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Original Communications.

MONTREAL GENERAL HOSPITAL.

Popliteal Aneurism. (Under the care of Dr. WILKINS.)

Michael McCormac, aged 28, laborer, was admitted into Hospital under Dr. Wilkins' care, on the 9th of August, 1877, suffering from aneurism in the right popliteal space. Patient is well-built, about 5 feet 6 inches in height, and has the appearance of enjoying very good health. He says he was never ill excepting a slight attack of intermittent fever he had about three years ago. He has, however, a scar in his right groin. About eleven years ago he had an ulcer on the glands penis, involving the frenum, which it subsequently perforated, and which perforation is still patent. Before the ulcer healed he had a suppurating bubo in the right inguinal region which he had had opened. He says he never had an eruption of any sort on his skin, nor had he ever suffered from sore throat. There are no enlarged glands nor other evidences pointing to the ulcer and accompanying bubo being other than chancroid.

About six months ago he first complained of an uneasy sensation in his right leg, and of fatigue after slight exertions, still, he continued to work for about two months longer, when he was obliged to desist. At about this time (that is four months ago,) his foot and leg commenced to swell and become painful. For the first time, about two months previous to entering Hospital, he first noticed "throbbing" under the knee, although it had been painful for about a month previously.

Upon admission into Hospital a pulsating tumor about the size of a hen's egg was felt in the right popliteal space. At each pulsation, fingers placed one on each side of the tumor diverged considerably and with a strong impulse. A thrill was distinctly felt, but no bruit could be heard. This knee measured one inch more in circumference than the other.

As the case was considered a favorable one to try the method of cure by Esmarch's bandage, first recommended by Dr. Walter Reid of the Royal Naval Hospital, Plymouth, and subsequently by Mr. Wagstaffe of St. Thomas' Hospital, it was decided to make the attempt.

On the fifteenth of August an ordinary roller

bandage was tightly applied over foot and leg, as far as the lower border of the popliteal space, then loosely over this space, commencing to roll again tightly just above the tumor, carrying the bandage as high up as the junction of the upper and middle thirds of the thigh; a strong elastic ligature was now tightly applied, entirely cutting off the supply of blood to the parts beyond. The bandage and ligature were both left on for exactly one hour; of course during that time there was no pulsation whatever in the tumor. A hypodermic injection of one-third of a grain of morphia was administered. About a quarter of an hour after the application of the bandage and elastic ligature, he commenced to suffer pain, which in a very few minutes became almost intolerable, so much so that a second injection of the same quantity of morphia was administered, after which he still continued to suffer intensely. At the expiration of the hour both bandage and ligature were removed, when the tumor was still found to pulsate, although it was slightly diminished in size.

Fearing that the want of success of this attempt to cure might have been due to the application of too great a pressure directly over the tumor, squeezing some, if not all, of the blood out of it, and consequently not allowing a coagulum to form to the full size of the aneurismal portion of the vessel, instead of imprisoning it there and thus forcing coagulation, it was decided to make another attempt.

August 17th. Instead of using cotton roller, as on the previous occasion, elastic bandage was firmly applied from the toes up to the lower border of the popliteal space. Over this space, a thin layer of cotton wool was placed, as recommended by Mr. Wagstaffe, and the bandage lightly applied, commencing again to apply it tightly immediately above the tumor, up to within about four inches of Poupert's ligament. The elastic ligature was tightly applied, and both bandage and ligature kept on for seventy minutes. As on the previous occasion he very soon commenced to suffer intensely, especially from the elastic ligature. A hypodermic injection of half a grain of morphia was given as soon as the ligature was applied, but the pain became so excruciating that for about the last twenty minutes he was kept under the influence of chloroform. On removing the bandage and ligature, the tumour was still found to pulsate.

Three days afterwards, August 20th, it was determined to make a third attempt; this time, however, the elastic ligature was omitted, the elastic bandage only being used, and two tourniquets were alternately applied over the femoral in the upper third of the thigh. At the end of about an hour the bandage was removed, the tourniquets were momentarily slackened, when pulsation was still felt in the tumor, although it was much smaller in size than previously. The pressure of the tourniquets was kept up for twenty hours, at the end of which time they were entirely removed, when all pulsation in the tumor had entirely disappeared, although a small vessel was felt pulsating at one side of the tumor. The tumor was much reduced in size, and quite firm and hard. Patient was kept in bed for a week longer, when he was allowed to rise, perfectly cured; he was able to walk and stand with ease, and quite free from pain. Discharged September 5th.

NOTE.—Patient was again admitted October 4th, under care of Dr. Roddick, with symptoms of abdominal aneurism, but, as he left the Hospital ten days subsequently, further progress of the case was lost sight of.

In this case a fair trial was given the method of rapid cure by Esmarch's bandage as recommended by Reid and Wagstaffe. It failed in its object, although there is no doubt it helped, as after each application the tumor was smaller. The first attempt was not properly carried out, as the bandage was not applied loosely over the tumor, as it should have been. A great part, if not all, of the blood was squeezed out of the tumor, as well as the vessels below it, consequently there was no blood left in it to coagulate and thus occlude the aneurism. This error was avoided in the two latter attempts, but with no more success.

Stricture of Urethra. Cure under care of Dr. WILKINS. (Reported by Mr. Young).

