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Original Communications.

Valedictory on behalf of the Graduating Class of 1877, by CASEY A. WOOD, C.M., M.D., of Ottawa, Ont., delivered at the Sixth Annual Convocation of the Medical Department (Montreal) of the University of Bishop's College, April 5th, 1877.

MR. CHANCELLOR, MR. DEAN, MEMBERS OF THE UNIVERSITY, LADIES AND GENTLEMEN,—It is with feelings of mingled pleasure and regret that I come forward to deliver the graduates' valedictory address at the close of this, the sixth session of the Medical Department of the University—of pleasure, because my fellow graduates have done me the great honor of selecting me as their valedictorian, and I feel proud to represent the class of '77—of regret, because I know that this Convocation closes my pleasant college life, and we who as students have for the past three or four years been constant companions, who have together gone through the trying ordeal of more than one examination, will in a short time be far apart, with but little prospect of renewing the happy scenes of college days.

Among the most pleasant of the tasks allotted to me is that of thanking our professors for the unvarying kindness we have experienced at their hands. I am sure I am but feebly expressing the heartfelt sentiments of the whole class when I assert that among the professors of no other college could we have witnessed such a continued desire to impart to the students the full benefit of their professional knowledge. Whether or not we can now appreciate to its full extent such gentlemanly and considerate behavior, we feel that we shall carry with us evergreen memories of their untiring zeal and unswerving attention to duty. Knowing as I do their good qualities, I deem those fortunate who, following in our path, become students under them. For all that constant kindness and courteous consideration I am highly honored to be able, whilst bidding them a hearty farewell, to tender them our sincere and grateful thanks.

Fellow-graduates—To you whom I have known and associated with all these pleasant years of our college career I would ask permis-

sion, while disavowing any intention to patronize, to say a few words.

I feel assured that none of you have undertaken the study of so great and noble a profession as that of Medicine without having first recognized the many and varied responsibilities you have taken upon yourselves. I am certain that from the very beginning you must have been cognizant of the fact that the attempt to follow in the footsteps of the Great Physician is a calling though doubtless not incompatible with seasons of pleasure and rejoicing, yet carried on always among scenes of physical pain and suffering, and it must naturally be expected that daily intercourse with want and wretchedness of every kind must have its influence over a life which is truly set "in the midst of so many and great dangers." As session after session went by, and you were nearing the goal you have now so happily attained, let us hope that you were preparing yourselves in every respect for the many duties you from this day forth assume. I do not mean by these preparations your medical attainments only, for the fact that you hold the degrees of C.M., M.D., from this University is a sufficient guarantee of that; but besides the mere acquisition of a certain amount of medical and surgical knowledge are we not justified in asserting that our curriculum is of further benefit to us? Do not the degrees of C.M., M.D., mean something more than competence to practice the different branches of our profession? I answer, Yes. Your title of "doctor" will certainly (and quite properly, too) be regarded by the public as an indication that you possess, or should possess, other acquirements not exclusively medical in their nature. You may question their right to expect anything of the kind—you may indeed give people to understand that your business is only to follow the mechanical occupation of healing the sick, but that will not do away with the fact that you, as medical men, will be required to perform duties the subjects of which do not take the shape of college lectures—do not require an examination—but still affect your after success for good or evil as you pay much or little attention to them.

In these matters you will have to be your own instructors—your text books your own in-born good sense and judgment, and your hospi-

tal that part of the world you live in. May the observations you never cease to make there, the teachers you thus employ, and these books you study, prove of the greatest assistance in overcoming the many difficulties you may expect to meet in your practice.

Allow me to refer briefly to a few of the matters connected with these statements—matters which you will see do not strictly fall within the confines of our medical studies, but which you will acknowledge are not altogether out of place here.

Inasmuch as our calling constantly requires the healthy action of all our functions, mental and physical, and as we know not what moment may arise taxing all our energies and requiring our coolest skill, let us never be found unprepared. May we indeed strive to avoid all habits that enervate the body and weaken the mind—the momentary pleasures of the table and other excesses of any kind, more particularly the vice of intemperance in the use of alcoholic stimuli. Not only have drinking habit a direct tendency to weaken the powers of mind and body, but they engender other vices nearly as lowering. Of the duties that will devolve upon you as future practitioners I might mention that of giving your services to all kinds of people, rich and poor, influential and friendless with the same consideration and kindness. When you encounter pain and distress it will be your duty to give the sufferer all the relief in your power; the probability of the recipient's ability to repay you for the trouble should only be a secondary consideration. It is not your place to enquire whether the suffering portion of humanity that has been thrown in the path of your ministration belongs to the upper class or the lower grade of society, or even whether he is not an outcast from society altogether. Not only then should you be on hand to relieve the sufferings of every one without distinction, but you should do it cheerfully and kindly. Let neither your words nor actions give to the poor and unfortunate one the impression that if you are obliged to labor for nothing you do not intend to do it graciously. A few kind deeds, a few pleasant words, which cost little, may be the means of soothing the last moments of some poor homeless and friendless creature whose whole life has not been "cast in pleasant places."

You must naturally expect to become acquainted with many things that go under the name of "secrets," some of them trivial in their nature, others of importance, all of them capable of causing trouble, and many of them endless misery, if you should be unfaithful enough to make them public property. Remember what you have just sworn, "*Quae denique inter medendum visa vel audita sileri conveniat, non sine gravi causa vulgaturum.*" All-sufficient must the reasons be and urgent the occasion that call for the divulging of any secret a medical man becomes possessed of in the exercise of the duties of his calling. I agree with the author of "Spare Hours" that "there are things a doctor comes to know and is told which none but he and the Judge of all things should know, and he is a base man, and unworthy to be in such a noble profession as that of healing, who can betray what he knows must injure and in many cases ruin."

The study of man as an animal to the exclusion of man as possessed of intellect, reasoning powers and a will, endowments which exercise a mighty influence over the animal economy, is an oversight which cannot be too speedily remedied. I do not wish to begin a dissertation on the influence of mind over matter, but I believe that the progress of Medicine daily calls for a more thorough study of that subject now vaguely known as "human nature," for you must admit that it is in the majority of cases quite needful and right to excite the sympathy and gain the confidence of a patient both to enable you to arrive at an intelligent idea of his ailment and to secure the proper carrying out of your treatment and orders, and these results can only be obtained by the continued exercise of your observing powers in this direction. Let us continue then this most instructive study of man, and if in college we have confined ourselves more particularly to that part of him which is material and tangible, a new sphere of boundless extent now lies open to us in which we can observe the workings of a higher part—the spiritual.

There are those who assert that the study of Medicine has a tendency to make men atheists and materialists, and this idea arises partly from the fact that certain scientists would have us prostitute the proper and interesting studies of physiology and comparative

anatomy by drawing one-sided and far-fetched deductions from discoveries they claim to have made in these branches. For my own part I can see no particular harm in endorsing the views of Wallace, Darwin, Huxley, Lyell and others of the same school, and, without prejudice to certain ideas of mine, I might even be brought to believe in the somewhat irreverent statement of Dr. Francesco that "man, made in the image of God, was also made in the image of the ape;" but on the other hand if these doctrines are calculated to take away from the Creator His attributes of omnipotence and omniscience, to reduce Him to the same level with ourselves and make Him obedient to those laws which He has framed for the guidance of our mortal bodies, then I think such scientific knowledge is put to an unworthy and improper use, for true science is constantly bringing to light facts which instead of striking at the foundation of Christian belief help to strengthen it more and more. Now and then we encounter seeming contradictions, contradictions, too, which some men would render much more difficult to explain than they really are, but I feel certain that, sooner or later, as the world becomes more enlightened upon the subject, these difficulties will be satisfactorily cleared up. It will be found that when a scientific discovery seems opposed to the teachings of Holy Writ, such opposition arises, not from want of harmony between the writings of inspired men and what seems to us to be natural laws, but rather from the comparative ignorance of man concerning those mysterious ways in which an all-wise Creator works out His designs for the government of the Universe.

As medical men we continually make a study of that source from which many of the supposed arguments in favor of materialism are drawn—I refer to the human body, and for this reason I wish to be allowed to say a few words on the subject. In Canada we perhaps do not hear as much of this consoling doctrine as in some parts of France and Germany, where men who, knowing more of medicine, natural history and theology than I ever hope to be able to learn, nevertheless would have us believe that death does not mean the beginning of another life, but oblivion only; that we are born, we live, we die, and that's the end of it.

Not only do they reject the idea of a better world, but they will not even allow us the privilege of again appearing in this life in another form. Oh! Pythagoras, ere we descend to the depths of materialism, give us even a temporary refuge in thy poor belief! Better transmigration than total elimination.

Why, I would rather argue after Lord Byron's style, and say "I'll be a Christian, because if there be a hereafter I shall enter into enjoyment of the happiness promised me, and if there be no hereafter I can only, with the infidel, sink into an eternal sleep."

Time will not permit of my entering into a prolonged discussion of this subject. I would merely say that atheism and materialism are two doctrines that bear within the breasts of all men who are in possession of healthy minds and bodies their own refutation. People of every grade of intelligence look up to some superior being to whom they acknowledge obedience. It was no disordered imagination that suggested such thoughts as these:

"It must be so; Plato, thou reasonest well;
Else whence this pleasing hope, this fond desire,
This longing after immortality?
Or whence this secret dread, and inward horror
Of falling into naught? Why sbrinks the soul
Back on herself and startles at destruction?
'Tis the divinity that stirs within us,
'Tis Heaven itself that points out an hereafter
And intimates eternity to man.

* * * * *
The soul, secure in its existence, smiles
At the drawn dagger and defies its point:
The stars shall fade away, the sun himself
Grow dim with age, and nature sink in years,
But thou shalt flourish in immortal youth,
Unhurt amidst the war of elements,
The wreck of matter, and the crash of worlds."

Joining diligent attention to the splendid opportunities now afforded us in the way of efficient medical works, journals, and medical associations, and assisted by a thorough course of practical work in hospital and elsewhere, we may, if we are sufficiently active, hope for our sure reward. The brightest prospects are open to those who start out with a fixed determination to succeed. The attainment of success is due, not so much to the amount of knowledge one has, but rather to the continued and faithful diligence with which one strives to use that knowledge. Because Medicine and Surgery have gone forward with so great strides in late years let none of us indulge in a

Capuan repose; rather let us make the best use of those talents confided to our care for the benefit of our common country and our common profession. Why should we not, I ask, cast our mite into that treasury from which we have been allowed to draw our supplies of medical instruction? Our life is a short one, indeed, and uncertain, but much may be done, even as much has been done in a very few years by any one who is willing to work. Bichat was only thirty-one when he died, covered with honors. Of him Corvisart said to Napoleon, "Bichat has just died on a field of battle that counts more than one victim. No man in so short a time has done so much and so well." The Hunterian Museum in London was founded by a man who made for himself the great name that he now holds by close attention to hard work. You will not wonder that he should have accomplished as much as he did when you know that for nearly thirty years his working day began at five o'clock in the morning and ended at or near midnight. I need not say that it is hardly possible for all of us to gain a reputation equal to that of these and other equally distinguished men, but there is no reason why, if we are faithful to ourselves, that we should not hold positions of honor and respect in the medical world.

It should not be forgotten that we owe something to the University from which we have to-day received our degrees. Our endeavor should be to do nothing to degrade its fair name in the eyes of the world. We have an Alma Mater of which we have every reason to be proud; our professors have done all they can to make the curriculum we have pursued as effective as possible; let us then strive to be worthy of such teachers and of such laudable efforts.

You will ere long be called upon to enrol yourselves as members of the Medical Alumni Association, which is to be composed of the graduates in medicine of our college. The object it has in view is, I am sure, a most praiseworthy one, and one which will commend itself to you at once. It aims to be a sort of connecting link between your future medical life and the one which has now become a part of the past. Whatever part of the world you may choose as the scene of your labors, it will

surely be pleasing to know that you hold something in common with those you have left behind. Join it, then, and in joining do not cease to take the same interest in the welfare of the college as you have done for the past four years.

Mr. Chancellor,—The members of the Medical Class of '77 pledge themselves to do all in their power to advance the true interests of this University, from which they have the honor to hold diplomas. We wish Bishop's College every success; may her undertakings prosper and her progress onward and upward exceed the expectations of her most sanguine supporters. The Medical Faculty of Bishop's College may not be as old as some others in our Dominion, but, at the same time, age has not burdened it with any of the formal encumbrances that not unfrequently cramp the usefulness of more venerable institutions.

