain, and of course in greater quantity. Our cases of cerebral anæmia are comparatively few, and experiments are therefore limited; yet in those cases where we have had an opportunity of using it happy results have followed. In epileptic headaches and in epilepsy we have used ergot largely. In *petit mal* there are muscular twitchings, congestions of the face, suffusion of the eyes, and a rush of blood to the head. We have in many of these cases been able to ward off the *grand mal* by large doses of ergotine. We have often combined it with conium, and it seems in this combination to work even more satisfactorily than alone, which is chiefly due, we suppose, to the sedative effect of the conium. In migraine, or sick-headache, we have distended blood-vessels pressing on the ophthalmic division of the fifth nerve, thereby causing the pain; and, if we accept this theory, then ergotine, by contracting the blood-vessels, will relieve the headache. In headaches depending upon some disordered condition of menstruation, we usually have a fulness or congestion of the cerebral

vessels; sometimes, however, it may occur from anæmia of the brain. In both forms the use of ergotine is beneficial."

Dr K, concludes his paper with the following statements: "1. Benefit of combination with bromide of potassium in epilepsy; 2. It is apt to produce cramps and pain in the stomach, which is remedied by combination with conium; 3. In nervous diseases it soothes all renal irritation and catarrh of the bladder; 4. It dilates the pupil sufficiently to be noticed; 5. Increases both frequency and tension of the pulse; 6. Has no appreciable effect on the heat of the body; 7. In large doses it produces the same effect as conium, by inducing sleep; 8. Its beneficial action in delirium tremens, after bromide of potassium has failed; 9. It combines readily in the form of a pill with sulphate of quinine; 10. It is a cerebral sedative; 11. Ergotine possesses an advantage over the alcoholic extract in not producing any pain or cramps in the stomach, and is given in smaller quantity; 12. Ergot is not likely to be adulterated, and we also secure an appreciable effect after its administration."

A NEW METHOD FOR HEALING ULCERS.

Dr. Nussbaum (*Wien. Med. Presse*, May 4, 1873) claims to have successfully treated upwards of sixty cases of chronic, extensive, and otherwise intractable leg-ulcers, by the following simple procedure. It is at least worthy of a trial. The patient is first narcotized, and then around the ulcer of the leg or foot, a finger's breadth from its margin, an incision extending down to the fasciæ is made; numerous blood-vessels are divided, and a severe hemorrhage ensues unless a fine pledget of lint be packed into the cut and the entire ulcer strongly compressed. The packing with lint is also necessary to prevent union of the cut edges by the following day. Upon the second day the bandage and lint are removed; from then until a cure is effected a simple water-dressing is applied.

The author states that an astonishing change can be seen, even in the first twenty-four hours: the ulcer, which yesterday threw off quarts of thin offensive, ichorous pus, furnishes to-day not more than a table-spoonful of thick non-offensive, healthy pus. The old ulcer becomes rapidly smaller, healing from the margin towards the centre, and is healed in a short time, but the cut is changed into a broad circular sore, which also speedily cicatrizes.

The great diminution of the secretion, and other favourable changes occurring in the ulcer, find an explanation from the fact that the circuncision has divided dozens of large, abnormally widened blood-vessels. Time is thus given for the lessened nutritive material, which previously was carried off by the excessive secretion, to be transformed into cells and connective tissue; in other words, granulations are formed, which fill up and heal the deep ulcer.

Without claiming this as a radical method, the author assures us that the cure is much more rapid, and the cicatrix becomes more elastic and resisting,

than in the ordinary means applied, which usually require so much time that the patients depart with half-cured ulcers, soon to find themselves in their previous deplorable condition.—*Medical Times*.

PHYTOLACCA DECANDRA IN THE TREATMENT OF INFLAMMATION OF THE MAMMARY GLANDS.

G. W. Biggers, M. D., of La Grande, Oregon, says, in the *American Journal of Medical Sciences*: The following cases are stated as the result of my experience only with the remedy in question, and I trust that others may try it and report the result.

Case I. Mrs. H., on the third day after labor with her second child; mammae commenced swelling, after an accumulation of milk. Did not see her until the symptoms were so urgent that there could be no mistake about the commencement of an abscess.

I pursued the antiphlogistic treatment, both general and local, until there was no promise of improvement; on the contrary, the case was continually getting worse. I then prescribed fluid ext. *phytolacca decandra*, gttss. xx. every three hours, in water. A very marked improvement took place in twelve hours, and in thirty-six hours the patient was well. There was also a suppression of the lochia, which was also re-established.

Case II. Mrs. B., whose child died a few hours after its birth, was attacked, after the secretion of milk took place, with inflammation of the mammary glands, from over-distension, and had the milk withdrawn very regularly, yet the case continued worse, threatening an abscess. I prescribed fluid ext. *phytolacca decandra*, gttss. xx. every three hours. Marked improvement in ten hours, and a complete recovery within thirty-six hours. There was also a suppression of the lochia in this case, which was re-established with the cessation of the mammary inflammation.

Case III. Mrs. G., at the fourth month of pregnancy, was attacked with inflammation of both mammae, severe pain, swelling, and very great heat, with severe rigors, amounting to a distinct chill. I prescribed fluid ext. *phytolacca decandra*, gttss. xv. every three hours in water. The symptoms all subsided, and the patient fully recovered within forty-eight hours, with no other treatment.

I have used the remedy above named in many other cases of mammary inflammation, and it has never yet failed in a single case.—*The Western Lancet*, August, 1873.

PHOSPHATIC FOOD IN DEBILITY.

Dr. Routh, of London, gives among others the following instructive cases in the *Medical Press and Circular*.

July 1, Rev. T. H. F., æt. about 60, has been a clergyman for many years, preaching with notes only, but lately has become confused while preaching, forgetting the thread; seems also to have experienced lately want of power to grasp subjects.

Recovers himself after a time, but the fear of this makes him very nervous; sleeps fairly, not troubled by dreams; lives in Cheshire, in a damp, cold neighborhood; loss of memory occurs frequently at other times than when preaching; no recollection, especially of names and figures; urine normal, no sediment; total loss of virile power; no backache, but a creeping sensation up from the nape of the neck; no loss of muscular power on either side; eye-sight weak; no indigestion; cannot digest lobster; first sound of heart rather prolonged, especially at base; bowels regular in London, more so than in country. Ordered Parrish's food, oyster and other shell fish; excepting lobster. As his teeth are bad, use a small digestive sausage machine.

July 31. Greatly better. Had profited greatly from the treatment. The mental faculties much improved. States is not the same man. He was now ordered allotropic phosphorus, gr. x. daily, after his dinner. My last account from this gentleman was that he had completely recovered.

Mrs. Y., æt. about 42, consulted me in November last for loss of mental power and strength. The catamenia had stopped twelve months, and she too had a large family, with small means, and was much worried by creditors. Her memory is very defective, indeed, gone; she can't remember anything, nor when she puts away any articles of dress. When she has a good night she is rather better for a few hours, and then the same state recurs. She is always worse if she has had her attention forcibly called to anything; is very restless at night; her feet being drawn up as if she was going to have a convulsion; is become shockingly bad-tempered; will become violent on the slightest contradiction; feels very anxious and unhappy; bowels open; tongue clean; no leucorrhœa at present, although five months back she used to have them copiously for two or three days in lieu of the catamenia.

Ordered mustard to nape of neck; feet in hot water; half a drachm of bromide of potassium every night in water; sol. phosph. used m. x. *ter die*. A week after (November 12) was generally better, except that she had one bad day.

On the 19th she was better, but she stated that she had taken the bromide very irregularly, finding she could sleep without it, and the head was much less giddy.