Frederick D., 34 years of age, was admitted into Hospital on the twenty-third of July, 1877, suffering from orchitis, induced by gonorrhœa, there was also a slight discharge from the penis; he complained also of a difficulty in micturating—having a constant desire without being able to do much, and then with great pain. The

testicle was very much swollen and tender. The solid nitrate of silver was applied to scrotum. The swelling of the testicle gradually subsided. The urine, however, continued to dribble away in a small stream, and was passed with great pain. August 20th, the orchitis returned with greater tenderness than before. His temperature rose to 101°, falling the same evening to 97.4-5°, remaining normal for a day, then rising. This continued from the 20th August to the 11th September, the highest 104°, the lowest 97°. The orchitis having again yielded to the application of Ag No $\bar{3}$, and the fever to large doses of sulphate of quinine, the state of the urethra could now be investigated more fully, and it was found that a stricture existed, about half an inch in extent, near the meatus urinarius, and another, of greater extent, near the membranous portion of the urethra. Dr. Wilkins, finding no signs of the inflammation returning in the testicle, determined to dilate the urethra, and thus obliterate the stricture. A whalebone director, 1-16 of an inch in diameter, was, with difficulty, introduced into the bladder. Otis' modification of Thomson's divulsor was passed over this, and the stricture at once dilated to size of No. 12 catheter, and withdrawn, when a No. 10 silver catheter was easily introduced and the patient relieved of two pints of urine. 21st September, patient has voided urine, good, free stream, complaining of scalding pain when doing so; gleet discharge still continues, but less in quantity. 25th, Dr. Wilkins again passed a No. 10, met with no unusual difficulty further than the tenderness complained of by patient. Patient continued to improve from this time, and in ten days all tenderness had disappeared and the patient considered cured, as he was able to pass his urine in a large stream. About six weeks after operation, patient was seen by Dr. Wilkins and there were no symptoms of return of stricture.

Progress of Medical Science.

It is asserted that a man's finger-nails grow their complete length in four months and a half. A man living seventy years renews his nails one hundred and eighty times. Allowing each nail to be half an inch long, he has grown seven feet nine inches of finger-nail on each finger, and on fingers and thumbs an aggregate of seventy-seven feet and six inches.

THE PREVENTION OF PUERPERAL FEVER.

In the last number of the *Monthly Abstracts*, page 231, we directed the attention of our readers to the valuable work which our German confrères are doing in attempting to introduce an antiseptic element into the conduct not only of severe, but of normal midwifery cases. The subject is of such importance that we think no apology is needed for again adverting to it, and adducing yet further evidence of its utility. The information of which we are now making use is derived from an excellent article by Professor Zweifel of Erlangen, in No. 1 of the *Berliner Klin. Wochenschrift*, 1878.

It appears that the idea of "Listering" in obstetrics (the German have coined the verb "Listern" to express the use of Professor Lister's antiseptic method, just as from Galvani's name we have coined the verb "galvanize") was first started by Bischoff, of Basle, in 1870 (*Correspondenzblatt für Schweizer-Aerzte*, 1875, No. 22, 23). His plan consisted in giving a bath as soon as the first pains of labour were observed, washing out the vagina with a 2 per cent. solution of carbolic acid every two hours, and anointing the fingers of the medical attendant with 10 per cent. carbolic oil at each examination, the hands being previously disinfected by washing them with 3 per cent. aqueous carbolic acid. In case the hand had to be passed into the uterus, or if the foetus was dead and decomposed, the uterus was washed out with a 2 to 3 per cent. solution of carbolic acid; and in every case frequent injections of the latter were made into the vagina and uterus for thirteen days after the birth of the child. Immediately after the labour, any wound was touched with a 10 per cent. carbolic solution, no ligature, if such were necessary, being applied until this had been done. Lastly, a pad of wadding soaked in carbolic oil (one to ten) was placed in the entrance of the vagina and constantly renewed. Under this system the number of cases in which morbid symptoms were present, consisting in a febrile temperature of more than two days' duration, and reaching 38.5° Cent. (101.3° Fahr.) at least on one day, tenderness of the abdomen on pressure, and fetid discharge, etc., was, in 1870, 14 per cent; 1871, 22.3 per cent.; 1872, 24.5 per cent.; 1873, 16.8 per cent.; 1874, 10.7 per cent.; 1875, 8.9 per cent.; or taking the average of the whole, 16.2 per cent. for the six years.

In 1875, A. Fehling published (*Archiv für Gynakologie*, Band xiii., s. 298) the results of experiments made for about a year in Professor Credé's clinic at Leipsic, and which consisted in applying a mixture of salicylic acid and starch (one to five) to any wounds of the external genitals and in syringing the vagina four to eight times daily, in case of fever and fetid discharge, with solutions of salicylic acid ($\frac{1}{2}$ to $\frac{1}{10}$ per cent.). The effect was excellent, but the use of

carbolic spray during labour, which was also tried for some time, was given up in consequence of the post-partum hemorrhages which it appeared to induce.

In 1877, Adrian Schucking (*Berliner Klin. Wochenschrift*, No. 26) suggested that the vagina should be washed out at the end of the labour with a 5 per cent. carbolic solution, and that immediately afterwards the uterus should be continuously irrigated by means of the apparatus of which we gave a brief description in our former article on this subject. This method was carried out in eight cases, in five of which the patients had had severe labours, and all recovered satisfactorily, no temperature being recorded over 38.4° Cent. In the other three the injection was not begun until after the commencement of febrile symptoms, but an immediate and decided defervescence was the result. Professor Zweifel's objection to Schucking's conclusion, that in the five former cases the fortunate termination was directly due to the treatment, is, first, that the number of Schucking's cases is too small; and secondly, that equally good results are possible without any antiseptic treatment. With this objection most persons will, we think, be inclined to agree.

Professor Zweifel's own method, to which we shall devote the remainder of the article, is founded partly on the use of antiseptic measures, properly speaking, and partly on the adoption of the most scrupulous cleanliness in connection with the surroundings of the puerperal woman. In the first place, all vaginal examinations *during pregnancy* are in his clinic made only after careful washing of the hands and smearing with carbolic oil, the vagina being further washed out afterwards in some cases with 5 per cent. carbolic solution. The reason for these precautions is the possibility of infectious matter being introduced into the vagina previous to labour of its lying there and being sucked up into the uterus after the expulsion of the fetus. "This," says Professor Zweifel, "is a possibility which no one will deny."

The rooms and beds destined for the use of the lying-in women are carefully disinfected by burning sulphur in them in fireproof vessels, allowing about four grammes of sulphur to each cubic metre of space. The bedclothes are spread out so as to expose as large a surface as possible to the fumes, which after a few hours are allowed to escape by opening of the windows.