On behalf of the class I wish to thank the ladies for their presence here to-day. We feel highly honored to know that they take such a lively interest, not only in this, but in every other department of the University.

I consider it somewhat of a misfortune that the students in Lennoxville and those in Montreal see so little of one another—[allow me to hope that it may not always be so]—but I assure the former that in spirit the most kindly feelings are entertained towards them by the students of the Medical Department.

Finally, while I would bid a last farewell, on behalf of myself and the rest of the Class, to all those with whom we have been in any way connected during our college career, I would ask permission to address my concluding remarks more particularly to my fellow-graduates, and since no words of mine could so appropriately express my feelings as do the following extracts, one from the lectures of a well-known professor, the other from the writings of a celebrated poet, I make no apology for reading them:

"The profession which you and I have chosen, or which circumstances have prescribed to us, is a noble profession and worthy the devotion of a lifetime. Trials, no doubt, belong to it and difficulties, but it has also privileges and immunities peculiar to itself. Affording ample scope and exercise for the intellect, it is conversant with objects that tend to elevate the

thoughts, to chasten the feelings and touch the heart. The sad varieties of human pain and weakness with which our daily vocation is familiar should rebuke our pride while they quicken our charity. To us are entrusted in more than ordinary measure opportunities of doing good to our afflicted fellow-creatures—of showing love to our neighbors.

“The profession of medicine having for its end the common good of mankind knows nothing of national enmity, of political strife, of sectarian dissensions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice and honesty of its client’s cause; but dispenses its peculiar benefits without stint or scruple to men of every country, and party, and rank, and religion, and to men of no religion at all. And like the quality of mercy, of which it is the favorite handmaid, ‘it blesses him that gives and him that takes;’ reading continually to our own hearts the most impressive lessons—the most solemn warnings.

“Familiar with death in its manifold shapes, we are not permitted to be unmindful that *our* own stay also is brief and uncertain, and *our* opportunity precarious.

“Surely then you will not dare, without adequate and earnest preparation, to embark in a calling like this: so capable of good if rightly used; so full of peril to yourselves and society if administered ignorantly and unfaithfully. And even when you have made it, as you may, the means of continual self-improvement and the channel of health and ease to those around you, let not the influence you will thus obtain beget an unbecoming spirit of presumption; but remember that in your most successful efforts you are but the honored instrument of a superior power—that, after all, ‘It is God who healeth our diseases and redeemeth our life from destruction.’ ”

“The paths of pain are thine; go forth
With patience, trust and hope—
The sufferings of a sin-sick world
Shall give thee ample scope.

Beside the unveiled mysteries
Of life and death, go stand
With guarded lips and reverent eyes
And pure of heart and hand.

The Great Physician liveth yet,
Thy guide and friend to be,
And the Healer by Gennesaret
Shall walk the rounds with thee.

FAREWELL!

Femoral Hernia. By JAMES PERRIGO, M.D., Professor of Medical Jurisprudence, University of Bishop College.

The following case may prove of some interest, in helping to shew the benefit to be derived in an early operation.

I was called in the middle of last January to see a Mrs. L., of Petite Côte, who, to use her husband’s words, was suffering great pain from a lump having suddenly formed in her right groin. It appeared that she had been the subject of hernia for over two years, which was first contracted by lifting heavy articles of furniture while house cleaning. For this she wore a truss, a very inferior one and not at all adapted for the purpose. It caused her so much pain that she was accustomed to leave it off occasionally, and on this particular night did so, as she was going out to spend the evening at a friend’s house. In getting out of the sleigh, her foot became entangled in the robes and she fell with some violence to the ground, when she experienced sudden and intense pain in the groin, followed immediately by vomiting. This happened about nine o’clock in the evening. She was at once taken home and a medical man was sent for, who attempted reduction but to no purpose. Mr. L. came into town for me at 2 a.m., and on my arrival I found her suffering great agony, with a strangulated femoral hernia, about the size of an egg, on the right side. She was in a depressed state, with a very rapid pulse, and suffered a great deal from nausea, although there had been no vomiting, except what took place at the time of the accident. Mrs. L. was always a healthy woman, and a little inclined to be fleshy. Was the mother of six children, and never had any difficulty at any of her confinements. After the full state of affairs were ascertained, she was put under chloroform and reduction attempted, but without success. Knowing that already a previous attempt had been made, and ignorant of the amount of force used in the first trial, I sent into town for Dr. Slack’s assistance. Upon his arrival we proceeded to operate. An incision was made over the middle part of the tumor, through skin and fascia, the fascia propria divided and the sac exposed. It was found that Gimbernat’s ligament caused the stricture, this was divided, and almost immediately, without any trouble, the contents of the sac returned to the abdominal cavity. There was hardly any bleeding, and the sac was not congested. Everything had a very favorable appearance. The edges of the wound were brought together, pad and bandage applied, and the patient made as com-

fortable as possible. $\frac{1}{4}$ gr. morph. sulph. was given. The next morning, found her quite easy, and rested from a sleep of six hours. She could not micturate, and her urine was drawn off. This difficulty persisted for five or six days. She was kept on a low diet all the time, and on the 9th day her bowels moved of themselves. On the tenth day she was allowed to move to the sofa.

In most cases of hernia, I am afraid we are apt to delay the operation too long, and sometimes, perhaps, the taxis is over-attempted, injury accomplished, and time given for gangrene to ensue, before the *dernier-resort* is decided upon.

It is only in cases of children that delay is safe. I had one case, æt. 8 months, ten days ago, where, through the refusal of the parents, the operation was not performed until fifty-eight hours after the descent of the bowel. The sac had quite a dusky appearance, but still the little one recovered very well.

Progress of Medical Science.

ON CONSTIPATION.

Clinical lecture delivered in Bellevue Hospital, by
Wm. H. Thomson, M. D.,

Professor of Therapeutics in the Medical Department of the University of the City of New York.—Phonographically reported for *The N. Y. Medical Record*.

Gentlemen:—I will direct your attention to-day to the treatment of constipation as found among males as commonly, perhaps, as among females. The constipation generally complained of in the male sex I divide into that due to deficient action of the small intestine, and into that due to deficient action on the part of some portion of the large intestine.

Deficient action on the part of the small intestine is due to two causes:

1. Deficient secretion;
2. Want of innervation, or want of muscular action.

Constipation dependent upon deficient secretion is quite distinct from that caused by want of muscular action, and yet you will have many cases in which both causes are operating.

Deficient secretion in the small intestine may be caused by some disturbance of the liver. Constipation, therefore, may date from the time when the patient suffered from some severe form of fever in which the liver was prominently involved, such as the bilious remittent; or, it may follow an attack of tropical diarrhoea, which is almost invariably accompanied by marked hepatic disturbance.

In such cases the patient does not have an extraordinary fecal accumulation and impaction, but there is, instead, a sluggish action of the bowels, and they are usually obliged to take medicine to bring about a movement once in four or five days; and when it does occur, the evacuation is moderate in amount, and quite dry.

This kind of constipation is quite common in the Southern States, as a sequence of the diarrhoea which prevails in that latitude; and it is also frequently seen in the Northern States as the result of malarial poisoning.

The symptoms are extremely negative, except the constipation. The one which, perhaps, gives the patient most discomfort, is a tendency to a dull, indefinite headache. In a majority of cases this is located in the posterior part of the head, is rather an uncomfortable sensation than a real pain, and is best relieved by something which promotes a free discharge of bile. The tongue usually is small, not large and flabby, generally a little reddened along the edges and tip, and the secretions of the mouth are commonly viscid. The condition of the mouth is an indication of the condition present along the entire alimentary canal. We have, therefore, evidence of the presence of only a moderate amount of secretion in the intestinal tube, and our treatment should be regulated accordingly.

If, for the relief of this condition, you administer mild cathartics, the condition of the case will be aggravated, because the temporary stimulus afforded by them, however mild, is immediately overcome by the tendency to deficient secretion. Active purgation produces a much more injurious effect than mild laxatives. If you resort to the use of medicines which have been recommended to stimulate nerve action, you will not obtain much benefit. What you wish to have present in the intestine is a small increase, of lubricating substances, as it were, and, to that end, I have found altogether the best results have been obtained by causing the patient to take a great deal more water than is his usual custom. Let him take, on rising in the morning, two tumblerfuls of Croton or other drinking-water. As a rule, those who drink considerable water are not troubled with constipation. You can insure the laxative action of the water by the addition of some mild saline, like the carbonate of soda, or even common salt, and the reason why such an effect is produced is this: the mixture formed by the union of some saline with water does not readily pass through the mucous membrane, and so into the general system. The theory now generally accepted with regard to the action of salines, is that they are not absorbed, and that they prevent the water with which they are combined from being absorbed; hence the water, by exciting the peristaltic action of the bowel, brings about a movement to discharge it, and with that the other contents of the intestinal tube. There is considerable to lend support to this view. You need not, therefore, give large doses of saline cathartics, as a half-drachm of the sulphate of magnesia, dissolved in a pint of water, commonly operates very nicely.

There is another curious fact which may here be mentioned, namely—the addition of small doses of quinine to salines increases their power of acting upon the intestine. For example:

℞. Magnesia sulphas..... ʒi.
Quin. sulph..... gr. i.
mixed and taken in a tumbler of water every morning

rarely fails to produce all the laxative effect required, in every form of deficient secretion from the bowels; for instance, in the constipation following fever, when you desire to obtain a free alvine evacuation.

It is well for you to tell the patients that they will not, perhaps, see much effect for one or two weeks, but if they can be induced to persist in the daily use of large quantities of water, a great deal of benefit will almost certainly follow. There is a supposition on the part of the laity that certain fruits are laxative, and that is probably true to a limited extent. *Oranges* may be eaten with benefit, but it usually requires ten or twelve to overcome an obstinate constipation, a fact which renders the remedy quite impracticable in this climate. In the warmer climates, however, the worst forms of constipation which appear can be overcome by oranges alone, and the more juicy they are the better, from the fact that the citric acid which they contain has a tendency to produce a catarrh of the intestine if taken in excess. *Figs* are a rather dangerous laxative, for they may obstruct the intestines; there is not much danger, however, in this direction, if taken with a large quantity of water. It will be found necessary to use about double the amount of water with figs that will be required with any other laxative fruit. The fruits of this climate are very uncertain in their action; the action of apples is very good, but very many persons are unable to take them in sufficient quantity to produce any effect upon the bowels, although they may at the same time take a large quantity of water. All along you will find that water is one of the most important agents to be employed for overcoming deficient secretion in the intestine, attending constipation. If *flatulence*, resulting from decomposition of the intestinal secretion, accompanies the constipation, you may have recourse to the following pill:

R. Assafœtidæ.....gr. iv.
Saponis.....gr. ix.
M.

To this may be added *nux vomica* if there is evidence of *deficient innervation* in the intestine.

How are you to judge that the leading element in the case is deficient innervation? I am now speaking with more special reference to the small intestine. As a rule, you may say with safety that deficient innervation is an accompaniment of the constipation that troubles persons with sedentary habits of life.

As a rule, it attends the constipation present in elderly persons; and such constipation also occurs among those whose occupation causes them to maintain positions in which the abdominal muscles are to a very great extent motionless, such as shoemakers, tailors, etc., etc. There is also a tendency to headache, and there is a great deficiency in the excretion of the coloring matters of the bile, as might be expected; for the secretory action of the intestines is as much interfered with as the muscular action. Hence this class of patients are of dull sallow color; there is a tendency to greasy accumulations upon the surface; the entire movements are sluggish; and there is usually a lack of frequency in the pulse.

Now, with regard to the treatment for this class of cases.

In the first place, the habits of the patient have a tendency to keep up the constipation, but the means to be employed for overcoming it are quite different from those resorted to in the other class. As a rule, these patients do not bear much water, and why not? Because it weakens their digestive powers, and they will very soon complain of loss of appetite, heaviness in the head, etc.; and it does not excite much peristaltic action in the bowels. At all events it is not nearly so apt to increase the peristaltic action as in the class of cases in which deficiency of secretion in the intestinal canal is the leading element.

What you wish to do here is to arouse the peristaltic action of the bowels, and at the same time increase the general innervation of the secretory apparatus. To do this, the best means that can be employed, if the patient is allowed to remain at his occupation, is water applied externally. The only way in which they can derive benefit from the internal use of water is to send them away from their business to a mineral spring. Then, having a change of occupation, the water taken internally will give them much benefit. But most of your patients will be unable to make this change, and for those water may be used externally with great advantage. Direct that a sitz bath be taken every night, in water as cold as the patient can bear, and have a good reaction afterwards. In a great many cases this simple measure will work wonders, just as it will do in certain cases of deficient innervation of the large intestine.