This patient I saw for several weeks after. The treatment was interrupted by a bilious attack, which obliged me to suspend the phosphorus; subsequently it was resumed. She is now greatly better; feels that the phosphorus acts as a sort of tonic, or rather, as she expresses it, can't sleep without it. Memory greatly improved; some days not so good; but the intervals are longer, and generally her improvement is marked, and she is, in fact, convalescent.—*Medical and Surgical Reporter*, August, 1873.

DILATATION OF THE CERVIX UTERI IN DYSMENORRHOEA.

Dr. John Ball recommends the following method of procedure in cases of constricted cervix uteri.

Having procured the thorough evacuation of the bowels of the patient, place her upon her back, with the hips near the edge of the bed, and when she is profoundly anæsthetized introduce a three-bladed, self-retaining speculum; seize the os uteri with a double-hooked tenaculum, draw it down towards the vulva, and then introduce a metal bougie as large as the canal will admit, following it in rapid succession by others of larger size, until one is reached which represent the size of the dilator. Then insert the dilator and stretch the cervix in every direction until it is enlarged sufficiently to admit a No. 16 bougie, which is all that is generally necessary. Then introduce a hollow gum-elastic uterine pessary of about that size, and retain it in position, by a stem secured outside the vulva, for about a week, in which time it has done its work and is ready to be removed. During this time the patient should be kept perfectly quiet, and usually upon her back. Dr. Ball claims that the operation saves a great deal of time, causes much less constitutional disturbance than the use of tents, and is not only safer than the metro-tome, but is free from some serious objections to the use of the latter, there being no resulting cicatrix to interfere with the dilatation of the parts, and the condition of the patient after an unsuccessful operation being no worse than before. He says that it relieves the constriction entirely, by breaking up all the adhesions, which are often firm and unyielding; that, acting as a derivative, it cures the hyperæmia of the cervix; and that, further, it establishes a radical change in the nutrition of the whole organ.

He details nine cases of stricture of the os and cervix complicated with vaginismus, chronic endocervicitis, version, sterility, dismenorrhœa, etc., in all of which very great relief or permanent restoration to health was effected by rapid and forcible dilatation. In a foot-note the editor of the *New York Medical Journal* quotes Dr. Ellinger, of Stuttgart as recommending the operation,—1, in stricture of the cervical canal; 2, stenosis due to flexions; 3, metrorrhagia in a flabby, swollen uterus, but without new growths; 4, retained catarrhal secretions; 5, for exploration of the uterine cavity; 6, replacement of a flexed uterus; 7, sterility. Dr. Ellinger declares that he has never had reason to regret rapid dilatation, and urges it, where dilatation is justifiable at all, to the exclusion of all other methods.

Treatment of Disease in Children. By EUSTACE SMITH, M.D., Lond., Physician to His Majesty the King of the Belgians.

There is one class of remedies which is of singular value in the treatment of the diseases of young children—viz., the alkalies. In all children (in infants especially) there is constant tendency to an acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such large quantities. An excess of farinaceous food, therefore, soon begins to ferment, and an acid is generated, which stimulates the mucous

membrane to further secretion. In all chronic diseases, and in many of the acute disorders, this sour condition of the stomach and bowels is present. Alkalies are therefore useful—Firstly, in neutralizing the acid products of this fermentation; and secondly, in checking the too abundant secretion from the mucous glands. A few grains of soda or potash, given an hour or two after taking food, will quickly remedy this derangement and remove the distressing symptoms which arise from it. In the chronic diseases, indeed, attention to this point is of especial importance: for by placing the stomach and bowels in a healthy state, and insuring a proper digestion of food, we put the child in a fair way of recovery, and prepare the way for the administration of tonic and strengthening medicines, by which his restoration to health is to be brought about.

In prescribing for infants, an aromatic should always be included in the mixture. The aromatics are useful, not only for their flavouring properties, but also for their value in all those cases of abdominal derangement where flatulence, pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient. Such dyspeptic phenomena are usually relieved rapidly by the use of these agents; and aniseed, cinnamon, caraway-seed, or even tincture of capsicum in minute doses, will be found important additions to the prescription in all cases where alkalies are required.

In prescribing for children, the proper dose of a medicine cannot always be calculated according to the age of the child, and does not in all cases bear the same proportion to the quantity suitable for an adult. For certain drugs children show a remarkable tolerance, while to the action of others they show as remarkable a susceptibility. Thus, opium, it is well known, acts upon a child more powerfully than would be expected, judging from the mere difference of age. It should therefore be given to infants with a certain caution, especially if the child be enfeebled by disease. It is, however, a medicine which is of especial value in the treatment of the diseases of infancy, and may be given without fear if care be taken not to repeat the dose too frequently. Belladonna, on the contrary, can be taken by children in large quantities. A child of two or three years old will bear without inconvenience a dose which in an adult might produce very uncomfortable symptoms.¹ Lobelia, again, is a remedy which is very well borne by children. Dr. Ringer has given it to "very young children" in doses of five minims every hour, and in no case has he noticed any ill effects to follow its administration. Arsenic should be given to children over five years of age in the same dose as that used to adults, and infants of a month or two old will take one drop of Fowler's solution three times a day with great benefit in cases of gastric catarrh. The influence of mercury upon young children deserves remark. It seldom in them produces stomatitis or salivation; but an excess of the drug is not therefore harmless: its influence is seen in the irritation of the alimentary canal which

¹ It is important to remember this in giving belladonna for its sedative effects, as in pertussis.

it so often excites, and in the profound anæmia which it induces. The anæmia which is so common a sequence of constitutional syphilis in infants is no doubt often a result of too long-continued mercurial treatment.—*Med. Times and Gaz.*, April 12, 1873.

THE TREATMENT OF GALL-STONE.

By S. O. HABERSHON, M.D., F.R.C.P., Physician to and Lecturer at Guy's Hospital.

(*On the Pathology and Treatment of some Diseases of the Liver*, pp. 91, London, 1872.)

The treatment of gall-stone Dr. Habershon divides into that which is calculated to relieve the paroxysm; that which lessens the jaundice; and thirdly, that which is designed to prevent the recurrence of the attack. As to the first, the intensity of the pain calls for immediate attention, and by means of the hypodermic injection of morphia and the inhalation of chloroform we are enabled to afford considerable relief; these means are much more effective and better than the internal use of opium, which is with difficulty absorbed, and has sometimes been given in such large doses as to endanger the life of the patient. Externally hot fomentations may be applied, or, what is more effectual, the mixed chloroform liniment, belladonna liniment, and aconite liniment—half an ounce of the two first, and a drachm of the latter. If the bowels are confined, they should be acted upon by a free mercurial purgative and warm saline draught, or by an enema.

In hastening the removal of the jaundice, an unstimulating diet and gentle action on the bowels are the best means to employ; and the saline mineral waters are often of great assistance, but must be administered with caution. Alkalies may be used with advantage, not only in facilitating the discharge of inspissated bile, but in lessening duodenal irritation. It is of great importance also where other calculi are retained, and also where there is much irritation to the pyloric region of the stomach and the first portion of the duodenum. Bismuth with alkalies is of some value in diminishing this gastric sensibility; but, whilst anæsthetics and anodynes afford immediate relief, and alkalies promote recovery, a great amount of patience is required by the medical attendant, as well as by the patient, lest the disease be aggravated by over-active treatment.

NEURALGIC PAIN IN THE LIVER.

By S. O. HABERSHON, M.D., F.R.C.P.

(*On the Pathology and Treatment of some Diseases of the Liver*, pp. 91, London, 1872.)

Neuralgic pain in the liver may, it is stated, arise from at least three different causes:—

“First, it may be a sensation of fulness and throbbing, and of distress at the scrobiculus cordis, which is due to distension of the right side of the heart. This state is relieved by mercurials with squill and digitalis; by purgatives and by diuretics; and in fact,

by any of those means which lessen the vascular strain on the right side of the heart.