After each labour in which the hand has been introduced into the uterus, or where air has gained entrance to it, or gaseous decomposition occurred in it, the uterus is washed out with several litres of fresh water.

Since almost all the cases of puerperal fever are found to be complicated either with ruptured perineum, small rents in the vagina and vulva, or with the introduction of air into the uterus during some operation, the greatest care is

bestowed on all external wounds, to which Fehling's mixture of salicylic acid and starch is applied with the best results. Careful examination of the external genitals day by day, and the use of the thermometer, are also rigorously attended to. It should be added that at Erlangen Obstetric Clinic has a separate pavilion to itself, which was built in 1874. The number of births from April, 1876, to October, 1877, during which period the above method has been carried out "with pedantic strictness," has been 184, with a *single* death—that of a woman with cancer, on whom a Cæsarean operation was performed. In 143 cases the lying-in period was completely normal—that is to say, the temperature never exceeded 38° Cent., or at any rate, was never above 38° to 38.4° on more than one day. Out of the remaining forty-one, thirteen never had any morbid symptom except a rise of temperature on one or two days to 38° to 39° Cent., or on several days to 38° to 38.5°; twenty-eight had the symptoms of puerperal fever in a greater or less degree, but to these only twelve had protracted fever, inflammatory exudation, and showed clear signs of puerperal infection, and in only five cases was life ever in any apparent danger. It was further noticed that the cases which did badly were not evenly distributed through the whole period of observation, but were limited to the months of December, 1867, and January, 1877, and of September and October, 1877, in the form of small epidemics. On the whole, Professor Zweifel considers that his results are by no means inferior to those of Bischoff, and that they do not point to any necessity for introducing a more complicated antiseptic system into his practice. Moreover, Spiegelberg at Breslau has carried out a system into closely resembling Zweifel's since 1874, with the splendid result of only *five* deaths in *nine hundred* labours. 1

With such evidence before us it seems to be our bounden duty to urge on the medical profession in this country to habitually adopt the measures by which alone, as far as present knowledge goes, puerperal infection can be prevented—namely, scrupulous cleanliness and the use of antiseptic lotions, etc., for disinfecting the examining hand and the genital organs. Even the busiest practitioner can manage to invariably examine with carbolic oil instead of ordinary oil or grease, and in the most out-of-the-way places vinegar or brandy, as Professor Zweifel says, are sure to be found as substitutes for carbolic or salicylic acid.

We are not sure that in private practice the need of these precautions is not as great as in the hospital ward; for the risk of picking up infection somewhere, and conveying it to the lying-in room, is naturally very great when the

same man is seeing on the same day medical, surgical, and obstetric cases. He may go straight from a scarlet fever case to a woman in labour; and a most melancholy instance occurs to us in which a very valuable life was probably sacrificed in this way not so very long ago. The old discussions about puerperal fever, which we find reproduced even now in text-books on midwifery, are out of date in the light of our modern knowledge. We *know*, for example, that the woman who gets fever, peritonitis, and vomiting just after her confinement, has been infected with poison *from without*—whether bacterial or otherwise makes not the slightest difference; we *know*, too, how to prevent the entrance of this poison into the woman's system, we may be very helpless when it has once though entered it. Knowing all this, and knowing, too, the high mortality from puerperal fever, and that probably more than a thousand women die of it in England every year, is it not our plain and simple duty to try and carry out, at any rate, the major operations of midwifery in future with the same attention to antiseptic precautions as Mr. Spencer Wells observes in performing ovariotomy?—*Med. Times and Gaz.*, March 30, 1878.

TREATMENT OF PLACENTA PREVIA.

Dr. Charles Bell, *Edinburgh Medical Journal*, June, 1878, thus presents this subject:—There has hitherto been a remarkable degree of empiricism in the treatment of placenta previa, arising apparently from its alarming and dangerous character, which has induced some practitioners to endeavor to check the flooding without delay, even at the sacrifice of the child's life. Many remedies have in consequence been adopted, but the first in importance is the artificial delivery of the child by turning. This operation was first suggested by Ambrose Paré, and afterwards strongly advocated by Gillemeau, and it has been considered the most valuable remedy by the generality of the profession since his time, and it is certainly the most advisable when the os uteri is sufficiently dilated, to admit of its being performed more especially if the woman has stamina enough to undergo the operation, and there is an obvious tendency in the uterus to contract. Should there be no evidence of uterine energy, however, it will be necessary to have recourse to stimulants, and the ergot, given either by the mouth or by subcutaneous injection, in order to rouse the uterine energies if possible before attempting the operation. But some accoucheurs have objected to artificial delivery, from its being liable to be followed by fatal consequences. There is too much reason to believe, however, that these results are more frequently produced by its being injudiciously performed than its inherent character. Never-

1. For further information on this subject see also the *Zeitschrift f. Geburtshilfe und Gynäkologie*, ii, 1, containing papers by Schullien, Richter, and Langenbuch.

theless, the prejudice against it has led to two other operations being suggested as a substitute for it; the one by Sir James Simpson, the other by Dr. Barnes. The operation suggested by Sir James Simpson is the entire separation of the placenta, which he so strenuously advocated that some practitioners, ignorant of the history of the subject, have supposed that he originated it; but he only revived it, as it was performed by Portal two hundred years ago, and the success attending his operations seems to have induced others more recently to practice it; the most celebrated of whom, previous to Sir James Simpson, was Mr. Kinderwood, who reports several cases, some of which were successful, so far as the mother was concerned; others were fatal to both mother and child. It is very questionable if the cases in which the mothers were saved would not have been equally successfully had turning been adopted in place of entire separation of the placenta, when in all probability the child might have been saved.

The argument used by Sir James Simpson in support of this operation is in many instances quite untenable, as it goes on the ground that hemorrhage "chiefly and in most instances entirely proceeds from the other surface, namely, that of the placenta; or perhaps, more properly speaking, of one large maternal vascular bag, into which the blood of the mother is conveyed by the utero-placental arteries," and by its removal the hemorrhage would cease.