Another method of using water externally is, on rising in the morning to sponge the spine and bowels with cold salt water, made about as irritant as possible.

In other cases great benefit will be derived by giving the bowels a local shower-bath; and that can be done by dashing the water against the abdomen while the patient is in the standing position. This brings about an action in the bowels the same as a cold hand upon the abdomen causes contraction of the uterus; that is, it is through the sympathy of the nerves of the surface with the viscera underlying them.

In this class of cases *nux vomica* has proven itself a very efficient remedy, and it may be administered in combination with any drug you may wish to use. It will increase the efficacy of small doses of the resinous cathartics, which are irritant and stimulant; hence small doses of rhubarb with *nux vomica* and soap, may be given in the form of a pill with much more benefit than when administered separately.

The application of the faradic current, one pole of the battery placed over the spine, and the other passed up and down over the abdominal walls, will, in many cases, be found beneficial.

What is known as the health-lift will prove advantageous in certain cases, and the reason is that it brings into action all the abdominal muscles, especially the recti, and that action is brought to bear directly upon the sluggish intestines. When any lesion of the bowels is present, the health-lift cannot be employed.

There is another form of constipation that may be mentioned in this connection, and that is the

CONSTIPATION DEPENDENT UPON DIABETES.

In that instance it is due to total deficiency of secretion into the intestinal tube, and death may result in consequence of the constipation which occurs in connection with that disease.

CONSTIPATION DEPENDENT UPON CERTAIN CONDITIONS PRESENT IN THE LARGE INTESTINE.

We come now to the large intestine, and here we find that constipation depends upon nearly the same conditions as were found present in the small intestines. That is, we have constipation dependent upon deficiency of action, and that it in turn may depend upon deficient secretion or deficient innervation, but it is far more commonly dependent upon the latter. Here the patient may be troubled with large fecal accumulations, and that condition may depend upon deficient nerve power on the part of the colon, or the deficient innervation may be confined to the rectum.

One of the worst forms of constipation may occur, dependent upon no other condition than that which is present in the rectum alone, and unless the physician is upon the alert the result may be the development of a rectal abscess.

When this condition is present, the patients have but little knowledge that they should have a movement from the bowels, and whenever the sensation is developed they have little or no power to expel the fecal accumulation. When such symptoms are present it is a pretty certain indication that they depend upon deficient innervation of the rectum, and, unless that condition is overcome, serious consequences may follow. One of the most common causes of this condition is a chronic inflammation set up about hemorrhoids. Prolonged inflammation of any part, especially, however, about the mucous membrane, produces deficient innervation, and then follows a relaxed condition, and with this deficient innervation we are, therefore, very liable to have prolapsus of the rectum.

These patients are peculiar in one respect, namely: they are very generally low-spirited. It sometimes happens that insanity is developed by such a diseased condition of the rectum, and is relieved when the rectal trouble is removed.

With regard to treatment, the first indication is to keep the rectum empty. When fecal accumulations are present, the most efficient and convenient method of removing them is by means of enemata; but just here I wish to say a few words of caution with reference to resorting to that measure. You should never prescribe enemata as a regular treatment, for if the patient gets into the way of emptying the bowels daily in health by enemata, they can never dispense with their use. If you recommend that the patient should use the syringe every morning for the purpose of evacuating the bowels, and it is continued regularly for six weeks, he has gone considerably far towards making it a necessity during the remainder of his life. Do not abuse the measure if you can possibly avoid

doing so. It will probably be necessary to use this means for removing accumulations which happen to be present, but when they are thoroughly cleared out you should at once resort to other measures for restoring lost innervation to the bowels, and one of the very best of these is the local use of strychnia. It is an exceedingly valuable specific in these cases.

It will frequently succeed in curing the worst forms of prolapsus of the rectum, as well as that condition in which there is simple debility with hypertrophy of the mucous membrane. The manner in which you can carry long-standing cases of prolapsus of the rectum by means of injections of strychnia into the submucous tissue itself is sometimes wonderful. If necessary, you can draw a fold of the mucous membrane down and then insert the injection.

I have relied upon this agent almost exclusively in the treatment of this class of cases, whether the real cause was hypertrophy of the mucous membrane from long-standing hemorrhoids, or there was a simple deficiency of power in the rectum to expel its contents. There is another class of cases in which this agent will prove beneficial, and that is cases of prolonged cystitis from any cause. As is well known, elderly men who suffer from enlarged prostate, suffer more or less from cystitis, and they are always apt to have accumulation of fecal matter in the lower part of the bowels, and it is for the reason to which reference has just been made, namely, deficient innervation. Hence in the treatment of any form of cystitis, especially that accompanying enlarged prostate, if the patient complains that the evacuation from the bowels is small, and that the movement does not seem to completely empty them, clear them out effectually by means of enemata, and then use injections of strychnia, and you will find that in very many cases both conditions will be materially relieved. With the other form of constipation there is a tendency to the formation of scybalous masses. The most common situation of such accumulations is at the upper part of the rectum, and next in the transverse colon. It is only when they are dislodged that they come down into the sigmoid flexure. It is in these cases that you will find the mineral waters most beneficial of anything that can be employed. In the first place, the mineral water will loosen the scybalous masses without depressing the patient in the least, and it will also prevent new accumulations. Of these the Congress or Kissingen may be used, or both may be used at the same time. In this class of cases you will derive considerable benefit from the use of belladonna or stramonium in the form of a suppository. The patient may take his Kissingen water in the morning, and use a suppository of belladonna or stramonium at night. If the belladonna is employed, it should be given in such quantity as will produce a little dryness of the throat and slight dilatation of the pupil the following morning.

Paradization along the track of the colon is equally beneficial as in the treatment of constipation of the small intestine, and the hip-bath may also be of service, but it does not answer so good a purpose as when the small intestine is chiefly involved. If you can avoid the use of enemata except for the purpose of remov-

ing fecal accumulation near the anus, do so, for the effect produced by much over-distention of the intestine is bad.

A single over-distention of the bladder may be followed by a permanent weakness for the remainder of the patient's life, and that distention may not last more than eighteen hours. So a single over-distention of the intestine may greatly weaken the normal rhythm of that tube.

CONSTIPATION AND FECAL ACCUMULATIONS FOLLOWING FEBRILE DISEASES.

The effect of fever is to dry up all the secretions present in the intestine; consequently a very common complication, when a patient is making a recovery from pneumonia or any other disease in which fever has been a leading element, is an accumulation of feces at different parts of the intestinal tube.

In former days, when fevers were treated upon the plan of administering medicines which were to eliminate the poison from the system by way of the bowels, scybalous accumulation did not occur very frequently; but now-a-days, when the treatment is conducted upon an entirely different plan, the fever may be continued and retained as the direct result of fecal accumulation. This is especially true of the latter stages of a fever; but such accumulation can be prevented from forming, and be removed by the use of a proper kind of cathartic.

For this purpose there is no combination more serviceable than the compound jalap powder, and it is the one which by all means should be employed. It promotes the discharge of the serous elements into the intestine, assists in the absorption of the deposits which have taken place in the lung, if the case be one of pneumonia; also acts upon the kidneys as well as the bowels, and is one of the mildest that can be employed which so fully meets the indications in this class of cases.—*New York Medical Record.*

TREATMENT OF CONSTIPATION ASSOCIATED WITH CHLOROSIS.

It was believed to be of nervous origin, and due to paralysis of the intestines; there was also spasmodic constriction of the intestinal tube. The result was complete relaxation and dilatation of the tube at one part, and stricture at another. It was maintained that there was associated with this condition either a deficiency, total suspension, or perversion of the alimentary secretions from the liver down; hence the pale color of the stools and the white viscid mucus that commonly coated the mucous membrane. The constipation being a nervous disease, and due to reflex irritation of the plexuses of nerves and their ganglia which have to do with the innervation of the circulation, the following plan of treatment was recommended:

First, operate upon the peripheral extremities of the nerves involved by means of external application. It was a well known fact that when the feet and hands were plunged into water, contraction of the ovarian plexus of nerves was produced; hence one of

the most natural methods for bringing about increased flow of blood to the uterus was to avail ourselves of the stimulation produced by dry heat applied to the feet and hands. It was believed that many cases of chlorosis could be mainly relieved by the application of dry heat to the feet, and cases were cited in which electricity, applied to the cervix and interior of the uterus, had failed, but heating the feet upon the stove for three hours every day had restored menstruation. Any of the irritant stimulants, when used for the special purpose of increasing arterial circulation, had precisely the same action as dry heat; that is, they stimulated the heart, hence increased the arterial current. In addition to the dry heat, wrapping the feet and arms in cloths wet in a solution of capsicum, and applying the same over the bowels, would be found to be of great assistance in overcoming the constipation.

It was recommended not to resort to cathartics until the measures just mentioned had been employed for some time. Of cathartics, aloes and rhubarb were said to be the most serviceable. The form most convenient for their administration was the compound rhubarb pill, and of those three might be given at night twice a week, or even every night until the bowels had been rendered soluble. Iron should never be relied upon unless used in conjunction with these two remedies. When the bowels had been rendered soluble, iron might be used; but all its preparations were precluded, with a *single exception*. The very best results were obtained by combining sulphate of iron with carbonate of potassa and nux vomica, as in the following prescription:

℞. Potassæ bicarb..... 3 ss. to ℥ij.

Ferri sulph.....Gr. x.

℞. nucis vomgr. x.

M. et div. in pil. No. xx.

S.—One to be taken after each meal.

In addition, it was desirable to have a pill which could be administered subsequently, whenever the bowels became confined. To restore innervation and rhythm to the muscular coat of the intestine were the indication to be met by such a pill. For that purpose there were two agents which could be employed—namely, belladonna and nux vomica. For the purpose of restoring intervention to involuntary muscular fibre, belladonna was regarded as the most serviceable. If the two remedies were combined with small doses of a real laxative or cathartic, it would be found that such small doses would produce free catharsis, whereas double the quantity would be required to produce the same effect if administered alone.

For the constipation under the circumstances alluded to, the following prescription was written:

℞. Ext. belladonnæ... .. gr. v.

Ext. nucis vom..... gr. x.

Ext. colocynth. co. ʒi.

M. et div. in pil. No. xx.

S.—One taken at bedtime.

If the colocynth griped, the griping could be prevented by the addition of ℥ij. of the bicarbonate of

soda, and then dividing the mass into 40 pills, of which two instead of one should be taken.

Electricity was regarded as a valuable agent in the treatment of chlorosis simply because it operated as a stimulant to the circulation, the same as dry heat. It was desirable to apply it to parts associated with the uterine circulation; and that could be conveniently done by placing one pole of the battery upon the soles of the feet, and the other over the sacrum. The proper time for such application was immediately after breakfast, because the electricity also acted upon the intestines, and that being the normal time for an evacuation from the bowels, it might materially assist in overcoming the constipation.

—*The Medical Record*,

RUPTURE OF THE SPLEEN, WITH RECOVERY.

According to the *St. Petersburger Med. Zeitsch.*, physician, thirty-three years of age, after an attack of typhus fever, and seventeen days of convalescence had four short but sharp exacerbations of fever, in which the spleen became larger than at any time during his illness. After a severe fit of vomiting, symptoms of rupture of the spleen, with internal hemorrhage, set in; the pain in the epigastrium was intense and paroxysmal; an increased area of dulness was manifested about the enlarged spleen, and there was collapse. The symptoms of extending dulness and collapse increased, the temperature sank, and there was cyanosis and suppression of urine. Bladders of ice were applied to the abdomen, and a grain of opium was given every three hours, and finally subcutaneous injections of camphor were tried and enemata of port wine. On the following day there were no symptoms of peritonitis, and at length there was absorption of the extravasation and general improvement, terminating in recovery. The seriousness of the accident may be judged from the fact that of twenty-two similar cases, conducted by Kerner, all died.—*Berl. Klin. Woch.*, 4, 1877.

REMEDY FOR HEADACHE.

By John E. Lockridge, M.D.

Common, idiopathic headache—that is headache not a symptom of any other disease, as fever, sore throat, small pox, etc.—comes as near being an *opprobrium medici* as any other common and ordinarily innocuous complaint in the catalogue. I say ordinarily innocent as to grave results; yet this is not always the case, for I have seen an ordinary nervous headache develop into congestion and inflammation of the brain, and require the most prompt and energetic treatment to prevent fatal results.