“Secondly, the pain may be situated across the epigastric region, and is due to the gastric catarrh; the food is imperfectly digested, and becomes coated with a thick envelope of mucus; and flatulent distension is the result. The pain thus produced is often most distressing to the patient; the distension of the stomach impedes the action of the diaphragm, and embarrasses to a greater degree the crippled heart. Hemorrhagic erosion may also be induced, coffee-ground vomit. This symptom—pain—is lessened by the remedies already indicated, and also by the use of mineral acids, by nuxvomica, by carbolic acid, etc., the diet being meanwhile carefully regulated.

“A third kind of pain is evidently of a neuralgic character; it is not angina pectoris, but it is abdominal; and I have noticed its locality as situated deeply behind the first part of the duodenum—severe, almost like gall-stone, but without jaundice or its other symptoms; it is not connected with the stomach, for it is not affected by food, but paroxysmal, and recurring sometimes with great regularity. The remedies we have mentioned may be used to their full extent; mercury even to the verge of salivation, digitalis till it can no longer be borne, purgatives may be used freely, and the anasarca removed by puncturing the legs; but still this severe neurosis continues; it appears to be due to exhausted nerve-function, and of those nerves of which we have already spoken. Narcotics and anodynes afford the only means we possess of palliating this distressing symptom.”

SCARIFICATION OF THE GUMS.

By J. LEWIS SMITH.

(*Treatise on the Diseases of Infancy and Childhood.*)

Dr. Smith says that the gum-lancet is now much less frequently employed than formerly. It is used more by the ignorant practitioner, who is deficient in the ability to diagnosticate obscure diseases, than by one of intelligence, who can discern more clearly the true pathological state. Its use is more frequent in some countries as England, under the teaching of great names, than in others, as France, where the highest authorities, as Rilliet and Barthez, discountenance it. It is well to bear in mind the remark of Trousseau, that the tooth is not released by lancing the gum over the advancing crown. The gum is not rendered tense by pressure of the tooth, as many seem to think; for if so, the incision would not remain linear, and the edges of the wound would not unite as they ordinarily do by first intention within a day or two. If there be no symptoms except such as occur directly from the swelling and congestion of the gum, the lancet should seldom be used. The pathological state of the gum which would without doubt require its use, is an abscess over the tooth. As to symptoms which are general or referable to other organs as fever and diarrhoea, the lancet should not be used if the symptoms can be controlled by other safe measures. All co-operating causes should

first be removed, when, in a large proportion of cases, the patient will experience such relief that scarification can be deferred. If the state of the infant be such that life is in danger, as in convulsions, or there be danger that the infant will be permanently injured or disabled, as by paralysis, every measure which can possibly give relief should be employed without delay. In these dangerous nervous affections, therefore, the gums, if swollen, should be lanced.

THE DELIVERY OF THE PLACENTA BY SUPRAPUBIC PRESSURE.

Judging from our own experience, and from the number of laudatory papers on this subject, Credé's method of delivering the placenta, or some slight modification of it, bids fair to take the place of every other. The plan which we adopt is as follows: At the maximum of the first uterine contraction after birth of the child, the fundus of the womb is grasped through the abdominal wall, between the thumb in front and the fingers behind. It is then to be both forcibly squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is compressed between the finger and thumb. Occasionally it will require two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. Those who, like ourselves, practice this method, contend that it offers many advantages over any other. The risk of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis a tergo* is more likely to be complete than by traction on the cord, which cannot be broken, as no traction is made on it. Adherent placenta is less frequently met with. The introduction of the hand into the womb is avoided, and so also as a consequence, is the ingress of air. Finally, the tonic and energetic contraction of the womb, following this manœuvre, prevents the occurrence of hemorrhage or of unruly after-pains.—*Goodell, in Transactions Med. Soc., Penn., June, 1873.*

OYSTERS AND THEIR PECULIAR DIGESTIVE PROPERTY.

MESSRS. EDITORS,—Recently, you had a paper from me about pepsin. While trying experiments with it, I was one day requested by one of our most experienced physicians to digest two oysters. I placed them; after thorough washing, with one grain of Sheffer's pepsin, four drops hydrochloric acid, and one ounce of water, in a test tube, and submitted to a temperature of 100° Fah. At the expiration of two hours, almost perfect solution had taken place, only four and a half grains remaining on the filter, and the residue was of a feculent character.

Thinking over this result, and the matter of eating raw oysters, I came to the conclusion that here we

have an organized being, with a stomach, &c., calculated to digest infusoria—as its food—and hence possessing a gastric juice; and if so, what should hinder that gastric juice from digesting even the oysters, itself, if submitted to the proper condition.

With oysters, as bought by the quart, there is so much liquor. On boiling a little of this liquor it coagulated, indicating so much coagulable albumen. I took another portion, of two drachms of this liquor one drop hydrochloric acid, and submitted to 100° Fah. for two hours. It remained perfectly clear, and on boiling a half of it, there was no coagulation, and, applying Fehling's test, there was the beautiful purple color produced, the whole indicating that there was in the liquor a natural element to produced the result. This experiment I have tried repeatedly; and, to make the matter still more conclusive, I placed one ounce of the filtered liquor in a flask, added to it 120 grains of thoroughly washed and wiped, solid part of an oyster, and five drops hydrochloric acid, and submitted to 100° Fah. for seven hours. On filtering, I had only 17 grains of solid matter left, thus showing that 103 grains of the solid oyster had been digested in one ounce of the liquor.

These facts are, I think, extremely interesting, and though my medical brethren have with me, ordered patients, on recovering from exhausting disease, oysters as a part of the diet, and may have done it empirically, it has, after all, been done under strictly chemico-physiological principles, without our knowing it.

Very truly yours,

E. H. HOSKINS.

Lowell, May, 1873. Boston Med. and Surgical Journal.

HYDROCYANIC ACID AS A REMEDIAL AGENT IN DELIRIUM TREMENS.

Dr. HENRY B. DOW expresses his belief (*Brit. Med. Journ.*, May 31, 1873) that hydrocyanic acid fulfils all the indications in delirium tremens better than opium, digitalis, or belladonna. "It allays the irritation of the stomach, and checks the nausea and vomiting; it quiets the nervous excitement, and, by so doing, tends to produce sleep; and it also controls the action of the heart. It has the advantages of producing its effects quickly, and of not being cumulative, and is taken readily by most people. I have used it with the most satisfactory results, and will now mention my usual method of administration. I give it in combination with bicarbonate of potash, chloric ether, and camphor mixture, in doses of one, two, or three minims of the Pharmacopœia solution every two, three, or four hours, according to the severity of the case; and also find that benefit may sometimes be derived from the addition either of three or four grains of carbonate of ammonia, or a few minims of the compound spirit of ammonia. The patient is to be nourished by the administration of beef tea, milk, etc., and wine or other alcoholic stimulants to be given, according to the discretion of the medical adviser; the less, however, the better. As soon as the worst symptoms have

been relieved by the above treatment, the appetite is soon restored by the use of dilute nitric acid and decoction of cinchona."

NEW YORK PHYSICIANS.—The *New York Medical Register* for 1873-74, contains the names of 1,974 regular physicians who are practising in that city and vicinity.

The *Philadelphia Medical Times* of November 29th, says: a most extraordinary instance of professional pride has just been given in Boston. Recently we chronicled the self-immolation of Obermeier, a young Berlin physician, upon the altar of science; but this time it is simply personal and professional pride that has brought about the tragic result, unless—as seems to us probable—there were some deeper, hidden springs of action. The story is that in the Boston City Hospital a young female nurse, named Pfyffer, on Tuesday, November 18, took opium with suicidal intent. Dr. Arthur L. Foster, the house physician, was called to her in the night, and mistook her symptoms for hysteria, prescribed, and returned to his bed. The next morning, on finding that his patient was dead of opium-poisoning, he went to the bath-room, and, locking the door, opened a femoral artery.