Upon this principle the placenta might be compared to a reservoir supplied by many pipes, and from which, when injured, fluid might escape; but, unless a check were put on the supplying vessels, its mere removal from its locality would not prevent the drain upon the source from which the fluid came; neither will the separation of the placenta check the hemorrhage from the uterus, unless it has energy enough to contract on its vessels, so as to prevent the circulation through them after the placenta is detached. Therefore, if the patient is so exhausted that the uterus cannot act, this operation is equally hazardous to the mother as turning, while it is almost certainly fatal to the child.

Dr. Radford, who seems to be favorable to this operation, says:—"I conclude that on a complete separation of the placenta the hemorrhage is immediately and completely suppressed, provided the uterus is in a condition so far to contract as to force down the head with the placenta upon the uterine openings." This is a very erroneous idea, as a little observation will show that the foetal head is ill adapted to act as a plug; and no internal pressure would have the effect of suppressing the hemorrhage, which can only be overcome by the same action on the part of the uterus and its vessels previous to the birth of the child as takes place after delivery.

Dr. Barnes, while he strongly objects to the

entire separation of the placenta, advises another operation on the same principle, which has for its object the extension of the partial separation of the placenta, then leaving the case to nature. Now, experience shows that the great cause of anxiety on the part of the accoucheur, and danger to the mother and child, is partial separation of the placenta, in some cases even to a limited extent; yet this author considers that, by this operation "the case is resolved into a natural labor." He founds this remarkable opinion on the supposition that "there is then an anatomical or physiological limit to the extent of placenta liable to detachment during the expansion of the womb," and that he has discovered that limit, and can discriminate it during labor, and he designates it the "cervical zone." "the region of dangerous attachment," and by separating the placenta from it hemorrhage ceases. This is, however, a mere hypothesis, as there is no part of the uterus from which the placenta can be separated artificially without danger of hemorrhage, unless uterine contraction immediately takes place. Therefore, this operation is equally, if not more, hazardous than the one recommended by Sir James Simpson.

The only tenable argument that has been used in favor of either of these operations is that they can be performed with less shock to the mother, and requires less manipulation, or manual violence as Barnes calls it, than artificial delivery. But this is a mistaken idea. For, in the first place, the os must be dilated to considerable extent before it is possible to introduce the finger sufficiently for the separation of the placenta; and, unless there is great tendency to detachment on the part of the placenta, a considerable degree of force will be required to effect it. This is verified in Dr. Reid's case, in which he could not force his finger into the anterior part of the uterus to which the placenta adhered; and every one must have experienced the difficulty of separating the placenta in hemorrhage occurring after delivery of the child.

There are other remedies which have been deservedly appreciated in unevoidable hemorrhage, namely, plugging and rupturing the membranes; both of which are most beneficial in the cases suitable for their employment.

Having referred to the most important remedies which have been employed in placenta previa, it now remains to decide in what cases they are most likely to be useful; and this is the most difficult part the accoucheur has to perform, and his success will, in a great measure, depend on his forming a correct diagnosis. If the os uteri is small and rigid, this will be rendered a very difficult matter. Therefore our duty will be, in the first place, to have recourse to plugging, until this state of the os is overcome; and the best kind of plug is the India rubber bag filled with air, which Dr. Keiller

had the merit of introducing into midwifery practice. This is infinitely superior to "Dr. Barnes' bags," as they are called, which are filled with water. The bag filled with air not only affords a light and good support, but it enables the accoucheur to ascertain if the hemorrhage is still going on, and it is easily applied; whereas if a sponge or handkerchief is employed, it is introduced with difficulty, and the blood is prevented escaping, so that the accoucheur is kept in the dark as to the continuance of the hemorrhage, unless the general condition of the patient enlightens him.

If the labor pains are active, it will be desirable to remove the plug to ascertain what progress has been made in the dilation of the os, and if it is sufficiently dilated, or easily dilatable to admit of the hand, and the child has been ascertained to be alive, and the hemorrhage profuse, there ought to be no delay in delivery by turning. But if the child is dead, and the mother much exhausted, it may become a question if the entire separation of the placenta may not be attempted, especially if there is a natural tendency to its being detached by the uterine contractions. If the os uteri is not sufficiently dilated to admit of either of these operations, and if the case is one of central presentation, the plug should be again employed, as it is probable that the hemorrhage is caused by the placenta being put on the stretch by the pressure of the child's head, and the support afforded by the plug may have the effect of checking it until labor is further advanced. But if it is a partial presentation, and the distended membranes are found occupying the entire disk of the os, rupturing them may have the effect of checking the hemorrhage, by allowing the uterus to contract on the vessels from which it was flowing, just in the same manner as takes place when they are ruptured in accidental hemorrhage. In regard to Barnes' operation, I cannot imagine any case in which it would be justifiable.

CONTRIBUTIONS TO THE HOT WATER TREATMENT OF UTERINE HEMORRHAGE.

In the *Memorabilien*, Heft 4, 1878, Dr. Alois Valenta reports three very desperate cases of uterine hemorrhage treated by injections of hot water.

The first case was one of protracted abortion in a multipara at the fifth month. The hemorrhage had occurred frequently during the past month, and the patient was anemic and almost lifeless. An injection of hot water (40° Reaum., equivalent to 122° Fahr.), with some carbolic acid in the water, was applied through Fritsch's intra-uterine catheter, and the subjective and objective signs clearly showed contraction of the uterus with expulsion of shreds of remaining placenta. It was necessary to repeat the

injections on the two days following, the temperature of the water being 36° Reaumur (113° Fahr.) There was no hemorrhage after this, but a peritonitis with exudation developed, from which the patient recovered, and was entirely well within six weeks.