However, the complaint of which I wish to say a word is one in which there is supposed to be no danger whatever; it is the so-called sick-headache, or neuralgic headache, or nervous headache—all of which are synonymous terms. Yet I will probably never forget the case of an

intelligent and interesting young lady, who complained to me that she was then suffering from all of these forms at one and the same time; and indeed she pointed out to me, with anatomical precision, the exact portion of the cranium where each one was domiciled. She viewed me with utter incredulity, when I had the temerity to inform her that they were all one and the same complaint.

Although it is nothing but “a headache,” yet I have seen poor creatures suffer almost indescribable anguish for hours, yea, even for days at a time; and when relief finally came it was only for a period, for *in a month*, or on the occasion of some trivial excitement, or imprudence of diet, exercise or regimen, or perhaps as often without any known or appreciable cause, she would suffer from a recurrence of the complaint. I dare say that there is not a physician of experience but can recur to numerous occasions when he was appealed to for some remedy to relieve these cases of nervous headache, and who has been at a loss to find some remedy that he could recommend with a reasonable degree of certainty, save such a drug as morphia or something of the kind, the after-effects of which would produce sickness of the stomach or loss of appetite for a time, or temporary confinement of the sufferer to her bed. I have thus far spoken as if the complaint was confined to the female sex; but whilst this is true to the extent of perhaps nine cases out of every ten, yet I have seen men suffer very severely from the same affection.

Many times have I been discouraged as well as worried with these cases. “Pain in my head,” is the cry! Sometimes over the brow, sometimes through the temples or in the back of the head, or the whole head aches. Light and noise aggravate it; the room must be darkened and every one must walk noiselessly, suffering almost as much as the patient. Sometimes the head is hot; generally, I believe, there is no unnatural heat, except perhaps, in the case of gentlemen who have spent a late evening over an extra glass of wine, or who have overtaxed their brains from a press of business. Sometimes there is nausea, attended or not with a slight coating on the tongue; just as often there is no nausea or other appreciable derangement of the digestive apparatus.

Now come the perplexity and discouragement. We enjoin quietude and the exclusion of light and sound; we make cold or warm applications to the head as the case may be, and use the hot foot-bath and mustard-plasters to the nucha or temples; we give antacids, or indulge the patient with acids, as oranges, lemons, etc.; we try aromatic spirits of ammonia, lavender, valerianate of ammonia, compound spirits of ether, separately or combined; in short, we go through the whole list of the so-called nervines, antispas-

modies and corrigents; but, in spite of all, the headache pursues its own course in a vast majority of cases.

But now for my remedy. Having observed that bromide of potassium, in twenty or thirty grain doses, and tincture of aconite root, separately, relieved more cases than any remedies I had previously exhibited, I experimented with large doses of the drugs combined. For several years I have been in the habit of giving in these cases sixty grains of the bromide of potassium and ten drops of the tincture of aconite root in a wineglassful of water; the same to be repeated in an hour or two, if the head be not relieved; but a repetition of the dose is very seldom required. In the case of ladies and others who wish to have the remedy always at hand, or who are about to start on a journey, I supply them with the following mixture:

℞. Bromide of potassium..... ʒ ij.
Tincture of aconite root... ʒ j.
Distilled water, } ʒ ij.
Simple syrup, }

M. S. Take a dessertspoonful in some water every hour, until relieved.

My recipe may smack of empiricism in appearing as a panacea for every variety of headache, let the cause be what it may and the accompanying symptoms be what they will, but I am willing for it to rest under the soft impeachment, if indeed it relieves promptly only a moiety of these distressing cases. I will not now attempt to give the *rationale* of this seeming paradox, or the *modus operandi* of the cure, but will simply remind my readers that this nervous headache is a paradoxical, capricious, discouraging and worrying affection.

In conclusion, I assure my readers that I claim no new discovery, for these remedies have been used in these cases by others; nor do I claim that there is any charm in the exact dose of these drugs that I prescribe; but I do insist that less than a drachm, of the bromide at least, is wholly insufficient. And furthermore I will say that if I am not fully warranted in guaranteeing that the recipe will relieve every case, I can confidently say that the remedy is entirely satisfactory to me in its effects, which is more than I can affirm of any other remedy, or combination of drugs, that I have ever exhibited.—*American Practitioner.*

TREATMENT OF CARBUNCLES.

Dr. Gibbons, in an article in the *Pacific Medical and Surgical Journal*, remarks:

"In the incipient stage the free application of tinct. iodine is the best means in my hands for the abortion of boils. In carbuncle it is not so effective; no doubt because the morbid action is of a more virulent nature. Blisters also have been recommended, applied so as to act on the

surface beyond the limits of the apparent disease. Unfortunately you are seldom called on to prescribe in the earliest stages. The characteristic disease is fully pronounced before you see it, and can not be cut short.

"The leading idea in the local treatment of carbuncle is to impress the surrounding living tissue so as to cause it to throw off the dead as soon as possible. There is an extraordinary apathy or torpor in this respect. The vital power of the tissue is paralyzed so that it stagnates provokingly between life and death. Among the many expedients that have been proposed are subcutaneous circumcision with a bistoury, the injection of tinct. iodine and of carbolic acid with a hypodermic syringe, etc. The injections, the crucial incisions, and caustics expedite matters by hastening the death and destruction of the already half-dead tissue. So far, so good. The subcutaneous cutting may do good by disgorging the capillaries and arousing normal action in the torpid tissue. It looks like good theoretical surgery. Prof. Cooper, the founder of our college, advanced the idea that free incisions in the sound tissue adjacent to certain local diseases—of joints and other parts—tends to cure by producing in the first place a lively recuperative action in the sound part, which extends itself to the diseased part, and changes the morbid processes of that part into healthy action. The idea may not have been original with him, but he carried it into practice farther than any one I have known. Why may not the multiple stabbing of the marginal tissue of a carbuncle have a similar effect?

"But you will never forget that you have also a morbid diathesis to deal with—a cachexia. Something is wrong with the organs of nutrition. Perhaps the liver is at fault. Observe closely, and use your judgment. Do not prescribe for the cachexia, but for your patient. I have been told of a number of individuals who were cured by taking five or six tablespoonfuls of brewers' yeast every day; and I can readily believe this, as it accords with the theory of the citric acid. I have a friend in the East whom I recently saw, and who told me he had been cured of a most inveterate siege of carbuncles, which had lasted six months, resisting stimulants, tonics, and almost every thing, by a course of blue pill extra-professionally administered. He was taking a quinine pill two or three times a day, according to medical law. His wife, a very intelligent and a very positive lady, was seized with a conviction that blue mass would benefit her husband. At any rate she thought it ought to have a trial; so she substituted blue pills for quinine pills. The unsuspecting patient took the pills day after day, though he was conscious they had rather more effect on his bowels, than quinine ought to have, and in two weeks he was well; not another carbuncle showed its horrid head. When I saw him, more than a year after

ward, he had continued in excellent health and entirely free from cutaneous disease. This case accords with my own experience; for I am sure that the blue mass which I took was of great service in removing the remains of the disease; and if I had the ordeal to pass through again, I should certainly try the virtue of this agent without delay in like circumstances."

Therapeutic Uses of Phosphorus.

Diseases of the nervous system are unquestionably those in which phosphorus has the most claim to our attention. Here it claims a rôle which no other drug can pretend to play. Here doubtless it acts as a nutrient as well as a tonic. Certainly it appears to be worth a trial in an immense number of cases for which till recently there was no resource except rest, fresh air, perhaps sea air, and phosphorized food. In cases of exhaustion of the nervous system, so commonly induced in fashionable life, it has no substitute, and it has favorable influence in organic disease, whether cerebral or spinal. Of course in all such cases it should not be tried in the acute stage or in stimulating doses, which might be injurious. In chronic white softening of the brain and in paraplegia following myelitis it has been prescribed with varying success, and may be given with iron when we have reason to believe that the condition of the nervous centers is anæmic. Dujardin-Beaumetz has tried it in progressive locomotor ataxy; and although he has not seen any cases cured, he believes that some have been decidedly benefited. Bartholomew has used with benefit phosphorized cod-liver oil in paralysis agitans. Dolpech has treated a number of cases of paralysis of various forms by phosphorus. The same author reports that it is of especial value in the peculiar cachexia which affects the workers in India-rubber. He thinks that the bisulphide of carbon to which they are exposed acts as a solvent on the phosphorized brain-fat, and that given as a medicine phosphorus may supply the loss. Turning to the peripheral nervous system, Dr. Anstie considers it of not much value in neuralgia, but others have met with great success, especially in intercostal and trigeminal. Those who look upon neuralgia as due to exhausted nerve power would naturally expect that phosphorus might relieve it. Mr. Ashburton Thompson now gives it in large doses, as much as one-twelfth of a grain, though he formerly employed small ones. It should be remembered that doses of one thirtieth have set up toxic symptoms. In the nervous affections of the aged, accompanied with feebleness of memory, trembling, and cramps, it has been found useful. The wakefulness of aged patients, which is often so troublesome, may often be rapidly relieved by minute doses. Full doses should never be given to old people. In cases of early decay of the mental powers it has

been strongly recommended, as well as in cases of break-down from overwork. In impotence it has been empirically prescribed, as well as for various consequences of sexual excess. Acton and others have given it with marked success in the cachexia induced by masturbation. If it be combined with iron, and care exercised in discriminating the cases, the effect in restoring mental vigor is often remarkable. It should be employed with caution, and never when there is any tendency to plethora, cerebral congestion, or hemorrhage.

The dose of phosphorus, according to the textbooks of materia medica, varies from one-fortieth to one-eighth of a grain; but we consider the last much too high to be safe.—*The Doctor.*

ON THE IMMEDIATE CURE OF PILES.

Mr. Reeves, of Edinburgh, has adopted a plan of treating internal piles to which he has given the term "immediate cure." The operation is rapid and the entire treatment short as compared with the ordinary method, viz., by nitric acid, ligature, clamp, and cautery. He thinks, moreover, that it is free from danger and does not always require an anæsthetic. The piles being well down are punctured to their basis by the conical tip of the gas cautery (Dr. Paquelin's). The number of the punctures varies with the number and size of the piles, a pile the size of a half walnut requiring two or three. A dull red heat should be employed, and the point of the instrument is to be gently rotated while it is within, otherwise a portion of the eschar will be withdrawn and then hemorrhage may ensue. Ulcers or fissures should be cauterized at the same time. Should there be any oozing a touch of the cautery will stop it. The piles are then to be returned and a half-grain morphia suppository inserted. After the bowels have been confined for four or five days a warm injection is to be given, and followed upon the succeeding day by a laxative. At the expiration of a week the patients are discharged. Of eighteen cases thus operated on two were not allowed out for ten days and one for a fortnight, but in these cases there was some uterine or urinary complication. All the patients were examined subsequently, and it was exceedingly difficult to discover by the finger or the speculum that there were any cicatrices following the operation.—*Lancet*, February 17, 1877.

CAMPHORATED ETHER IN ERYSIPELAS,

Dr. Cavazzani gives the following formula in the *Gazzetta Medica Italiana Provincie Venete*: R. Camphor, 15 grains; tannin, 15 grains; ether, 2 drachms. This is painted every three hours, and sometimes oftener, over the affected parts. The author says that he has never seen this method fail, even in the most severe cases, in which ataxic and adynamic symptoms had already appeared. The

fever soon diminishes, and the local erysipelatous process is arrested in two or three days.

In some cases of phlegmonous erysipelas, which Dr. Cavazzani had under his care, this treatment arrested the progress of the disease. Trousseau prescribed this drug only in cases of circum-umbilical erysipelas in new-born children, and Guibout did not use this solution in phlegmonous erysipelas or in that affecting the face, fearing in the latter case that the meninges would become affected. In seeking an explanation of the action of the remedy, Dr. Cavazzani supposes that erysipelas is nothing else than a lymphatitis, and that the tannin exercises an astringent action on the cutaneous capillaries.—*London Med Record*, Nov. 15, 1876.

THE ANTIZYMOTIC TREATMENT OF DIPHTHERIA.