TINCTURE OF DIGITALIS AND CHLORAL HYDRATE IN DELIRIUM TREMENS (*Boston Medical and Surgical Journal*, October 16, 1873).—Dr. E. Chenery records the case of a Scotchman, aged 35, who, when first seen, had neither taken food nor slept for nearly a week, during which time he had been on a continuous debauch. His mind was greatly agitated, his muscular system in a state of unrest, and his pulse feeble and frequent. A strong mustard plaster was applied to the pit of his stomach, fifteen grains of chloral were given, and in twenty minutes twenty drops of the tincture of digitalis. These were retained, and in ten minutes thirty grains of chloral were administered, and were followed by three hours of refreshing sleep. A raw egg and some milk were then given, with another portion of digitalis, and in a short time thirty grains more of chloral. This time he passed off into a sleep of many hours, from which he awoke much relieved. Small doses of digitalis were continued for several days, partly to reduce the pulse, but principally for the sake of the eliminative action on the kidneys.

MAGNESIA AS A SURGICAL DRESSING.—Dr. Ohlmeyer, of Weissenburg, has found the carbonate of magnesia of value,—

1. In atonic ulcers.
2. In cases where the epidermis was eroded and the subjacent tissues were the seat of pain and were prone to subsequent suppuration.
3. In relieving the pain of inflamed wounds.
4. In cases where it was desirable to stimulate the affected surface, prevent the access of air, and limit the formation of pus. He was led in the first instance to try this remedy from its well-known action in those states of the stomach where there

is an excessive formation of acids. These latter, uniting with the base magnesia, are neutralized, and carbonic acid evolved. Accordingly, he believes that in exposed surfaces where the process of healing is prevented by fermentative action, this dressing is indicated. The use of it was attended with satisfactory results. The magnesia unites with the acids which form on the surface; it excludes the oxygen, forms an artificial covering, irritates the granulations, and forms a barrier against external and harmful agents.

In preparing the application he selects a fluid that will not readily oxidize. Oil answers this indication, and the kind he employs is the oil of sweet almonds. Adding to this the carbonate, he makes a tolerably fluid paste of salve. This is then spread upon linen and laid over the wound. It is held in place in the ordinary way.

Dr. Ohlmeyer also adds that he has used the carbonate successfully in facial erysipelas, when it was important to protect other patients from infection. In this latter case he used water as a substitute for oil.—*The Clinic, from Allg. Med. Central-Zeit.*, xlvii., 1873.

ADMINISTRATION OF PODOPHYLLIN (*British Medical Journal*, October 18, 1873).—A. E. Barret recommends the following formula when it is necessary to give podophyllin:

℞. Podophyllin, gr. ivss;
Extracti elaterii, gr. ivss;
Pulv. jalapæ comp., ʒ vj.—M.

Half a drachm of this powder in half a pint of warm water acts most effectually, the cholagogue effects of the podophyllin seeming to be assisted by the hydragogue. Its use is not apt to be followed by constipation.

THE DIARRHŒA OF TEETHING CHILDREN.

Dr. W. H. DAY writes to the *British Medical Association*:—The treatment of diarrhœa in teething children is apt to be looked at from a one-sided point of view; the quickest way to arrest it. We have diarrhœa, 1, from dental irritation; 2, from indigestion caused by over and under feeding; 3, from atmospheric changes. Then, too, the diarrhœa may be of a simple inflammatory, choleraic, or dysenteric character; each variety demanding a different plan of treatment.

Astringents, as a rule, are to be condemned. The diarrhœa will continue in spite of them, unless other precautions are taken. If the motions contain mucus and are slimy, and there is a trace of blood and redness about the anus, chalk mixture and kino will be of no service, nor will bismuth, acids, or oxide of zinc. The diet is primarily at fault in these cases, and undigested food has passed into the bowels. Warmth and complete rest, with a dose of castor oil in such cases, is the most appropriate treatment, though the gums may require puncturing, and a grain each of hydrargyrum eum cretâ and Dover's powder may be necessary. Occasionally a quarter grain of calomel, with a grain of Dover's powder,

will be found of great value. Among hospital patients a large number of cases of diarrhœa are attributable to over suckling, and suckling by mothers in delicate health. The return of the catamenia is no hindrance to their nursing, or even menorrhagia in a mild or severe form. Remove all children suffering from diarrhœa from the breast, and let them have cow's milk diluted with lime water, previously warmed and given in a well rinsed bottle, and you will cure the diarrhœa.

Many children are reared entirely on Swiss milk, and this will now and then agree far better than cow's milk. Sometimes milk, in any form and however pure, will keep up the diarrhœa, and then cold barley water, or cold water thickened with isinglass will be necessary, or thin water arrowroot, to which a few drops of brandy may be added should the child be exhausted. Sometimes a powder containing two or three grains of rhubarb and carbonate of soda will neutralize the acidity which has resulted from the fermentative products of digestion, and set the little patients right with magical quickness. If the evacuations are free from mucus and blood, and there is no pain, a mild mixture of sulphate of magnesia and tincture of rhubarb may be prescribed in some cases with advantage. A drop of ipecacuanha wine in plain water, or mucilage and water, has been recommended, and it will often succeed.

Children are liable to diarrhœa at this season of the year from heat, and the excitement of traveling, and change from healthy country places or the seaside to the contaminated air of London.

TREATMENT OF BILIARY CALCULUS BY CHOLEATE OF SODA.

Schiff admits that these calculi are formed of cholesterol, not because this substance is formed in too great abundance, but because the bile does not contain the principles which maintain it in solution. These are the cholates and choleates of soda and potassa, more than the alkalinity of the bile which dissolves the cholesterol. Schiff therefore advises the administration of eight grains of choleate of soda, to be given twice daily, and increased until "saturation" is indicated by irregularity of the pulse, which becomes slow during repose and accelerated by the least effort. The dose may then be diminished, but not entirely suspended—a considerable time, a week at least, being required for the remedy to produce amelioration of the symptoms.—*Gazette Heb.*

TREATMENT OF CONDYLOMATA.

Dr. Boise destroys these small tumors with pure liquid carbolic acid, or in a very concentrated solution; he applies the caustic to the neoplasm with a pencil, taking care to spare the surrounding parts. Often, after a single application, the tumor becomes hard and blanched (mummified), and falls off without leaving any ulceration. It produces no inflammation if the surrounding parts are preserved, and the cure thus obtained is radical.—*Paris Médicale*, February, 1873.

TREATMENT OF NÆVI.

In a recent discussion before the Clinical Society of London, the President, Mr. Prescott Hewett observed that it was often a matter of difficulty to know when and when not to remove nævus. A large number might be safely left alone until they began to grow. They not infrequently die out. He referred to the case of his own son, who was, as a child, the subject of a nævus of the size of a walnut on the forehead. It did not increase up to the age of four years, when he had an attack of hooping-cough, during which the nævus disappeared.

Mr. John Croft referred to a case in which a nævus gradually disappeared. Whenever a white spot indicating atrophy was observed upon the nævus he advised it to be left alone. In others, enucleation was, he thought, often the quickest mode of treatment.

Mr. Barwell was of opinion that cutaneous nævi before puberty generally disappeared, and often, also, subcutaneous ones. Deeper ones, as a rule, however, did not spontaneously cease to exist.—*Med. Times and Gazette*, June 14, 1873.

SUBCUTANEOUS INJECTIONS.

Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, in deed, almost a normal substance for cellulo-adipose tissues.—*Lancet*, Aug. 2, 1873.

ADMINISTRATION OF PERCHLORIDE OF IRON.