The second case was one of abortion in the beginning of the third month. The patient was exhausted from repeated loss of blood, and in her case, as in the first, pieces of ice, ice-water, ferri sesquichlor, and ergotine injections had been used without any good result, also the tampon. The finger was introduced and portions of the membranes taken away, and hot water injected with permanganate of potash in it, temp. 42° C. (107½° Fahr.), with the best results. There was a slight tendency to perimetritis, but the patient was out of bed in two weeks.

The third case was one of excessive metrorrhagia, on the tenth day after labor at full term in a primipara. There was considerable hemorrhage, caused by a portion of detached placenta, which was scraped away, and an injection of water, temp. 37° Reaum. (115½° Fahr.) used. There was no more hemorrhage, and the patient was well in a short time.

Critical Remarks.—The first point to be observed is that the patient, as soon as the hot water injections were commenced, could clearly feel the contractions of the uterus, as one could himself observe the contractions. It appears, therefore, to be proven from the facts that the *hot water injections induce without doubt quick and energetic contraction of the uterus.*

2 An important point, very favorable to the hot water injections in preference to the cold, is the consideration that by the latter, so far as the body-heat is concerned, patients very much reduced will always be deprived of more warmth, while *by the hot water injection warmth in an inverse proportion will be produced*, which is essential in very anemic patients.

3. It is also especially to be noted that the general feeling of the patient from injections of ho. water is an agreeable one, while the cold water treatment is decidedly unpleasant.

4. The resultant reaction in the cases observed, after the hot water injections, is not only not more violent than the cold water injections, but, in the judgment of the writer, milder.

5. The temperature of the water should be from 40° to 42° R. (122° to 126½° Fahr.), with some disinfectant, as carbolic acid or permanganate of potash. Dr. Atthill, of Dublin, says, that in these cases the water must not be less than 110°, and may safely be 115° Fahr.

6. This treatment of uterine hemorrhage should no longer be resorted to as a last refuge, but should be adopted as soon as possible in cases of this kind.

INGROWING TOE NAIL (SO-CALLED).

What is commonly denominated ingrowing toe nail is in reality nothing of the kind. In these cases you will find that the nail is all right. What then is the matter? The young woman now before you presents a very useful case, because it affords an example of an affection which is so common; and I take more interest in explaining cases of this kind than in the most elaborate and difficult operations, because you are liable to meet them every day in your practice. This matter of so-called ingrowing toe nail, I am sorry to say, is, as a rule, entirely misunderstood, and improperly treated. The nail grows into the matrix, which is simply an involution of the skin, and continuation of the periosteum; and a portion of the nail lying in the groove of the matrix is smooth and rounded, and terminates in layers of epidermis. Through these layers a part of the nutrition of the nail goes on.

Here is an instance in which the tissues have become swollen and highly inflamed, and protrude over the nail. What is the explanation of this state of affairs? A tight boot has been worn, which presses the matrix forcibly against the nail. This occasions tenderness, and in order to relieve it, the edge of the nail is cut. This procedure results in the formation of granulations. Then the scissors are inserted, notwithstanding the severe pain thus occasioned, and more of the nail cut away. A fatal mistake. The surface becomes ulcerated and granulating because, instead of the normal bulbous extremity of the nail, you now have a sharp, ragged edge pressing into the inflamed tissues. It is rough, harsh and irritating, instead of being smooth and rounded. If you have ever compared the beautiful and symmetrical sting of a bee with the rough and uneven point of even the finest cambric needle, under the microscope, you will understand exactly the difference to which I refer. The needle seems as clumsy as a crow-bar.

Now, as to the treatment. Our friend here must wear a loose shoe, in the first place. This is a *sine qua non*. Then the maltreated nail must be allowed to grow and regain its proper shape. While this is going on she will suffer considerable pain, but this will be her penance for having done wrong. By the end of six months the nail will have regained its normal outline. If much inflammatory action should continue while this is going on a slippery elm poultice may be applied from time to time. When the granulations become exuberant, a little pinch of dried alum will be found to be very effective in reducing them. Some persons suffering from this affection find great relief in the daily use of the alum. The chances are, however, that our patient will become dissatisfied in waiting so long for a cure to result, and resort to the fatal scissors, but we

can at least give her fair warning of the long course of suffering which by so doing she will bring upon herself.—*Med. and Surg. Reporter.*

TREATMENT OF ULCERATION OF THE OS UTERI.

All acquainted with the practice of an out-patient department for the diseases of women, cannot fail to have been struck by the very numerous cases of ulceration of the os uteri presenting themselves for relief. The cases are so common, the distress of the affection so debilitating, the discomfort to married life so great, and the cure so within the limits of the ordinary practitioner, that we hope to do good service by a few remarks on the subject. We shall classify the cases, dividing the os into three zones:

I.—Ulceration at the os uteri on one or both lips.

II.—Ulceration extending to half the inferior part of the cervix uteri.

III.—Ulceration involving the whole of the cervix and os.

I.—Ulceration at the os uteri on one or both lips.

1. Very many of these cases pertain to the newly-married, and are undoubtedly the result of excessive venery. There is always a history of nausea or retching, backache, a white or muco-purulent vaginal discharge, some scalding on urinating, vaginitis or vaginismus, and constipation. An examination by speculum reveals an abraded surface, some discharge about the os, and more or less uterine congestion. 2. Other cases belong to multiparæ, who have had untoward labors whereby the external os has been lacerated, and one or other lip has become inflamed, and taken on unhealthy action. This condition is generally a bar to future pregnancy. In both classes cervicitis may be present. The lesion does not affect the cervical canal to any extent.

II.—Ulceration extending to half of the inferior part of the cervix uteri. These cases are very common, occurring in women who have had difficult or many labors. The extraction of the child has divided the os into two portions, of which the posterior has been generally found to be the larger. There is a more or less free muco-purulent discharge from the vagina, and in addition to the symptoms enumerated under Class I, the patient complains of dragging pain in either one of the groins, with pain extending to the knee of the same side. On digital examination the finger readily enters the cervical canal, and ulceration is detected. Pressure on the uterus elicits pain; the fundus is somewhat displaced; the whole organ is invariably enlarged. The extent of the disease is not seen by the speculum, which tends to bring the divided parts together; hence the necessity of a careful digital exploration.