Dr. Pavesi describes, in the *Annali di Chimica Applic. alla Medicina*; 1876 (abstract in *Annali Universali di Medicina*, August), a formula which he recommends in the treatment of diphtheria. It is founded on the antizymotic properties of chloral, salicylic acid, and the sulphites. It is as follows: ℞ Chloral hydrate, salicylic acid, glycerine, sulphite of soda, each 1½ parts; distilled water, 3½ parts; spirits of wine, 1 part. The whole is put into a strong glass vessel, which is closed, and exposed to a heat of 100° to 120° Fahr. for a few minutes, until the sulphite, salicylic acid, and chloral are completely devolved. A homogeneous solution is produced which is filtered through bibulous paper, and preserved in a well-closed vessel. It is an oily, limpid, colorless liquid, having the odor of its constituent parts. It is insoluble with water. On the application of proper tests, the chloral, salicylic acid, sulphite of soda, and glycerine are found to be unchanged.

Used both internally and externally, is an energetic antiseptic, antifermentative, disinfectant, hæmostatic, and preservative, as well as a destroyer of parasitic organisms. Dr. Pavesi says that it may be used as an antiseptic, and also as a sedative, in a large number of diseases.—*London Med. Record*, Nov. 15, 1876.

TREATMENT OF GRANULAR SWELLINGS AND ABSCESSSES.

M. Quinart has had excellent success in twelve cases of adenitis, which he has treated in the hospital of Ghent, by means of blisters. He is not content with attacking simple engorgement of the glandular tissue at the outset with a series of blisters, as Nelaton advised, but he employs the same treatment when pus has already formed. He has in this way succeeded in obtaining resolution of suppurating glands, that have contained several ounces of pus. When the suppuration is already advanced, and threatens to perforate the skin, the punctures the sack not through the spot where the skin is already thinned, but at

the most dependent part of the tumor, where the instrument must traverse a larger extent of healthy cellular tissue. When the sac is emptied, it is covered, whatever its extent, by a blister which overlaps it on all sides by one or one and a half inches. On the next day the blister is dressed with mercurial ointment; as soon as the skin begins to cicatrize, a second blister is applied, and so on. By this procedure M. Quinart has succeeded in curing an abscess that extended from the angle of the jaw to the clavicle, and which contained over ten and a half ounces of pus. An opening was threatened in the centre of the tumor, where the skin was thinned. The tumor was punctured just above the clavicle, and then entirely covered by a large blister. On the next day the little wound was reopened by means of a stylet, and a quantity of serous pus escaped. On the third day the greater part of the sac was closed; the fluid that accumulated in the most dependent part was reabsorbed, and the patient now presents no mark of this immense abscess, except a small cicatrix above the clavicle.—*Gazette Médicale de Paris*, December 2, 1876.

A READY SOLVENT FOR SALICYLIC ACID.

DUFFEY. (*Br. Med. Journal*.)

Dr. D. states that a permanently clear solution of salicylic acid can be conveniently obtained by dissolving it in liquor ammoniæ acetatis. This solution is more palatable than any hitherto advised, and is less apt to cause the burning sensation in the throat and gastric irritation which often attend the administration of salicylic acid in large doses.

Formula :

℞ Acidi Salicylicgr. cxx.

Liq. Ammon. Acetatis..... ℥ ij.

Anquæ..... ℥ ʒvj.

M. Ft. mistura.

One-eight part contains fifteen grs.

J. S. K.

ERGOT IN ATONY OF THE BLADDER.

Prof. von Langenbeck, at a meeting of the Berlin Medical Society stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power of the bladder was at once increased so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued. Dr. Israel said that he had derived the same benefit from the employment of the ergotine, and referred to case of a patient who was thus enabled to hold his water for three hours, whereas before he voided it every ten minutes.—*Berlin Klin. Woch.*, January 22.

AN ELEGANT DISINFECTANT.

EDITORS OF THE CHICAGO MEDICAL JOURNAL AND EXAMINER: *Gentlemen*—Allow me to call attention to a disinfectant, which being free from disagreeable odor, is an elegant substitute for carbolic acid, chlorine, etc., and may properly supersede them in drawing rooms, sleeping rooms, etc., where odor would be objectionable. I refer to a solution of salicylic acid in *eau de cologne*. In "cologne" this acid is very soluble—my druggist dissolves thirty-six grains to f̄j. Its antiseptic virtues are well attested. It may be used by means of a spray atomizer upon carpets, curtains, clothing, etc.; and the physician will find it the pleasantest method of disinfecting his clothing. Many persons—ladies especially—while travelling in horse cars and frequenting churches, halls, etc., drop a few drops of a solution of carbolic acid upon their handkerchiefs. It occurred to me that a good substitute would be an ordinary pungent, in which might be dropped some of the salicylic acid solution. It would certainly be a degree more æsthetic, which is not to be despised in public or private.

DR. JAMES I. TUCKER.

A NEW ABORTIVE TREATMENT OF PNEUMONIA.

ED. MED. AND SURG. REPORTER:—

I wish, through your columns, to direct the attention of the profession to a new abortive treatment in the congestive stage of pneumonia; a treatment as rational in theory as it is simple and effective in practice.

During the past winter I have treated seven consecutive cases (three children and four adults) with the ergot of rye, and in every instance the disease was aborted, and the patient convalescent in from two to three days from the administration of the first dose.

I gave Squibb's fluid extract, in half-drachm doses, for adults, repeated every two hours, until the symptoms were relieved, or ergotism produced indicated by dilated pupils, vertigo, a sense of fullness in the head, drowsiness, etc. In order to test it thoroughly, I used no other remedy, either local or constitutional, and carefully watched the result. In from twenty-four to thirty-six hours the pain was relieved; the high temperature, rapid pulse and hurried respiration brought down to their normal state; expectoration lessened in quantity, and deprived of its blood-stained character; and instead of waiting from seven to nine days for the disease to run its course, as it does under the usual treatment, our patients were entirely relieved in less than half that time.

Such a result in so many cases cannot be regarded as a mere accidental *post hoc*, but justifies the conclusion that it was the direct effect of the remedy.

The contractile power which ergot exerts over circular muscular fibre has been fully established, both

by experimental and clinical observation. It is by virtue of that power that it acts so promptly in cutting short this disease; by lessening the diameter of the capillaries of the lung tissue, it relieves present and prevents further congestion, and the pain, cough, dyspnoea, and pyrexia, which are but expressions of that congestion are relieved *pari passu*. In this manner it acts as a true antiphlogistic; indeed should be placed at the head of the list of that class of remedies.

I hope others will give it a fair and impartial trial in the treatment of pneumonia, and report their success or failure. To do so, be sure that a reliable article is used, as much of the ergot in the market is worthless, and its uncertain or negative action due to that fact. Administer it in such doses, and at short intervals, that the system may be rapidly brought under its influence which can only be known by producing its specific effects.

Do not complicate the treatment by the use of other remedies at the same time, but give it singly and alone; let it stand or fall upon its own merits. After the disease is controlled it should be continued for a day or two longer as in the weakened capillaries, if entirely set free from its contractile power, they might easily give way to congestion again. In one of my cases I discontinued the medicine as soon as the symptoms were relieved, and a relapse occurred but it readily yielded again to the same treatment.

J. B. SCEARCE, M.D.

Chillicothe, Ohio, March 13th, 1877

ECZEMA AND PSORIASIS—ARE THEY LOCAL DISEASES.

The Dermatological Section of the International Medical Congress, after hearing and discussing a paper on this subject, read by Dr. L. D. Bulkley, adopted the following conclusions:

1. Eczema and psoriasis are distinct diseases. The former is to be clearly distinguished from artificial dermatitis, and the latter from the eruptions of syphilis, scaly eczema, and psoriasis.
2. Eczema and psoriasis cannot own a double causation or nature, at one time local and at another constitutional, but, with other diseases, may have a two-fold cause, a pre-disposing and an exciting.
3. Eczema and psoriasis, in many of their features, resemble the accepted constitutional diseases more than they do to those recognized as local.
4. Eczema is most properly likened to catarrh of the mucous membranes—it is very probable that some attacks called catarrh are eczema and psoriasis of the mucous tissue.
5. Both eczema and psoriasis resemble gout and rheumatism in certain respects, and are dependent upon a somewhat similar, although as yet unknown constitutional cause; much of the skin lesion must be looked upon as the local result or remains of the diseases.
6. There as yet exists no microscopical or physiological proof that eczema and psoriasis are the sole

result of local cell disorders, either congenital or acquired, or due alone to perverted nerve action.

7. Local causes play a very important part in this etiology of eczema. They are probably inoperative in psoriasis.

8. Local treatment is often insufficient alone to remove the lesion of eczema and psoriasis, and cannot prevent or delay relapses; its success does not necessarily demonstrate the local nature of these affections.

9. Constitutional treatment alone and singly can cure many cases of eczema and psoriasis, and prevent or delay relapses in a certain proportion of cases. Under constitutional treatment is included every agency not properly classed among local measures.

10. The total weight of evidence and argument is that eczema and psoriasis are both manifestations of constitutional disorders, and not local diseases of the skin.

OIL OF TURPENTINE IN SCIATICA.

In the *Edinburgh Medical Journal* for March, there is an interesting paper by W. Allan Jamieson, M.B., M.R.C.P.E., on "The Treatment of Sciatica by Oil of Turpentine." He gives it in the morning, before breakfast, in the following formula:—R. Ol. Terebinth two drachms, Ol. Ricin. four drachms, Tinct. Card. Co. one drachm, Mucilag. et Aq. ad oz. ii. This draught is given every third or fourth morning if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane, as pointed out several years ago, in a paper by the late Dr. Warburton Begbie, "On the Actions and Uses of Turpentine."

TREATMENT OF MEMBRANOUS CROUP.

Dr. Walcher claims to have had great success in the treatment of membranous croup, both in its primary form and in the form which he regards as secondary to diphtheria of the pharynx. He employs the alcoholic tincture of eucalyptus globulus. Prof. Gubler and Dr. Gimbert, of Cannes, have shown that eucalyptol, the active principle of the eucalyptus, has a special action on chronic catarrhs, with muco-purulent secretion, especially when located in the lungs, and that the resinous principle is chiefly eliminated through these organs. Dr. Walcher employed it with benefit in doses of from $2\frac{1}{2}$ to 5 drachms per diem, in cases of chronic bronchitis in old people, and in a case of pulmonary gangrene that recovered. He then tried it in several cases of croup, and it succeeded beyond his expectations: in one cast of the entire trachea and of the first and second bronchial bifurcations was coughed up, and the patient, a child five years of age, recovered. He has now discarded local applications, and orders an ounce of the tincture of eucalyptus with three ounces of syrup, a teaspoonful of the

mixture being given every hour. The children take it readily, and if given slowly, any diseased part in the pharynx will be sufficiently impregnated with the medicament. A mild emetic of ipecac is given occasionally, if the patient be strong enough to bear it. Cold drinks are given to relieve thirst, and cold applications are made to the head, if there is much congestion. The child's strength is to be kept up by proper nourishment; the alcohol contained in the above mixture is serviceable in this connection. Dr. Walcher has given five-drachms and more of the tincture of eucalyptus per diem to a child five years of age, and has never known any bad symptoms to be produced by it. Dr. Siegn thinks that it is indicated in all febrile affections of the respiratory organs, and especially in whooping-cough.—*Gazette Medical de Strasbourg*, Feb. 1, 1877.

SYPHILITIC TEETH.

At the inaugural meeting of the Association of Surgeons practising dental surgery, in London, Mr. Jonathan Hutchinson, in a discussion on the "Manifestation of Syphilis in the Teeth," declared that he still adhered to the belief that the teeth, which he described twelve or fifteen years ago as accompanying hereditary syphilis, were really and invariably characteristic of that disease. He thought the confusion of opinion on the subject grew out of the fact that this peculiar deformity had been confounded with other malformations, and especially with that arising from stomatitis, and usually mercurial stomatitis. The test teeth in the case of syphilis are the *central upper incisors of the permanent set*, and he had yet to see the first case in which these presented the single, small, lunar-cleft, and were dwarfed in their general dimensions, in any other than a subject of inherited syphilis.

The tooth which is damaged by stomatitis is the first molar, because that is the first tooth in the patient's head to be calcified, and, developing much more rapidly than the rest, it is the tooth which suffers most if stomatitis occurs during the first six months of life. It never escapes if the teeth are damaged by mercury. Next come the four incisors and the canines; and the two pre-molars invariably escape. Mr. Coleman and himself had hit upon the fact that patients with lamellar cataract always have these mercurial teeth; and Prof. Arlt, of Vienna, had added the observation that there is also, connected with these two conditions, a history of convulsions in infancy. The relation of these facts to each other is believed to be, that the mercury is given for the convulsions, the convulsions cause the cataract, and the mercury causes the deformity of the teeth.