Dr. H. L. Snow states (*Brit. Med. Journ.*, June 28, 1873) that the astringent metallic taste long remaining in the mouth after the administration of tincture of the chloride of iron, the flavour of which is not very imperfectly disguised by the syrup or spiritus chloroformi with which it is usually ordered, may be altogether obviated by the substitution of a small quantity of glycerine (about half-an-ounce to an eight-ounce mixture).

MISCELLANEOUS.

BURNS.

℞. Yellow wax, melted and strained $\frac{3}{4}$ j.
 Linseed oil, raw, $\frac{1}{2}$ ij.
 Tannin, $\frac{1}{2}$ j.
 Subnitrate of bismuth, \mathcal{D} j.

Heat the wax in a clean tin vessel, add the oil and stir till they are thoroughly incorporated, then remove from the fire and stir till cold, adding first the tannin and lastly the bismuth. Apply on bits of patent lint to the surface of the burn, previously carefully cleansed.

TREATMENT OF ASTHMA.

DR. AD. D'ÉVOT (*Rev. de Thérap.*) gives some directions as to the remedies to be used in asthma. Twelve grammes of flowers of sulphur, with one gramme of tartarized antimony, are mixed with honey and powdered gum, and divided into sixty pills. Three of these represent the dose of Debreyne's powders, and one pill is given morning and evening.

Morning and evening a sheet of nitre paper may be burned in the bedroom or alcove of the patient. The paper may be prepared of white filter paper, dipped in a solution of nitre in the proportion of a drachm to an ounce.

TREATMENT OF PSORIASIS BY ACETIC ACID.

DR. BUCK (*Berlin Wochen. Prakt. Arz.*, 1873) has found the external application of acetic acid best of all in psoriasis. He first of all softens the skin eruption by soap and water baths and rubs off the epidermic scales with a soft brush. He then paints the spots affected with dilute acetic acid, so long as the patient will bear it. This is done frequently. No sear is left, and the treatment requires four to six or eight weeks. The same application is useful in warts.

IMPROVEMENT IN THE ADMINISTRATION OF PERCHLORIDE OF IRON.

Dr. Herbert L. Snow (*Br. Med. Jour.*, June 28) says that the metallic, astringent taste long remaining in the mouth after the administration of tincture of perchloride of iron may be completely avoided by the addition of a small quantity of glycerine, about half an ounce to an eight-ounce mixture being ordinarily sufficient.

In the same journal of July 5, Dr. Alex. Boggs, of Paris, recommends glycerine not only for this purpose, but also as an addition to remedies which have a tendency to constipate the bowels, its action being mildly aperient, and also on account of its solvent powers, which exceed those of syrups.

FRECKLES.

The following lotion is recommended for the removal of freckles:—

- ℞ Hyd. perchlor.....gr. v.
 - Acid hydrochlor.....tt. xxx.
 - Sacch. alb.....i.
 - Spt. vini rect.....ij.
 - Aquæ rosæ.....vj.
- M.

LOTION OF ACETIC ACID FOR BALDNESS.

The following lotion is said to be superior for a shampooing liquid, for removing dandruff, and

useful and pleasant application for baldness. It is, of course, moderately stimulating, and in those cases in which the hair-follicles are not destroyed, but have become merely inactive, we should think it might prove both efficacious and agreeable:—

- Take of acetic acid..... 1 drachm.
 - Cologne water..... 1 ounce.
 - Water, to make in all.... 6 ounces.
- M.

—Exchange.

SINAPISMS.

In making a mustard plaster, use no water whatever, but mix the mustard with the white of an egg, and the result will be a plaster which will "draw" perfectly, but will not produce a blister even upon the skin of an infant, no matter how long it is allowed to remain upon the part.—*The Medical Brief.*

GLYCEROLE FOR CHAPPING OF THE SKIN.

- ℞ Oxide of zinc.....gr. xx.
 - Tannic acid.....gr. xv.
 - Glycerine..... 3 ix.
 - Tincture of benzoin, 3 ss.
 - Camphor.....gr. xv.
- M.

REMOVAL OF GLASS STOPPERS.

It may not have occurred to every one—at all events it is not noticed in any of our treatises on practical pharmacy—that the easiest way to take out a stopper which has become fixed in the neck of a bottle is to reverse the motion given to it when putting it in, that is, to knock the stopper from right to left. In most instances when a stopper is fixed, without the intervention of an adhesive substance, it is by turning it as one would drive a screw. The direction is almost invariably from left to right, and thus a thread is formed, which it is easier to follow backwards than to break. The trouble with which the removal of stoppers is usually attended must form my apology for introducing a suggestion of so little apparent importance.

HOW TO SWALLOW A PILL.

The *Chicago Medical Times* is responsible for the following:—"Put the pills under the tongue and behind the teeth, and let the patient immediately take a large swallow of water, and he will neither feel the pill nor taste it. In fact, they cannot tell where it has gone, and I have seen them look about the floor to see if they had not dropped it."

INCONTINENCE OF URINE.

Dr. Holmes Coote, of St. Bartholomew's, recommends for incontinence of urine in children, one mi-

nim of creosote three times daily, combined with asafoetida and rhubarb pill, of each two grains.

TO DISGUISE CASTOR OIL.

Rub up two drops oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it and ask for more.—*Druggists' Circular.*

FOR CHAFING OF INFANTS.

Take of powdered starch two parts, white oxide of zinc one part. Make a fine, well-mixed powder. Dust the abraded places with the powder, after proper cleansing.

FORMULA FOR CORYZA.

℞ Pulv. cubeb., ʒij;
Pulv. cupri sulph., gr. ij.—M.

In one box. Snuff up a small pinch about every two hours till relieved.—*Thomas Barrows, M.D., in Medical and Surgical Reporter.*

REMEMBER that a raw egg will clear your throat of fish-bones. Put one in a little hot wine, add some sugar, and the fish-bones will slip down all the easier. P.S.—You can take the egg, wine, and sugar, anyhow. They're good as a preventive; and you don't know what moment you may get a fish-bone in your throat.—*Druggist's Circular.*

HECTIC FEVER OF PHTHISIS.

The following prescription, known as Heim's pill, and recommended by Niemeyer, has been used with excellent results at Charity Hospital, New York:—

Pulv. digitalis, ʒss.;
Pulv. ipecac.,
Pulv. opii, aa grs. v.
Ext. helenii, q. s. u. f. pil. no. xx.

Consp. pul. rad. ind. flor. S. One pill three times daily.

THE USE OF CHLORAL AS A TOPICAL APPLICATION FOR BED SORES.

M. Martineau has found that the sloughing of the integuments over bony parts can be treated, if not prevented, by the use of a solution of chloral, 1 in 100 parts of distilled water. He lays this on with a feather and lint, and in a few days the wound heals.—*The Dublin Medical Press and Circular.*

LIQUOR PICIS ALKALINUS.

Dr. L. D. Buckley, of New York, gives the following formula for this preparation, which was originally devised by his father; ℞ liquid pitch ʒij;

caustic potash ʒj; water fʒv. Mix and dissolve for external use. This mixes with water in all proportions, and only moderately discolours the skin. It dries rapidly and leaves very little stickiness. He has used it in all degrees of strength, and regards it as the best preparation of tar.—*Archives of Sci. and Pract. Med., Feb., 1873.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 56, Post office, Montreal.

MONTREAL, DECEMBER, 1873.

A SMALL POX HOSPITAL.