III.—Ulceration involving the whole of the cervix and os. On exposing the parts the cervix is found to be inflamed, soft, tender, much enlarged. Cervicitis is marked. The os is generally round, and the cervix is somewhat flattened at its free extremity, as if it habitually rested on the perineum. This affection is usually noticed in old cases of prolapsus, in virgins and in sterile women. The cause may be attributed

to flexions, relaxation of the uterine ligaments, and excessive venery. In these cases the pain extends along the spine and shoots down to either knee. There is pain in nearly every position the body can assume. Care is required to discriminate between these cases and those of a malignant type.

General Treatment.—We cannot too forcibly inculcate the necessity of absolute rest in the horizontal position. By this means congestion about the uterus is lessened, and the ulcerated surface prevented from impinging on any part. The diet should be liberal. The bowels should be kept well opened. All marital intercourse should be forbidden.

Medicine.—There being generally a state of anemia to contend against, we would first recommend the vegetable tonics and cod-liver oil, afterwards the ferruginous preparations. Where any induration exists, iodide of potassium should be administered. It is essential to raise the tone of the body, as concurrently with its improvement, so the healing process will be expedited.

Topical Applications.—Much care is required in deciding whether to deplete or not in choosing the form of caustic to be applied, and in prescribing an effectual injection. In all cases where the veins are prominent about the os, we would commence either by leeching or puncturing with a lancet. The latter we prefer. In cases of slight ulceration, touching the part with nitrate of silver or chromic acid, followed by a plug of cotton wool steeped in glycerin, is generally effectual. Should the ulceration be obstinate, we would apply fuming nitric acid. The cotton wool saturated with glycerin must be introduced daily. Where the lips of the os are divided, it must be concluded that the inflammation has extended along the cervical canal. In these cases the *external* os should be well burnt with the caustics named; if necessary, the actual cautery should be employed, but the cervical canal must not be molested. Failing these, plugs of iodized cotton wool should be applied daily. We have been very much pleased with the success in these cases following the application of iodized phenol, an escharotic and alterative introduced by Dr. Batty, of Georgia, U. S. [℞ Iodinii, ʒss. Acidi carbolici, ʒij. Aquæ, ʒij. Misce. Fiat solutio.] The healing process has certainly been materially accelerated by its use. We have simply applied it on cotton wool, leaving it for two days against the ulcerated parts, and then renewing it. Where the whole of the cervix is involved, the patient should be constantly on her back, glycerin should be first tried daily, and, if no improvement be noticed, the iodized phenol should then be used, and, if necessary, the actual cautery applied to one of the lips of the os uteri. Where there is active inflammation, hot-water injections thrice a day are beneficial; glycerin and tepid water effect most good when the ulceration is healing; alum lotion is a safe stimulant in tardy repair of the lost mucous membrane.—*From The London Doctor.*

TREATMENT OF SORE NIPPLES.

Dr. Haussmann, of Berlin, recommends very highly the use of lotions containing five per cent. of carbolic acid, in the treatment of erosions of the nipples. He claims that the carbolic acid not only cauterizes superficially the eroded spot, but that it penetrates into the openings of the smallest lymph-vessels which have been laid bare by the erosion, and destroys at once any parasitic germs or infectious organic substances that have been conveyed to the nipple by the mouth of the child or the hands of the physician or nurse, or of the woman herself. In so doing it prevents the development of almost all inflammations of the mammary gland itself. Of course the nipple must be carefully cleansed every time the child is put to the breast.—*Centralblatt für Gynak.*, No. 10.

ON HEADEACHE.

A lecture delivered in Gresham College on May 10th, 1878.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Gresham Professor of Physic, &c.

The Founder of our College desired that the Professors should deliver addresses of practical utility to the citizens of London, and it is my wish to carry out the intention of Sir Thomas Gresham, and to give to any here who suffer from headache, or have around them those who do so, such suggestions as may be of service in relieving pain and preventing the establishment of what might otherwise prove a life-long misery.

Headache is merely the name of a symptom which may occur in a multitude of disorders. It is often met with in the course of jaundice or kidney disease, and is then regarded as part and parcel of the deep underlying ailment. The term, however, is employed mainly to describe those conditions in which head-pain is the pronounced and manifest evil.

The better to understand the nature and varieties of headache, some description of the parts involved is needed. This anatomical description must be of the most general kind.

Beginning from the outside, there is first the hair, next the scalp, which covers the bone, next the bone covered by periosteum, and next the brain covered in its turn by the dura mater, a fibrous tunic which embraces and keeps it together, and sends partitions between the hemispheres and between the larger (cerebrum) and smaller (cerebellum) brain. The dura mater supports the vessels which convey blood to and from the brain.

This rapid survey sufficiently indicates that, as the parts affected are various, so the painful sensations to which these parts are subject may be various in kind, in degree, and in results.

Headache, like any other pain, is given as a

warning, not to be slighted but to be attended to, and very often it is the earliest evidence of removable mischief, which, if neglected, passes into hopeless disorganisation.

The scalp may become tender and painful from hard brushing, parting the hair in an unusual place, or hanging on to it a weighty superstructure.

Those who have too much hair or wear it too long have headache sometimes in consequence, and persons leading a sedentary life with excess of food and wine, find the tonsure promote coolness of head and freedom from oppression. The malady as it affects gouty persons is often accompanied by heat of head, and it is a good thing for gouty old gentlemen that they are often bald. *Gouty* headache is accompanied by fulness, flushing of the vessels, and, if neglected, may lead to giddiness and apoplexy.

Rheumatic Headache attacks those who are not comfortably housed and well supplied with warming food; it favours persons living in damp low-lying situations or exposed to raw winds when imperfectly clothed; it fixes itself in one part of the aponeurosis between the scalp and skull; and notwithstanding warmth, anodyne embrocations, and alkaline draughts, it is very apt to remain for several days, and only yields to iodide of potassium and sarsaparilla.