In conclusion, Mr. Hutchinson repeated the friendly challenge, which he had given for the

last ten years, that he would take great pleasure in investigating the history of any case of characteristic syphilitic teeth without evidence of syphilis.—*Medical Times and Gazette*.

CHLORAL IN INFANTILE CONVULSIONS.

Löwenstamm (Medicinisch-Chirurgisches Centralblatt) speaks of numerous instances in which he has tested the efficacy of this drug in convulsions; and he gives one case in detail. The patient was the third child of a highly nervous woman, who had lost her first and second children from this affection at about the same age as that at which this one was attacked. At the thirteenth day, twitchings of the eyelids and of the angles of the mouth were first observed; these rapidly developed into more general convulsions, which were repeated, later, every ten minutes. The infant was first seen on the sixteenth day of life. He showed then strong twitchings of the face, trismus, clonic spasms of the limbs, spastic contractions of the thumbs, and contracted pupils; the fit terminated, at the end of five minutes, in profuse perspiration. Two grains of chloral hydrate were given every hour. The convulsions diminished in frequency and intensity, and, on the following day, he was free from them. As the case was considered to depend upon dyspepsia, an antacid in the form of *magnesia usta* was then given, and no recurrence took place.—*London Med. Record*.—*Amer. Jour. Med. Sciences*.

THE WEIGHT OF A DINNER.

The Clinton (Mass.) *Courant* prints the following: At a reunion, on Thanksgiving day, of the family of one of the old residents, in which there were four solid sons, and one solid daughter, three average daughters-in-law, and a medium-sized son-in-law, with grandchildren enough to make the number who were present up to fifteen, the following statistics were taken:

	Pounds.
United weight before dinner.....	1862
United weight after dinner.....	1897 $\frac{1}{4}$
Net gain.....	35 $\frac{1}{4}$
Average gain per person.....	27.20
Greatest gain of any person.....	4 $\frac{1}{2}$
Smallest gain of any person.....	$\frac{1}{4}$
Greatest weight before dinner.....	185
Greatest weight after dinner.....	189 $\frac{1}{4}$
Smallest weight before dinner.....	28 $\frac{1}{4}$
Smallest weight after dinner.....	28 $\frac{3}{4}$

THE USE OF ATROPIA IN EPILEPSY.

Among the various remedies which have been tried in epilepsy, atropia long ago found a place. For some reason or another it fell out of use until recently, when Dr. Svetlin has recommended it once more to the notice of the pro-

fession. Atropia in small doses diminishes reflex action, and should consequently antagonize that reflex spasm of the vascular centres which is the proximate cause of the epileptic attack. Heretofore atropia has been given in increasing doses and in the form of solution. Dr. Svetlin, however, uses only minute quantities and administers it in pill form, believing the therapeutic effect of the drug given in this form equally decided, while toxic symptoms are not so likely to appear. Dr. Svetlin suggests the following formula: R atropiæ sulph., 0.05 grm. (gr. $\frac{1}{20}$); pulv. et. ext. glycyrrhizæ q. s. ut fiat pil., no. 50. Sig., one pill daily. This may be given week in and week out, since in this dose the drug does not bring on any uncomfortable symptoms.—*Wien. Med. Presse*, December 10, 1876, p. 1612. x.

SALICYLATE OF IRON AS AN EXTERNAL DRESSING.

In the *Edinburgh Medical Journal*, of February, Mr. R. Kirk, House Surgeon to the Edinburgh Royal Infirmary, writes:—

Salicylic acid and its compounds have been used, for some considerable time, as antipyretics and antiseptics, and as such fulfilled very satisfactorily what was demanded of them; but still they had the disadvantage, shared also by carbolic acid, of being in no way astringent, and, therefore, of allowing free capillary bleeding after operation, unless pressure was employed. An astringent antiseptic seemed, therefore, to be desirable, and after experiments with a number of salts, trial was made of the salicylate of iron, which seems to have both actions in an almost equal degree.

By adding salicylate of soda to a saturated solution of sulphate of iron, a double decomposition takes place, and sulphate of soda and salicylate of iron are obtained in solution, from which the latter may be easily separated by crystallization.

This is, however, quite unnecessary, as the solution just mentioned is a most convenient form for application, and one which can be prepared in a few moments. Of a bright claret color, with no smell, and with hardly any irritant properties, even when used in strong solutions, it is not so repulsive as some of the more generally used disinfectants and antiseptics. Its antiseptic properties are most easily demonstrated, for urine containing but a small quantity of this salt in solution will remain long free from bacteria when exposed to the same influence as those which are conducive to the life of bacteria generally.

The cases to which this salt has been applied have generally been open sores, often with more or less unhealthy action going on, but in each the progress toward recovery has been very rapid after the first few days. As an illustrative case, I may be allowed to give the following:—

Sarah W., age 67, was admitted into ward 1, Royal Infirmary, under the care of Mr. Joseph Bell, on October 31st, suffering from two varicose ulcers on the right leg. The larger ulcer, about the size of half-a-crown, was situated midway between the ankle and

knee, on the inner side of the limb; and the smaller, the size of a florin, was about two inches lower. The surrounding parts were inflamed, while the ulcers themselves were devoid of granulations, and painful. Rest was at once enjoined, and black wash was employed until the end of November, when the salicylate of iron was employed instead. The ulcers were then as large as florins, and still were almost free from granulations. For the first three days after the solution was employed, there was but little evident progress made, as far as the size of the sores was concerned; but the surface became more healthy, granulations formed; and the edges became softer. Cicatrization now followed rapidly, and cure.

RELIEF OF PAIN IN UTERINE CANCER.

Dr. A. E. Aust-Lawrence, Physician to the Bristol General Hospital, writes to the *Medical Times and Gazette*, March 24th:—

I have, unfortunately, generally under my care in hospital and private practice, about from twenty to thirty cases of cancer of the uterus, vagina, or rectum; and the experience of the past twelve months has led me to rely, to a great extent, on the following treatment for the relief of pain:—In cases of medullary cancer of the uterus, and also of advanced epithelioma in the same region, I have been struck with the marked relief often derived from the administration of ergot, in doses of thirty minims every six hours. There is a relief from the intense throbbing which, as a rule, only subsides with each attack of hemorrhage, which, of course, brings with it great exhaustion. I consider the ergot acts in the ordinary way, by lessening the amount of blood in the uterus; and it may also check, to a slight extent, the rapid breaking down of the affected part. A case of medullary cancer in a young woman, thirty-one years of age, was rendered very much less painful by ergot than by any other remedy which was tried. I have a case now under my care, of sarcoma of the uterus, the pain of which is very much relieved by full doses of ergot.

Another drug I have found of great value is croton-chloral hydrate. This, in my experience, has not very much power to lessen the pain at the seat of the cancer, but it is very valuable in lessening the reflected pains in the back, thighs, and groins; and this it has done in several of my cases to a very marked degree. As a local remedy I have found carbolic acid very valuable. I apply it, full strength, by means of a little piece of cotton-wool, through a very small speculum, to the cancerous surface, and then order a lotion with one drachm of the glycerini acidi carbolici to half a pint of water, to be used as an injection night and morning. I have found this drug, used in the way I mention, of great value.

Of course, other drugs suggest themselves to every one, such as opium, Indian hemp, bromide of potassium, etc.; but what I wished to show is that ergot is a very valuable agent in helping to control pain in these cases; that locally I have had better results from carbolic acid than from anything else. I might

also add that a very valuable way of relieving pain in these cases is by small blisters in the groins, dressed with an ointment containing morphia.

PEPSIN AND ITS PREPARATION.

In *The Practitioner* for March, Prof. Oscar Liebreich, of the University of Berlin, contributes a valuable paper on "The use of Pepsin in Medicine, and its Preparation," in which he refers to the attempts that have been made to employ the peptones as therapeutic digestive agents, and their failure owing to the rapidity with which they undergo decomposition. He expresses his belief that the field of usefulness of pepsin in practical therapeutics is very great, and that it may be still further extended with very great advantage. But the success of this remedy has been greatly hindered, and the result of clinical and of scientific experiment as to the results which may be obtained have been much confused, by the number of comparatively worthless preparations which have been employed, and by the instability and uncertainty of some of those preparations, which in their most active states have from time to time yielded excellent results, and have thus attained a good reputation. The uncertainty of a potent remedy is almost as injurious and even more misleading than the inertness of a popular remedy, and the treatment of disorders of digestion by pepsin has suffered greatly from both these drawbacks and from both these sources of fallacy.

Following the description of a number of conditions in which the employment of pepsin as a remedy is calculated to be of benefit to the patient, he remarks that there are certain counterindications of the use of pepsin, to which it may be well to refer. Among them are carcinoma and ulceration of the stomach. When there is an ulcer of the stomach it is an object of treatment to afford a smooth covering to the ulcer by bismuth, or by the administration of nitrate of silver; to administer pepsin is to incur the risk of hastening the process of thinning, which there is already too much reason to fear from the action of the normal pepsin of the stomach.

"To fulfil the therapeutical indication of pepsin it is, however, necessary to have a pure and reliable sample. There are various methods of obtaining the article. Thus there is the method of Brucke, by treating the gastric juice (obtained by well-known methods), with a solution of cholesterine in ether; the cholesterine, being precipitated, enters into mechanical combination with the pepsin, and pure pepsin is obtained by removing the cholesterine by the further addition of ether.

This form of dry pepsin is absolutely pure, and from it may be learned the qualities and

powers of pepsin. But the method is too costly for general use, and its advantages are mainly for scientific purposes. There are various dry preparations of pepsin in powder and cake, which are well known, and, I believe, much used in medicine. But these preparations are very far from stable or reliable, and, however active some of them may be when perfectly fresh, they do not remain active, and a large part of the pepsin powders prescribed are absolutely inert. Pepsin, although an albuminoid, differs, among other things, from ordinary albumen in being soluble in diluted alcohol. Advantage has been taken of this to prepare pepsin wines, but the alcohol does not prevent the ferment from undergoing change, and if a "pepsin wine" be examined after some time; it will be found not to contain a trace of pepsin, and to be absolutely devoid of digestive power. I found, many years ago, that to preserve the ferment of pepsin there is only one reliable agent, that is glycerine, the powerful preserver of vaccine-matter and other animal ferments. My first researches on this subject, made many years ago, have been amply confirmed by a great number of observations, and for all scientific experiments on digestion I have now for many years employed only these solutions. I strongly recommend practitioners, for all therapeutical purposes, to employ such a solution. In this way they will avoid the fallacies and disappointment due to the employment of deceptive and unequal preparations, and they will the more readily define the true limits of pepsin as a therapeutic agent, and its place in the armory of medicine. It is not to be reckoned among the most powerful and heroic remedies, but it is one which is of very agreeable and efficacious action; which very frequently gives exceedingly good results in large classes of ordinary and troublesome complaints, and which may be employed with confidence and advantage when its powers are stable and reliable."

INTERNAL ADMINISTRATION OF TAR IN PSORIASIS.

Geo. M. Hiron, in *British Medical Journal*, says:

"In the *Journal* of February 19th Dr. R. H. Clay recorded two cases of psoriasis in which tar had been given internally unsuccessfully, but which were soon cured by the external use of the same drug. The following number of the *Journal* contained letters from Dr. McCall Anderson and Mr. Balmanno Squire; the former confidently adhering to his previously expressed opinion 'that tar is sometimes successful after arsenic and other remedies have failed,' the latter pointing to the cases as supporting his statement that 'tar administered internally is not any assistance to outward tar in the treatment of psoriasis.'

"A few weeks later, March 10th, I was consulted by E. S., aged twenty-three, with psoriasis inveterata of twelve months' standing. He stated that he had been treated by several medical men with little or no benefit, although he had taken arsenic in large doses for a considerable length of time. I therefore resolved to try tar internally without any external application, and commenced by giving him 3 grains of liquid pitch made into a pill with flour three times a day. On the 17th he was ordered to take four pills daily. On the 24th it was noted that the eruption was, if any thing, more extensive, but that the patches were not quite so elevated. I then gave him a confection composed of one part of liquid pitch and three parts of treacle. Of this he was directed to take a teaspoonful twice daily. At the end of a week he began to take the same dose three times and in a fortnight four times a day. The four doses, containing about sixty grains of the pitch, were not well borne, producing nausea and diarrhoea, so that it was necessary to omit the drug for several days, and then give it in smaller and less frequent doses. Nevertheless the disease was rapidly declining, and by the middle of June had quite gone. As yet (November 29th) it has not reappeared.