The absolute necessity which exists for an hospital in Montreal specially devoted to the reception of small pox patients has been gradually dawning upon the public for at least the past ten years. When the present detached building at the Montreal General Hospital was proposed to be erected for the reception of small pox and other contagious diseases, there were many who raised their voices against it; and not a few to-day point to a realization of the views they then advanced. It is only within the last few years, however, that the City Council have had the idea brought before them, that upon them devolved the duty of providing the necessary accommodation for small pox patients. One year and a half ago the Health Committee seemed to realize that this idea was correct, and the initiatory steps were taken to place it in the old Military Hospital building fronting the St. Lawrence on Water Street. The uprising of not only those in the immediate vicinity, but of the entire population within a radius of at least half a mile, as well as the decline of the disease, the result of the house to house vaccination which was then set on foot, shelved the matter, till this fall the reappearance of the disease brought the matter again before the Council. After discussion it has been recommended that the sum of \$50,000 should be set apart to provide the necessary accommodation for small pox patients, but how to utilize the amount is the matter which is now giving rise to a very considerable discussion. For some reason, which we probably can imagine, but for which we can have no sympathy, the Health Committee

seem desirous of getting rid of the question altogether, and consider they have fully performed their duty when they have recommended the sum of \$50,000 for this specific purpose. For somewhere near half this amount the *Communite* of the Hotel Dieu have offered to erect upon their property an isolated building for the reception of small pox patients, and to maintain them at their own cost. It has, therefore, been proposed that this \$50,000 should be nearly equally divided between the Hotel Dieu and the Montreal General Hospital. From what we have just said, it appears that the authorities of the Hotel Dieu are willing to accept their proportion, but so far as we are aware no authentic expression of opinion has been made by those competent to act on behalf of the Montreal General Hospital. As regards the former institution we are unable to speak, but presume from their great wealth, they would not have any difficulty in carrying on the Small Pox Hospital. As regards the Montreal General Hospital, we do feel that the additional expenses which they would have to incur in the management of a separate hospital for small pox patients is a burden which its Committee, or Board of Governors, have no right to throw upon the shoulders of those who in the past and in the present have been the mainstay of that Institution. We therefore believe that they would not be justified in accepting any proportion of money which may be offered them for such a purpose. Indeed, we do hope that, upon calm reflection, the good sense of the authorities of both Institutions will induce them to refuse this proposed division, and unite in recommending the erection and maintenance by the city of—not a large small pox hospital—but a series of pavillions, upon the outskirts of the City. In this way the unfortunates who might be stricken down with the disease would be placed under circumstances, where, with medical treatment and the latest and best sanitary arrangements, their prospect of recovery would be at a maximum. This matter has, as we have already stated, created considerable discussion, not only in the council, but in the daily press by means of editorials and correspondence. So far as we have been able to trace the matter, only two objections which are at all likely to have weight have been advanced against it. One is, that only indifferent catholics would enter an institution where they could not at all times be surrounded by the outward emblems of their religion. Now, although this objection is urged by one who signs himself "a member of the Sanitary Committee," and therefore presumed to be blessed

with a little more than average intelligence, we pronounce it a base slander upon the 28,000 Roman Catholics who have since the opening of the Montreal General Hospital, been admitted within its walls. In that Institution the Roman Catholic clergy, with their worthy sisters of charity, have as free ingress as they would to any Roman Catholic house in the city of Montreal or elsewhere, and in the name of common sense, what more is it possible to grant; yea, what more is it possible to ask for? To attempt to argue the point is hardly worth the time it takes. Incidents of every-day life disprove it, for in fatal cases in hundreds of families, who are good and devoted Roman Catholics, we have known the attendance of clergy and sisters to have been just what we have seen, time and again, bestowed upon the poor, and, in many cases, friendless patients of the Montreal General Hospital. This argument then is worthless. The only objection of any weight, in our opinion, which has been urged, is the fact that to place the hospital under a committee of the City Council would be to open up an avenue for jobbery and the exercise of undue influence, and a number of other petty grievances which it is needless to detail. We are free to admit that there is a certain amount of possibility, and even probability, that such might occur; but that would not prevent the hospital performing its allotted work, although it might cost the city a little more for maintenance. The city conducts through its council committees many important works,—its Road, Police and Water departments are conducted by committees, and if we are willing to entrust them with duties so important, and involving the spending of an immense amount of money, surely it is "swallowing a camel and straining at a knat" to say, that the conduction of an hospital, involving possibly at the outside, an outlay of \$20,000, cannot be entrusted to any committee of the Council. But if such should be the opinion entertained, what is to hinder the institution being placed in the hands of commissioners. It is an old adage, "that where there's a will there's a way." We sincerely hope that the Council will have the will, and will find the way to establish a series of small pox pavillions, that they will be managed by the city, and that into them will be admitted all creeds and nationalities. Medicine is universal—she knows no boundaries, no creeds, no nationalities. Why then this discussion. In the name of the great majority of the profession in Montreal we protest against it.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This Society, after nearly a year's consideration upon the subject, has adopted a tariff which, while it places a fair increase upon the fees for attendance upon the better classes, yet deals gently with those who are in a humbler position. We think that no one at all conversant with the fact, that the rates which have heretofore been charged were adopted fully thirty years ago, but will admit that the rise which has taken place in the price of the great majority of the necessaries of life justified an alteration in the tariff. We have heard many expressions of satisfaction that this result has, after much labor, been arrived at.

A move, equally important as the above, was made at the meeting of the Society, which was held on the 28th November, when by unanimous resolution, the Secretary was instructed to provide a book, (locked) into which members could enter the names of those who systematically and persistently defraud the profession. Writing as we are for the professional reader, it is stale news to say that there are a great many persons who never pay their doctor, and who yet manage to get the very best of attendance. They seldom continue more than two years with any one physician, and then pass on to the next, who, not knowing the true character of his new patient, receives him with open arms. Without going to the physician lately dismissed, the newly installed one is unable to get any information concerning his new client, and the reason assigned by the patient for the change is swallowed with an avidity, which, on the part of some, shows a digestion for that kind of thing which is really surprising. This new book will alter all this. It will regularly be open at the meetings of the Society for the inspection of members; and if in future they accept as patients, without some guarantee of payment, those whose persistency in defrauding others has caused their names to appear on this black list, they do it with their eyes open, and the profession will know how to treat them. This is a matter which those who may be conservative in their ideas, may look upon, perhaps, as making the profession mercantile in its character. To such we would reply, that we are exceedingly apt to forget that our profession has any side which may be termed mercantile, as we believe it has. No one ever goes to practice medicine as a pure philanthropist; and while we are sure the profession will ever show its generous side, and willingly extend relief to the poor, we think that in justice to those depending

upon us, those who are able to pay and don't should be so branded. This move marks a new era in the profession at Montreal, adopting, as it does, a principle in professional transactions, which much as we commend it, we readily confess would have made those whose footsteps we now tread in, open their eyes with astonishment.

MATERNITY HOSPITAL, MONTREAL.

This hospital is now in full working order, having been incorporated as the Lying-in-Department of the Female Hospital of Montreal, a charter for which was obtained a few years ago by Drs. Hingston and Leprohon, of Montreal, and Dr. Chapman, of New York. A number of accouchements have already taken place, and several are awaiting confinement. Its sanitary condition has been excellent. Medical men at a distance, who may have cases which require treatment in an institution of this kind can have them accommodated at various rates, according to accommodation.—*See Advertisement.*

TO CORRESPONDENTS.

We receive a great many letters from correspondents throughout the country, on matters where they alone are interested. So far as able we reply to them and post pay our letters. These communications have now become so numerous that their postage bill is getting a considerable item. As heretofore, we will willingly reply, but must insist upon a stamp being enclosed to pay the postage of it.

THE IODO-BROMIDE CALCIUM COMPOUND.