This differs from *neuralgic headache* which occurs in plunging paroxysms like tooth-ache. Often it depends on a bad tooth, and is removed with it, or it is intermittent and dependent on ague or marsh poison, in which case it may be cured by a good dose of quinine. Sometimes intense neuralgic headache depends on a swelling on the nerve as it passes a foramen or hole in the skull, and then mercury or iodide of potassium must be relied upon.

Nervous Headache, as it is called, is not like *Neuralgia*. To depict a case: here is a pale, thin woman, with bright eyes and an anxious over-wrought expression, who tells us she is a martyr to it; sometimes she is free for weeks, but when she is "put about" or worried, the head is almost constantly aching, unfitting her for work and making life a burden. It cannot, she tells us, be due to over-eating, for she takes little besides tea and toast; she never takes any breakfast, and the pain is worse in the morning. The pain is, indeed, "the prayer of the nerve for healthy blood." On inquiring the cause, we find that it began first years ago, when her nights were disturbed by a sick child and by her husband's misfortunes.

Cases of this kind are common among seamstresses and underpaid washerwomen, but they are not rare in the higher walks of life, for the ladies who look so graceful and prosperous in their luxurious carriages are often harassed by anxieties we know not of, and tormented by carking cares to which the poor are strangers. These are cases in which valerianite of zinc is

useful; the attack may be lessened by *guarana*, the new popular tea-like drug; but to supply the worn nerve with good blood is the real point, and food containing fat is essential, as milk and cod-liver oil, and let bread and milk take the place of tea. Although wine or spirit *taken with food* may be of real temporary benefit, it is the doctor's duty in cases like this to discourage the use of alcohol, for soon a craving for it will be developed which, from weakened powers of resistance, the patient will be unable to escape.

The very opposite conditions to those just described give rise often to headache. I mean not defective or lacking nourishment but over-eating. Bad cooking or imperfect mastication *may* be the cause, but generally eating too fast or eating too much is the evil. Some may remember my allusion in this Hall years ago to the evil of *Luncheon Bars*. The observations were quoted in some of the commercial papers of this city, and I hope have been taken to heart by some; there can be no question that many become dyspeptic and get headache because they allow themselves but a few (five or ten) minutes to "bolt" (no other term is appropriate) a plate of meat, with beer and perhaps cheese and salad, and are at their desk and bustling work without a moment's interval for the stomach to attack the food while the brain is untaxed. If the time is very short it is better to take a light meal than to "bolt" a heavy one.

In this dyspeptic form of headache the feet get cold, the head hot, and face flushed; soon a dull heavy pain comes with throbbing at the temples. The tongue becomes coated, mouth clammy, breath offensive. The pain shifts about, and is increased in the upright posture. The patient declares, perhaps, that the headache cannot be due to indiscretion in diet, for he had a specially light, wholesome meal the previous day; on inquiry, it will be found to be due to an error two or three days before, or most probably a wrong plan long followed.

Headache from over-eating in children, may be relieved by an emetic. Growing children *must* have their digestion in order, or they will be stunted in growth, and imperfect in development.

Headache from over-drinking, comes on the morning after the "bout," and may be unaccompanied by any sign of disorder of digestion, for the patient endurance of the stomach is almost beyond conception. It is relieved by brandy and soda, or better by soda water, or even by cold water alone.

Let me now bring before you a typical case of plethoric or congestive headache.

Here is a burly, fresh-coloured gentleman, who looks the "picture of good nature," and whose face certainly does not pity him; but if you look at him attentively, you see the red

cheeks are due to tortuous vessels and stagnant circulation. His lips, too, are bluish, and the nose red. When he stoops he flushes deeply. He complains of noises in the ears, and pain in the bridge of the nose; and he gets so sleepy after meals that he *must* have his nap. His habits are sedentary, and he becomes less and less disposed for walking. He has, perhaps, lately retired from business, having made his fortune. He considers his diet spare, as he seldom eats meat more than three times a day, and rarely takes anything between lunch and dinner, and he is "doing Banting" to the extent of taking a biscuit with his cheese and port. Two or three times he has had nose bleeding. This may probably have saved him from apoplexy, and till he gives up his port, and two of the three heavy meat meals, and leads an active life, he will suffer from his headache, and perhaps some morning will have an apoplectic seizure and never regain consciousness.

Time will not allow me to speak of the headache of hysteria or hypochondriacs.

Sick Headache is primarily due to nerve wear, but being treated by anti-dyspeptic remedies, it becomes accompanied by, and eventually chiefly caused by, stomach disorder. It is apt to attack those who inherit a predisposition to affection of the brain. The grandmother of the patient was perhaps epileptic, father subject to tic, one brother consumptive, and another insane. It is periodic in its onset, necessitates complete recumbency and withdrawal from noise, glare, and bustle. The sickness is the consequence, and not the cause of, the headache, just as sea-sickness is dependent on disturbed circulation in the brain, secondarily affecting the stomach. In treatment, many things, *e.g.*, sal. ammoniac, mindererus, coffee, or chloral, give relief, but our sheet anchor is a prolonged course of iodide of potassium.

The headaches of children require special care and discrimination; those of measles and scarlet fever soon pass away on the appearance of the rash. They are at times as severe as is the characteristic backache of small-pox.

School-boys and students sometimes get a severe form of headache from overwork, which needs vigorous and decisive handling, or it is followed by organic disease. Several distressing cases of this kind have fallen under my care. In such cases cessation from hard work is the first essential. Country life or a sea voyage are the remedies. These are cases in which the brain tissue is deteriorated and softened either from strumous disease, or overstrain of feeble brain. In fevers the consistence of the brain is reduced, so that its specific gravity is less than it should be. In insanity it is harder and heavier, the fluids around being increased. The proportion of phosphates, too, varies consider-

ably; hence the suggestion that phosphorus is the remedy in such cases.

Disease of brain is sometimes painless, for the brain substance has no sensitive nerves, and in hernia cerebri you can touch the brain without the knowledge of the patient; but if you press firmly on it, uneasiness or convulsion occurs.