The above case serves to illustrate what I have frequently seen in Dr. McCall Anderson's practice; and if it do not show that tar administered internally assists the outward use of the same remedy in the treatment of psoriasis, it certainly proves that the disease will disappear under its internal use without any external application whatever."

TREATMENT OF ACNE.

M. Rodet, of Lyons, prescribes the following treatment in acne. Friction is to be made every evening over the acne papules, with the following ointment:

℞ Adipis, ʒv;
Sulphuris,
Tannin, āā gr. viij ad xv.—M.

In the morning the face is to be bathed with warm water to which a little bay rum has been added, the proportion being increased from day to day until it amounts to one-third. M. Doyen, of Lyons, recommends bathing with the following:

℞ Aq. destillat., f ʒ x;
Hydrarg. bichlor., gr. xxx;
Tinct. lavanduli, f ʒ iiss.—M.

Mr. Hardy uses this formula:

℞ Aquæ, f ʒ x;
Potassii sulphuret.,
Tinct. benzoini, ā ā. ʒ iiss.—M.

Two teaspoonfuls in a glass of warm water to be used externally. For the treatment of acne erythematosa (*couperose*), Hardy suggests the following:

℞ Hydrarg. protiod., gr. iiss ad. ii;
Ung. aq. rosæ, ʒ iv.—M.—*La France Méd.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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MONTREAL, MAY, 1877.

Will those of our Subscribers who found accounts in the last two numbers of the Record have the goodness to remit the amount?

WHO DISCOVERED ANÆSTHESIA?

We think it is pretty generally admitted on all sides that to America, or rather to the United States, must be awarded the honor of the discovery of anæsthesia. To whom the individual credit belongs has not by any means been definitely proved, the distinction being claimed by the friends of Morton, Wells and Jackson. We do not propose to discuss their relative titles to the honor—for we think we have just finished reading a paper from the pen of Dr. J. Marion Simms—published in the *Virginia Medical Monthly*—for May which shows most conclusively that neither of these gentlemen are entitled to the distinction. Dr. Simms claims that Dr. Crawford W. Long, of Athens, Georgia, is the real discoverer of the uses of sulphuric ether as an anæsthetic, and gives evidence that it was so used by him in 1842, two years before Morton came on the scene with nitrous oxide, and four years before Wells used ether in the operating theatre of the Massachusetts General Hospital. The interesting part is that Dr. Long is still alive to give his own account of the affair, and to substantiate it, by means which put its truth beyond a doubt. Dr. Simms' paper is so interesting that we offer no apology for presenting to the readers of the *Record* the main facts contained in it. Dr. Simms states that in October, 1876, Dr. Wilhite, of Anderson, S. C., had a surgical operation performed by him on his daughter,—ether being given fully and freely. While waiting for the patient to return to consciousness, Dr. W. said, "*I assisted at the very first operation performed under ether.*" Dr. Simms asked how it was possible, as he had never been in Boston, and Warren, of that city, claimed to have given ether in 1846 for a surgical operation. Dr. Wilhite then explained that Dr. Crawford W. Long, of Georgia, assisted by himself, had, in March,

1842, extirpated a tumor from the neck of a Mr. Venable, who was completely anæsthetized by the inhalation of sulphuric ether; also that he had upon several occasions in 1843-44, while a student in Dr. Long's office, assisted at surgical operations performed by him upon patients rendered perfectly insensible by ether.

He further said that he presumed that he (Dr. Wilhite) was the first person who had ever profoundly etherised any one—and it was under these circumstances. Dr. Wilhite says that from the time he was ten years old (1832), he was familiar with the use of ether by inhalation as an excitant; that the boys and girls in his neighborhood near Athens, Georgia, were in the constant habit of using it; that there was hardly ever a gathering of young people that did not wind up with an ether frolic. Old-fashioned "quiltings" were very common in his day and time, and in the evening the boys and young men would go to these for the purpose of a dance or an ether frolic.

On one occasion, he met several young people about five miles west of Athens, at a quilting. The girls and boys all finished the evening by inhaling ether. Some would laugh, some cry, some fight, and some dance, just as when nitrous oxide gas is inhaled. It was in the fall of 1839. Wilhite was a romping boy of seventeen. All the boys and all the girls had inhaled the ether, some of them more than once. They were looking round for new subjects for it, when Wilhite saw a negro boy at the door, who seemed to be enjoying the sport. Wilhite invited him to come in and try the ether. He refused. Other young men then insisted on his taking it. He refused again in a most positive manner; whereupon some of the thoughtless young men caught hold of the boy, and called Wilhite to give him the ether. He struggled violently, but they threw him down and held him there while Wilhite poured out some ether on a handkerchief, and pressed it firmly over his mouth and nose. He fought furiously. They persisted, thinking it was great fun. After a long struggle, the boy became quiet and unresisting. The young men then let him alone. They were greatly surprised that he did not get up immediately and say or do some foolish thing for them to laugh at. He lay quietly with stertorous breathing. They tried to arouse him, but could not. They then became greatly alarmed, and sent one of their number on horseback for Dr. Sydney Reese, at Athens, five miles distant. The messenger rode with all possible speed. He fortunately found Dr. Reese at home, who lost

no time in going with the messenger. On his arrival, he found the negro lying on his back still soundly asleep. Young Wilhite, and his principal accomplice, thinking that they had in mere play murdered a fellow being, were so much alarmed that they contemplated making their escape from the country; but the timely arrival of Dr. Reese soon restored their courage. Dr. Reese heard the history of the transaction. He then threw water in the face of the sleeping negro, slapped him, raised him up, shook him violently, and after a little he was roused to consciousness, greatly to the relief of all present. Dr. Wilhite thinks it was more than an hour from the time the messenger started for Dr. Reese, till he returned with him. This is unquestionably the first case in which sulphuric ether was ever given to the extent of producing complete anæsthesia.

Dr. Crawford W. Long, of Athens, Georgia, graduated at the University of Georgia (then the Franklin College) in 1835. He studied medicine and graduated at the Medical Department of the University of Pennsylvania in 1839. He then went to Jefferson, Jackson county, Georgia, where he practised medicine for many years. In 1842, he had four students in his office, two of them, Wilhite and Groves, are still living (1877). Dr. Long was 27 years old. His pupils were all from 19 to 21; they were on the best of terms with each other, the Doctor entering into all the sports of his pupils with a hearty good will. On one occasion, they were talking about the inhalation of nitrous oxide gas, when one of his pupils asked him to make some for them. He said he did not have suitable apparatus for it, but that the inhalation of sulphuric ether would produce precisely the same exhilarating effect. One of the young men present said he had inhaled ether while at school, and was willing to do it again. They were all anxious to witness its effects. Dr. Long got some ether immediately and gave it to the young man who had previously inhaled it. He then inhaled it himself, and afterwards gave it to all present. After this, the young Doctor and his pupils indulged occasionally in ether frolics. On several occasions, Dr. Long became furiously excited and could not be controlled. On recovering from the ether intoxication, he frequently noticed that his arms and hands were badly bruised, and yet he was not conscious of having felt any pain at the time he was under the influence of the ether. He also noticed the same thing in his pupils. They were often badly hurt by falls and blows, and were not conscious of pain at the time. These facts, repeatedly observed, sug-

gested to his mind the idea of using ether to prevent the pain of surgical operations. He frequently spoke of this to his students, and at last he determined to give it a trial. Wilhite encouraged him by relating the case of the negro boy he had playfully and unintentionally put under the influence of ether for an hour or more in the fall of 1839.

Dr. Long having made up his mind to try the experiment with ether on the first favorable opportunity, says (*Southern Medical and Surgical Journal*), Dec., 1849:

"The first patient to whom I administered ether in a surgical operation, was Mr. James M. Venable, who then resided within two miles of Jefferson. Mr. Venable consulted me on several occasions with regard to the propriety of removing two small tumors situated on the back part of his neck, but would postpone from time to time having the operations performed, from dread of pain. At length I mentioned to him the fact of my receiving bruises while under the influence of the vapor of ether, without suffering, and, as I knew him to be fond of, and accustomed to inhale ether, I suggested to him the probability that the operations might be performed without pain, and proposed operating on him while under its influence. He consented to have one tumor removed, and the operation was performed the same day. The ether was given to Mr. Venable on a towel; and when fully under its influence I extirpated the tumor. It was encysted, and about half an inch in diameter. The patient continued to inhale ether during the time of the operation, and when informed it was over, seemed incredulous, till the tumor was shown him. He gave no evidence of suffering during the operation, and assured me, after it was over, that he did not experience the slightest degree of pain from its performance."

This operation was performed on the thirtieth of March, 1842.

"The second operation I performed upon a patient etherized was on the 6th June, 1842, and was on the same person (Mr. Venable) for the removal of another small tumor. This operation required more time than the first, from the cyst of the tumor having formed adhesions to the surrounding parts. The patient was insensible to pain during the operation, until the last attachment of the cyst was separated, when he exhibited signs of slight suffering, but asserted after the operation was over that the sensation of pain was so slight as scarcely to be perceived. In this operation, the inhalation of ether ceased before the first incision was made."

Dr. Long's four students were present and assisted at the operation. Dr. Wilhite tells me that the etherization of Venable was as complete as it is ever made now-a-days, and that Venable always declared he felt no pain during the operation.

On the 3rd July, 1842, Dr. Long amputated the toe of a negro boy, Jack, belonging to Mrs. Hemphill. Jack felt no pain, having been completely anaesthetized.

On the 9th September, 1843, Dr. Long excised, without pain, three small cystic tumors from the head of Mrs. Mary Vincent, who was etherized for the purpose.

On the 8th January, 1845, Dr. Long amputated two fingers for a negro boy belonging to Mr. Ralph Bailey, sen., the patient being fully etherised and feeling no pain whatever.

Morton's friends have been from the outset clamorous and persistent in proclaiming to the world "that Morton was the first man who ever produced complete anaesthesia for surgical operations." The facts above stated prove incontestably that they were mistaken.

Long's anaesthesia with sulphuric ether was on the 30th March, 1842.

Wells' anaesthesia with nitrous oxide gas was on the 11th December, 1844.

Morton's anaesthesia with sulphuric ether was on the 30th September, 1846.

Thus we see that Long ante-dates Wells two years and eight months, and ante-dates Morton four years and six months.

Dr. Long's operations under the influence of ether were known by all his neighbors—professional and non-professional. Many of these are still living.

Other details are given in Dr. Simms' interesting paper concerning the part played by Morton, Wells and Jackson in the discovery of anaesthesia. We have not room even to glance at them, but simply give the following summary with which Dr. Simms closes the historical portion of his article:—

1st. That since 1800, the inhalation of nitrous oxide gas produced a peculiar intoxication, and even allayed headache and other minor pains.

2d. That Sir Humphrey Davy proposed it as an anaesthetic in surgical operations.

3d. That for more than fifty years the inhalation of sulphuric ether has been practised by the students in our New England Colleges as an excitant, and that its exhilarating properties are similar to those of nitrous oxide gas.

4th. That the inhalation of sulphuric ether, as an

excitant, was common in some parts of Georgia forty-five years ago, though not practised in the colleges.

5th. That Wilhite was the first man to produce profound anaesthesia, which was done accidentally with sulphuric ether in 1839.

6th. That Long was the first man to intentionally produce anaesthesia for surgical operations, and that this was done with sulphuric ether in 1842.

7th. That Long did not by accident hit upon it, but that he reasoned it out in a philosophic and logical manner.

8th. That Wells, without any knowledge of Long's labors, demonstrated in the same philosophic way, the great principle of anaesthesia by the use of nitrous oxide gas (1844).

9th. That Morton intended to follow Wells in using the gas as an anaesthetic in dentistry, and for this purpose asked Wells to show him how to make the gas (1846).

10th. That Wells referred Morton to Jackson for this purpose, as Jackson was known to be a scientific man and an able chemist.

11th. That Morton called on Jackson for information on the subject, and that Jackson told Morton to use sulphuric ether instead of nitrous oxide gas, as it was known to possess the same properties, was as safe, and easier to get.

12th. That Morton, acting upon Jackson's off-hand suggestion, used the ether successfully in the extraction of teeth (1846).

13th. That Warren and Hayward and Bigelow performed important surgical operations in the Massachusetts General Hospital (October, 1846), on patients etherized by Morton, and that this introduced and popularized the practice throughout the world.

PERSONAL.

Dr. George Wilkins, Professor of Pathology in the Medical Faculty of Bishop's College, has been elected an attending physician to the Montreal General Hospital, in place of Dr. D. C. McCallum, resigned.