The reputation which the house of Tilden & Co., of New Lebanon, N. Y., have sustained for a great many years as thoroughly reliable manufacturers of a very large number of Pharmaceutical preparations, induces us to look with a favorable eye upon any preparation which they may present to the notice of the profession. A couple of years ago they introduced a most excellent disinfectant, styled Bromo-Chloralum, the value of which we can thoroughly attest from a somewhat extensive use of it, especially within the last year. It is the most prompt deodorizer we have ever used, and it has the wonderfully excellent quality of not substituting a disagreeable smell for one which was disgusting; on the contrary, after it has been freely used

the atmosphere *tastes* sweet and pure. In the atmosphere of small-pox patients, we would consider it extremely useful, destroying that odor which is so characteristic of the disease. The latest preparation which Messrs. Tilden & Co. have presented to the profession is that, the name of which heads this notice, viz., the Iodo-Bromide Calcium Compound. We have had no experience as yet of the beneficial results which are said to follow its employment in cases which seem to be particularly benefited by it—such as chronic cases in well-marked scrofulous constitutions. The reports, however, which have been made by well-known members of the profession in the United States, are so unanimous, as to the excellent results which have followed its use—that it is not to be wondered at that the profession in Montreal have determined to give it a trial. We know a great many who are using it, and we are assured that the results will corroborate the experience of our American brethren who have prescribed it for about three years.

We desire also to say a word as to Tilden's Fluid Extracts; we have used them for eleven years, and have never known them to fail us. We cannot say more in their favor, were we to fill pages.

DISEASE MISTAKEN FROM DRUNKENNESS.

The November number of the *Canada Medical and Surgical Journal* mentions a singular case. The facts are as follows: A sailor having arrived in port, and suffering from unmistakable symptoms of locomotor ataxy, left his ship to make his way to the Montreal General Hospital. On route he was seized by a zealous policeman, and in spite of remonstrances was taken to the Station House, and was charged with being drunk. On the following day, at the Recorder's Court, in consequence of his being considered still drunk, he was condemned to a fine or a month's imprisonment, which, as he was unable to pay the fine, he was compelled to undergo. On his release he proceeded to the Hospital, where, the *Journal* says, the man is now under treatment for the disease. We confess that, were the story not given on so creditable an authority, we would be inclined to doubt it, for it does seem improbable that a sailor of a ship who left his vessel to go to the hospital, and on the contrary made his way to the gaol, should not have been

looked after by his captain or his shipmates for such a length of time—that he was allowed to pass a month in prison on a false accusation. If all the facts are as stated, it is positively disgraceful to the authorities. At all times the greatest care should be exercised to discriminate between intoxication and disease, for in Police annals many lives have been lost in consequence of the one being mistaken for the other. When there is the least doubt a physician should be called in. We trust for the credit of Montreal, some explanation of this matter can be given.

DEATH OF SIR HENRY HOLLAND, BART., M.D., DCL. F.R.S.

The death of this distinguished man took place in London, on October 29th. He belonged to the generation that was in its prime when Scott, Byron, and Wordsworth still flourished, and was the physician or friend, and in some instances both, of Campbell, Moore, Rogers, Lord Grey, Lord Lansdowne, Lord Brougham, Earl Russell, Macaulay, Sydney Smith, and others whose names will go down to posterity. He was with Mr. Canning, Prime Minister of England, during the last two days of his life. It was then that Canning said to him, "I have struggled against this long, but it has conquered me at last." He repeatedly saw Lord Byron in London society, and says of him:—"His presence made the fortune of any dinner or drawing-room party for which it could be obtained, and was always known by a crowd gathered round him, the female portion of which generally predominated. There was a certain haughtiness in his manner of receiving the homage tendered him, which did not, however, prevent him from resenting its withdrawal." The autobiographical sketch from which this quotation is taken was prepared for his children in 1868, and in it he alludes to this remarkable linking of the associations of several generations thus:—"A memento of this passage from one generation to another occurred to me but a few weeks ago, when Lord Stanley happened to be dining alone with me. It astonished him to learn, as in some sort it did myself to relate, that I had frequently attended his great-grandfather (the eleventh Earl of Derby) some forty-five years ago.

Sir Henry was the eldest son of Peter Holland, Esq., and was born at Knutsford, Cheshire, England, October 27th, 1788, and had just entered on his eighty-sixth year when he died. He graduated

at the University of Edinburgh in 1811, and soon afterwards he made a tour of Greece and the Ionian Islands, of which he published an account in 1815, under the title of *Travels in Albania and Thessaly*. On his return to England, he established himself in London, and soon attained a prominent position in the medical profession. He was appointed Physician in Ordinary to the Princess of Wales, afterwards Queen Caroline, in 1814, to Prince Albert in 1840, and to Queen Victoria in 1852. He was made a Baronet in 1853. He was successful from the very outset of his professional career, and it was his good fortune to find himself placed in the midst of the most agreeable society in London. He was one of the famous "set" which made Holland House illustrious. His observation of the world was not gained alone by association with the eminent men of England. He made it a constant practice to spend two months every year in foreign travel, even in the period of his greatest professional activity, and there are few interesting countries, except in the far East, which he had not visited. He made eight or nine voyages to the United States, and on the last, in 1869, was accompanied by his son. In the sketch alluded to above he recalls memories of these journeys. "I have come back each year refreshed in health of body and mind, and ready for the ten months of busy practice which lay before me. On the day, or even the hour, of reaching home from long and distant journeys, I have generally resumed my wonted professional work. * * * Returning from America, I have more than once begun a round of visits from the Gaston Station." The habit of making a yearly journey to some foreign country seems to have been fixed upon Sir Henry Holland. On his last visit to this country he was in his eighty-second year, and he went as far as St. Paul, Minn., while he had already traversed 30,000 miles of this continent.

The past summer he as usual took his autumnal trip; this time going to the continent. On his way home he contracted a cold, and eventually pneumonia supervened. He expired shortly after he reached home, full of years, and full of honors.

Among his medical works are *Medical Notes and Reflections*, which has been reprinted in the United States, and *Mental Physiology*.

The following books have been received from Messrs. Lindsay & Blakiston, Philadelphia; and will be reviewed in our next: Dr. Agnew on Lacerations of the Perineum; and Dr. Roberts' Practice of Medicine.

BISHOP'S COLLEGE MEDICAL SCHOOL.

The students of this school held their annual dinner at the Carleton Restaurant on the 26th November, Mr. D. A. Hart being in the chair. Several of the graduates and friends of the students were present. We hear that the graduates intend organizing a Graduates Society, and having annually a graduates' dinner.

LONDON, ONT., MEDICAL SOCIETY.

A subscriber has forwarded to us a very neatly printed copy of the Bye Laws and Code of Ethics of the above Society. It also contains a tariff of charges for professional services, adopted by them, and which by the bye laws is most obligatory upon its members. In this way it is hoped that the profession of that city will avoid the habit of under-bidding for patients, which we regret to say is too common. We heartily endorse their action, and hope that the good example set by London may spread.

We have to apologize for the late appearance of this number. It has caused us very great annoyance, but we were quite unable to prevent it. The fault was not with us, but with the Printing establishment, which had work crowded upon it in a manner quite unparalleled. We are promised that this delay will not occur again.

Just as we are going to press, we learn, with feelings of the deepest regret, that Dr. Smallwood died on Monday morning, the 22nd of December.

PERSONAL.

The many friends of Dr. Fenwick, of Montreal, will learn with regret that he has been confined to the house for several weeks with an attack of acute nephritis, resulting from exposure in discharge of his professional duties. At the time of our writing he is progressing favorably, having several times been out of bed. We hope soon to be able to announce his entire convalescence, although from the nature of the disease, it must be some time before he can safely resume the active duties of the profession.

The profession, and hundreds outside of the profession, will hear with sorrow that Dr. Charles Smallwood, of Montreal, has been obliged to discontinue his active professional duties, and is at present confined to bed with ascites. As the disease does

not show any signs of increasing, we hope that shortly we shall be able to inform his many friends of his entire recovery.

Dr. Irvine D. Bogart, (McGill College, 1860,) is in practice at Campbellford, Ont.