Dr. D. C. McCallum, Professor of Midwifery in the Medical Faculty of McGill College, has resigned the post of attending physician to the Montreal General Hospital. He was elected to the position in 1856, and has faithfully performed his duty ever since. He has been elected to the consulting staff.

Dr. Casey Albert Wood, of Ottawa, a graduate of Bishop's College, has been elected to the Chair of

Chemistry in that school, vacated by the resignation of the late Dr. George B. Shaw.

Dr. E. A. Graveley, (M.D. Bishop's College, 1877) intends settling in Ottawa.

Dr. William Osler, Professor of Institutes of Medicine, in McGill University, was recently the recipient of a complimentary address and a purse of \$100, to aid him in scientific research. The address expressed the esteem in which he was held by his colleagues and students.

Dr. Molson, (M.D. McGill College, 1876), Assistant Demonstrator of Anatomy in McGill College, has been elected one of the out-door physicians of the Montreal General Hospital. The vacancy was created by Dr. Wilkins being elected to the in-door staff.

We beg to remind our readers that the Twenty-eighth Annual Session of the American Medical Association is to be held in the City of Chicago, on Tuesday, 5th June, in Farwell Hall, and we trust to see a good representation from Canada at the meeting. The following gentlemen are the delegates from the Canada Medical Association, but we believe the President is empowered to give credentials to others who may find it convenient to attend: Drs. Grant and Sweetland, Ottawa; David and Hingston, Montreal; Marsden and Russel, Quebec; Thorburn and Fulton, Toronto.

THE ROYAL COLLEGE OF PHYSICIANS, LONDON

At a meeting held the end of March, the following by-law was enacted: "Any candidate for the College license who shall have obtained a degree in Medicine or Surgery at either a British, Colonial or Foreign University, recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from re-examination on such subjects as the Census Board shall in each case consider necessary."

MALE WET NURSES.

The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a specialty of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women and men. An applicant for a nurse is always asked whether a male or female is desired. The former is preferred by some families under the belief that greater vigor is thus imparted to the offspring.—*The Doctor*, April 1, 1877.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD APRIL 13TH, 1877.

Dr. Alloway then read a report of three cases in which he had applied nitric acid to the inside of the uterus. He introduced his paper by a quotation from Dr. Lombe Atthill's book on Diseases of Women, where the author attributes the want of success which attends the treatment of metrorrhagia, to timidity on the part of the physician, and recommends a bold application of nitric acid in the cases in which he thinks it is indicated.

The first case was that of Mrs. W., æt. 27, ten years married, with no children, but one miscarriage nine years ago, since which she has had painful menstruation, and, latterly, excessive menstruation. On examination found signs of endometritis and endocervicitis. He tried the application of tincture of iodine to the inside of the uterus for one month, without any improvement. Then made an application of nitric acid, according to Dr. Atthill's directions. It caused no pain and was followed by no bad symptoms. The patient left her bed in three weeks, and menstruated seven days after the usual period, without any pain. Six months after this found a perfectly healthy condition of the parts.

The second case was that of Mrs. F., æt. 26, one year married, no children, who had suffered from menorrhagia for eight months. On examination found endocervicitis with areolar hyperplasia of walls of cervix. Applied nitric acid to inside of uterus once. The next menstruation was normal. The cause in this case was excessive coitus in a delicate woman, and until she was separated from her husband for a time, she did not recover entirely.

The third case was that of a Mrs. M., æt. 31, ten years married, with three children. For the last six months she had suffered from very excessive menstruation. Dilated the canal of the cervix, and with finger in the uterus found a granular condition of the mucous membrane. Applied nitric acid, which was followed by a very sharp attack of metrorrhagia, which almost proved fatal, but which was recovered from after the twentieth day, leaving the uterus firmly fixed in an anteflexed position.

Dr. F. W. Campbell supplemented Dr. Alloway's paper by a report of a case in which he applied nitric acid with perfect success, after various other means had failed, including a systematic trial of Savage's solution of iodine and iodide of potassium. It was a case of subinvolution of the uterus, and the patient's life was in a very critical condition from the metrorrhagia.

Dr. Henry Howard had never seen the injection into the uterus of a saturated solution of acetate of lead fail in such cases, and feared very much the application to the inside of the uterus of an escharotic which could be followed by such disastrous results as occurred in one of Dr. Alloway's cases.

Dr. Reddy had for years been in the habit of applying the acid nitrate of mercury to the inside of the uterus, without any accident, and for the last three years had used nitric acid in the same way with the same fortunate results. On one occasion only, the application being followed by a slight metritis, which he attributed to the fact that he did not, in this case, dilate the canal of the cervix. He used no cervical speculum.

Dr. Trenholme remarked that Dr. Alloway's cases, except the last, were not such as demanded in his opinion the use of nitric acid. He would only resort to it where there was an undoubted granular condition of the mucous membrane. It was unwarrantable where the uterus was only three inches in depth, and not sufficient hyperplasia to cause any displacement. Where there was merely a limited amount of congestion, it could be relieved by leeching, or a pledget of lint saturated with glycerine, which acted by endosmosis. It was only in the granular condition that an escharotic was needed. Probably the fact that the application of nitric acid was not oftener followed by bad results, was due to the prevention of an escharotic effect by the neutralization of the acid by the alkaline secretion. Rest was indicated, especially at the periods of uterine activity, and care in the application of the acid. If canal of cervix were dilated by tents the surface of membrane would be torn, and especially liable to injury by the acid, therefore he did not dilate. The action of the acid nitrate of mercury was a milder means also. He always placed the patient in the dorsal position and allowed a small quantity of water to lie in the lower part of the speculum to prevent an escharotic effect on the external parts. Did not approve of the nitrate of silver at all. The contractions which followed its action were frequently very injurious. As to Dr. Campbell's case, thought if he had persevered in the use of the perchloride of iron, it would have sufficed.

Dr. Reddy remarked that he used a little oil in the bottom of the speculum, to limit the escharotic action of the acid.

Dr. Kennedy had been deterred from the use of nitric acid from the disastrous consequences in some of his friend's cases. Had recently treated two such cases as those reported, by the injection into the

uterus of Savage's solution of iodine and iodide of potassium.

Dr. Fenwick remarked that it was Dr. Athill's intention in the application of the acid to protect the cervix, and therefore used a cervical speculum. Thought that it was scarcely possible to apply the acid to the fundus without dilating the cervix. Sea tangle tents had been objected to, on the ground that spiculae from them might tear the mucous membrane and might sometimes be left in the tear. Some of the modes of treatment of the uterus were very violent and attended with very serious results.

Dr. Alloway remarked that his object in reading his paper was not to justify the treatment, but to bring up for discussion the question of the propriety of Dr. Athill's advice to use the treatment so boldly. Thought that Dr. Athill was not justified in giving such advice, which was productive of grave errors.

Dr. Campbell thought that if he had not used nitric acid his patient would have died, having given other measures a fair trial. He alluded to one case in which enteritis had followed the application of nitric acid to the uterus.

A vote of thanks to Drs. Alloway and Campbell was proposed by Dr. H. Howard, and seconded by Dr. Reddy.

Dr. F. W. Campbell in presenting a motion proposed by Dr. Trenholme, and seconded by himself, relating to the Board of Health, and the action of the present Mayor in reference to it, alluded to the good which it had done, compared the action of the late Mayor, Dr. Hingston, with that of his successor, Mr. Beaudry, expressed the confidence which the medical men had in it, the necessity of it, and the extreme impropriety of the Mayor's conduct. The motion was as follows:—

"That this meeting recognizing the paramount importance of securing the very best possible sanitary condition of the city, desires to record its appreciation of the valuable services rendered by the Board of Health during the short period of its existence, and to protest against the course of action—in reference thereto—pursued by the present Chief Magistrate of Montreal."

Unanimously carried.

It was moved by Dr. Kennedy, seconded by Dr. Nelson:

"That the Secretary send a copy of the above resolution to the Mayor, the Chairman of the Board of Health, and to each of the daily papers."

Carried.

The meeting then adjourned.

J. D. CLINE, B.A., M.D.,
Secretary.

MEETING HELD APRIL 27TH 1877.

Dr. Ross read a paper on a case of Aneurism of the Hepatic Artery, with diffuse suppurative hepatitis.

William Henry, *æt.* 22, had been admitted into the Montreal General Hospital, complaining of pains in the right side and great weakness. There was no dysentery, piles, rectal or intestinal trouble of any kind. His illness had begun with periodically recurring chills, every second day for several times. He was treated for intermittent fever in the Hospital Dispensary, and apparently relieved. After admission the general symptoms were rapid emaciation, occasional chills, high fever with remissions of several degrees; a dirty, dingy hue of skin; a very disagreeable odor, stools light-colored and offensive, no disturbance of digestion, occasional epistaxis, enlargement of liver which rapidly increased, and a dull pain over region of liver. Finally, collapse, with a temperature of $94\frac{1}{2}^{\circ}$, followed by a rise of 8° and death two days after. After death the liver was found to weigh 10 lbs., the peritoneum inflamed around it, adhesions by lymph to stomach and else where, the general peritoneum healthy, a number of fluctuating collections of pus in all parts of the liver. There was found an aneurism of the right branch of the hepatic artery, three inches long, almost entirely filled with laminated fibrine. There were no signs of general vascular degeneration.

This was a very unique case. One case of abscess of the liver was recorded by Virchow resulting from embolism of the hepatic artery, the origin of the embolus being gangrene of the lung. There were four cases on record of aneurism of this artery, two of them unaccompanied by any hepatic symptoms, and none of them accompanied by suppuration of the liver. Frerichs lays down the symptoms of aneurism of hepatic artery as threefold, (1) the tumor, (2) neuralgic pains from pressure on the hepatic plexus of nerves, and (3) jaundice. It was generally fatal by internal hemorrhage.

Dr. Osler then read a paper on the pathology of this case. Suppurative hepatitis was a remarkable thing as the result of disease of the hepatic artery. Its usual origin was disease of the portal venous system. He described the minute anatomy of the liver, showing the vicarious nature of the portal veins and hepatic artery, the functional and nutritive vessels of the liver, so that if the portal vein were obstructed, the other supplied its function. In this case would have to consider the possibility of two causes, total occlusion of aneurism by clots, or

escape of fibrinous emboli causing numerous areas of necrosis. There were two cases on record of total obliteration of the hepatic artery without suppuration. If the pyloric artery were not involved the organ would not be deprived of blood. Considering the embolic theory, why should suppuration have resulted? Areas of necrosis from mechanical deprivation of blood did sometimes degenerate into pus. The abscesses in this case were not recent, but were all formed with a distinct lining membrane.

Dr. R. P. Howard had seen the specimens when recent, and not knowing of the presence of the aneurism had sought to find a source of infection to the portal system. None had been discovered. In favor of the embolic theory would draw attention to the isolation of the suppurative centres. It was like ordinary pyæmic abscesses from disease of the portal system. Difficult to see how mere mechanical obstruction could lead to this suppuration. Clinically the case was interesting from its resemblance to ordinary pyæmia. There was found pus in the pleura and peritoneum, two serous cavities; the rigors also and remissions of the fever made it resemble pyæmia. Interesting to see a case of arterial pyæmia like venous pyæmia which was common. What was the cause of the aneurism? Was it due to an original embolus which was recognized as a cause of aneurism in the smaller vessels? The patient had not had syphilis. What was the condition of the coats of the artery? Believed that it had been stated that the interior was roughened.

Dr. Osler replied that the trunk of the hepatic artery was perfectly healthy, it was the interior of the aneurism which was roughened. There was a case on record of aneurism of the superior mesenteric artery from an embolus.

Dr. Howard remarked that an embolus would seldom get into the hepatic artery by reason of the angle which it made with the current of blood, but it might occur accidentally.

Dr. Shepherd said that the general vascular system of the body, which had been carefully dissected, was perfectly healthy.

A vote of thanks to Drs. Ross and Osler for their interesting papers was moved by Dr. R. P. Howard and seconded by Dr. F. W. Campbell.

Dr. Osler then exhibited some pieces of muscle, which were filled with encysted trichinae. The specimens were got from the body of a woman who had died at the Montreal General Hospital, from pneumonia.

DIED.

At Magog, on the 14th May, James B. Hall, M.D., aged 32 years, son of the late Dr. Archibald Hall, Professor of Obstetrics in McGill University.

BIRTH.

In Montreal, on the 3rd May, the wife of Dr. David A. Hart, of Bedford, Que., of a son.