Dr. Napoleon Leclaire (McGill, 1860,) has removed to Montreal from Lancaster and commenced practice. He was recently elected a member of the Médico-Chirurgical Society of Montreal.

We understand that Dr. Henry Harkin (McGill College, 1867,) who ever since his graduation has been employed on the Montreal Ocean S.S. Company's (Allan line) Mail Service as surgeon, has just resigned his position. During his term of service we happen to know he was universally respected as an able and painstaking physician. We hear he intends to commence civil practice.

Dr. Henry Usher (McGill, 1861,) is in practice at Walkerton, Ont. We were glad to hear from him the other day, and wish him increased prosperity.

Dr. Sparham, of Brockville, was in Montreal a few days ago on a brief visit.

Dr. Simpson of Montreal, (McGill College, 1854,) has been appointed to attend the Small Pox department of the Montreal General Hospital.

Dr. Wickwire, (M.D. Edin.,) of Halifax, has been appointed Vice Consul of the Netherlands, for that part.

Dr. John W. Bligh (M.D. McGill, 1865,) has just returned to Europe, after a brief visit to his relation, Dr. Marsden, of Quebec.

Dr. J. H. Fulton, (M.D. McGill, 1863,) after practising in the Western States for several years, has become a homœopathist, and is located now in Montreal.

Reviews.

Contributions to Practical Surgery. By GEORGE W. NORRIS, M.D., late Surgeon to the Pennsylvania Hospital, Philadelphia. Lindsay & Blakiston, Philadelphia, 1873. Montreal: Dawson Bros.

This book is a collection of essays, principally upon the various fractures and the unfortunate results which supervene. Several of them have appeared in the *American Journal of the Medical Sciences*, and were very favorably noticed. This induced the author to have them collected and presented to the profession in a more endurable

form. We think that the chapter upon non-union after fractures is the most valuable, and perhaps, also, the most practical. It embraces fully one-third of the volume; and it seems to us if he has not fully exhausted the subject, he has at all events collected a great deal of practical information. Fortunately this result is one that seldom occurs; yet it may at any moment happen to a surgeon, and it behoves all to know how to act under such circumstances, in the way calculated to be most beneficial to the patient. In the Pennsylvania Hospital, of which Dr. Norris was one of the surgeons, in the interval from 1830 to 1850, two thousand one hundred and ninety-five cases of recent fracture were admitted, and in not a single instance was there non-union. During the same period eighteen cases of ununited fracture were admitted as such. This experience is very satisfactory, and, so far as our knowledge goes, corroborates the experience of Montreal Hospital practice. The only cases of ununited fracture that we have seen, having been admitted as such. After noticing some twenty-two different plans of treatment which have been suggested, and reviewing each, he compresses them into the following five, as being what are most generally resorted to: 1, Compression and rest; 2, Fractures; 3, Seton; 4, The application of caustic to the seat of fracture; 5, Resection of the end of the bones. He furnishes a great deal of statistical information on the subject, and gives the following conclusions:

"1st. That non-union after fracture is most common in the thigh and arm.

"That the mortality after operations for its cure follows the same laws as after amputations and other great operations upon the extremities, viz., that the danger increases with the size of the limb operated on, and the nearness of the operation to the trunk; the mortality after them being greater in the thigh and humerus than in the leg and forearm.

"That the failures after operations for their relief are most frequent in the humerus.

"That after operations for the cure of ununited fractures, failures are not more frequent in middle-aged and elderly than in younger subjects.

"5th. That the seton and its modifications is safer, speedier, and more successful than resection or caustic.

"6th. That incising the soft parts previous

to passing the seton augments the danger of the method, though fewer failures occur after it.

"7th. That the cure by seton is not more certain by allowing it to remain for a very long period, while it exposes to accidents.

"That it is least successful on the femur and humerus."

The other papers are all interesting and display a really great amount of labor, especially as regards statistics. The work is one which, while it will be found of interest to all, is of especial value, and should be found in the hands of every hospital surgeon.

Lectures on Diseases and Injuries of the Ear. Delivered at St. George's Hospital, London, by W. B. DALBY, F. R. C. S., M. B., Aural Surgeon to the Hospital,—twenty-one illustrations. Philadelphia: Lindsay & Blakiston, 1873. Montreal: Dawson Brothers.

Diseases of the ear are the torment of a general practitioner's life. This is due partly to the fact that they are met with to a great extent in children, whose tympanum it is difficult to get a glance at,—owing to the construction of the ear in such young subjects, and the restlessness of their nature; also the fact that many of the treatises upon this special department of surgery are so voluminous, as to be perfectly useless to one whose time is fully occupied by general practice.

This difficulty is fully met in the little volume of two hundred small pages, where, in an easy, off-hand sort of way, the principal diseases of the ear are described and the appropriate treatment mentioned. We have examined it pretty thoroughly, and we can recommend it to our friends as a *multum in parvo*.

Diseases of the Mastoid Process. By A. H. BUCK, M.D., New York.

Dr. Buck believes cases of this disease occur with tolerable frequency in ordinary practice, and that the mortality has been large from the condition being unappreciated. He asserts that in the majority of cases it arises *in situ* and not by extension. Dividing the subject into five headings, he details twenty-four cases in illustrating the diagnosis, pathology and treatment of each variety, and gives a table showing the successful results of operative interference. Issued in pamphlet form. It is a useful addition to the literature of Aural Surgery.

Medical Items.

TO RESTORE COLOR TO FABRICS.

When color on a fabric has been accidentally or otherwise destroyed by acid, ammonia is applied to neutralize the same, after which an application of chloroform will, in almost all cases, restore the original color. The application of ammonia is common, but that of chloroform is little known. Chloroform will also remove paint from a garment, or elsewhere, where benzole or bisulphide of carbon fails.—*American Artisan*.

The student who was asked the use of starch in germination, and who replied that, "In the German nation, as elsewhere, starch is used for doing up linen and similar laundry purposes," intends to take an extra course of botany during summer vacation.—*Boston Journal of Chemistry*.

OXIDE OF ZINC FOR NIGHT-SWEATS.

The most ancient and venerable remedy for night-sweats is aromatic sulphuric acid, in infusion of cinchona, or serpentaria, etc. According to the *Pacific Medical and Surgical Journal*, the best remedy is the following:—R Oxidi zinci, gr. xxx.; Ext. hyoscyami, gr. xv.; M. f. pil. x; Sig.: Take one at bedtime.

The nativity of Adam is not a matter of doubt with the Darwinians, who believe him to have been a germ-man.—*Boston Journal of Chemistry*.

Lice may be effectually destroyed by washing with an infusion of larkspur (*Delphinium*). A remedy which, while prompt in its action, is entirely devoid of danger,—as much cannot be said for some of the other parasitocides.

Sir James Paget says the best wash for hardening the skin to prevent bed-sores, is one part of sweet spirits of nitre to three parts of water.

BIRTHS.

At Fleetwood Farm, Lachine, P.Q., on Sunday, 24th November, the wife of Dr. William Mackay, of a son.

At Orona, Ont., on the 23rd November, the wife of Herbert Renwick, of a daughter.

MARRIAGES.

In Montreal, on the 11th November, at the residence of Dr. Wm. Fuller, by the Rev. J. T. Pitcher, Murray Pettit, Esq., to Ella, second daughter of Dr. R. Fuller, Grand Rapids, Michigan.

DIED.

In Montreal, on November 23rd, Marie Louise, aged 13 years, child of Edmond Robillard, M.D.

On the 10th November, at her late residence, East Hawkesbury, Elizabeth Everett, widow of the late C. M. Everett, M.D., aged 62 years.

On the 14th November, at St. Johns, P.Q., of typhoid fever Charles Hugh, son of R. H. Wight, M.D., aged 25 years.

MONTREAL:

Printed by JOHN LOVELL, 23 & 25 No. St. Nicholas Street.