If the membranes covering the brain are affected, there is sure to be pain, generally of an abiding kind, and in a fixed spot. In such a case the pain is increased by engaging the patient in conversation, instead of being diminished, as is usual in other forms of headache.

A large abscess may destroy a hemisphere without symptoms, as in a case once under my care, but a small tumour on the surface may give rise to acute pain, and perhaps paralysis. Tumours are of many kinds, fibrous, cystic, aneurismal, or cancerous. This is a subject for a lecture in itself. I can only allude to it here. Tumours often cause epilepsy, as well as headache. If the tumour is aneurismal, it may burst into the brain, with an immediately fatal result.

The treatment of epilepsy has of late greatly improved, and at least, partial benefit may now be counted upon. Typical sick headaches are, as I have said, allied to epilepsy. They are commoner now in these days of high-pressure and competition than formerly, for disorders of the nervous system have taken the place of the disorders of the circulation which so frequently affected our easy-going free-living ancestors.

A few words now about treatment. First *preventive treatment*. Had this been more successful in times past many valuable lives might have been saved.

Isaac Newton always found that when he worked at the theory of lunar irregularities it made his head ache, but it never ached when studying any other subject. He neglected the warning, and after resuming his intense application to this abstruse subject, the severe illness which ultimately cost him his life, commenced; and thus the world lost with Newton the power of mastering other phenomena as important perhaps as that of gravitation.

The value of one such life who shall estimate!

Congestion of brain, when habitual, leads to feeble memory, dimmed intellect, weak sight, or perhaps even to blindness and deafness; a cautious bleeding (old-fashioned remedy though it be) may prove the best treatment in such a case.

Symptoms ought to be *early* attended to; work must not be too prolonged or intense, nor must the intervals between meals be too long, or the quantity taken unsuitable to the habits and requirements of the body. Hard mental work cannot be done without good sustaining food, any more than an engine can work with-

out fuel. Let the diet be regulated; let the clothing be ample but not excessive; let the digestion be kept in order, the exercise be appropriate, the rooms airy.

These are general principles applicable to all. But remember that headache is a symptom. Its cause must be discovered and obviated.

When ascertained, if found to be dependent on rheumatism, a great effort should be made to secure a dry comfortable house, on a gravelly or sandy soil. Flannel should be worn near or next the skin, vigorous friction after the morning bath, a diet nutritious but not such as to develop acidity, for many forms of rheumatic headache are promoted by sugar, by porter, and sweet wines.

I need not repeat what I said about the character of rheumatic headache, that it is superficial, accompanied by tenderness increased on moving the scalp; nor need I allude further to its causes or the treatment, which is that of rheumatism generally.

The *congestive* or *plethoric* headache may be known by the sense of fullness and weight in the head, with occasional giddiness. The pain is throbbing, it comes and goes, it may be produced by stooping, sleeping with the head low, wearing a tight necktie (or "choker," as it may more appropriately be called), or even by tight stays. This form of headache is not confined to those who indulge in good living, but it affects those, too, who are pallid and bloodless, for persons with too little blood are even more prone to congestion than those with too much. You will all see how essential a sound diagnosis must be under such circumstances, for what may cure the full-blooded, will certainly greatly injure those whose blood-supply is deficient. These cases may be benefited by derivation, *i.e.*, attracting blood to other parts, as by warm baths, or mustard plasters, by cupping or by vigorous friction. Suitable drugs are too manifold to name.

In *nervous* headache and headache from over work, the grand desideratum is *rest* for the over-taxed organs. As with rheumatic subjects, those prone to *nervous* headache are like barometers, and feel every change of weather. The ordinary pressure of the atmosphere is 15 lb. to the square inch, a fall of one inch (from 30 to 29) will take off $\frac{1}{4}$ lb. pressure on every inch of surface, or about 1,000 lbs. over the whole body. If you go to top of Mont-Blanc, you reduce pressure by one-half.

Humidity and dryness have an equally marked effect. In dry air, moisture is given off by the skin, and thus the amount of fluid in the body is reduced, but in damp air this evaporation is checked. Thus, many people who have headache in low-lying damp swamps get well in dry air.

The electrical conditions of the air tend to influence the feelings of sensitive invalids, and

when a thunder-storm is imminent, many people suffer from headache, which is relieved when the storm has passed off. Again, a cold, raw, north-east wind blowing in the face will often give headache either to a person subject to rheumatic, congestive, or nervous headache. Thus travelling, often so beneficial, may become a source of evil.

The palliative remedies in many such cases are numerous. Eau de cologne and camphor water are often comforting. Ice is refreshing, or iced seltzer water; smelling salts to the nose, or snuff may be useful. A mixture of ether and aromatic vinegar is grateful at times.

In *dyspeptic* headache, the pain is at the back of the eye, with a throbbing at the temple on movement. Care in diet is the grand requirement. If due to acidity a simple antacid and carminative, as soda with ginger, or rhubarb and magnesia, will do great good.

Sedatives are generally *bad*, they either fail to relieve, or stupefy the patient.

In this lecture, I have felt it better to describe a few main varieties of headache clearly, so that you may realise the nature and treatment of each; although in practice each case may have something in common with two or more varieties.

Thus a nervous dyspeptic may suffer from sick headache, or a full-blooded plethoric person from gouty and organic as well as congestive headache.

We cannot treat every case, even of the same variety of headache, on the same plan; every case is a study in itself, and that practitioner is the most successful who best adapts broad principles to the personal idiosyncracies of the sick person before him.

Do not neglect a headache nor attempt to remove it by a dose of opium, but—*find out its cause*—and *there* think no pains thrown away in removing it; few things are more easily dealt with in an early stage, and few maladies try the skill more when they have been long established.

Much may be done by judgment and discretion, and in a large proportion of cases cure may be counted upon if the effort to attain it is proportionate to the importance of the end in view.

The *prognosis* must depend entirely on the *diagnosis*; if there is organic disease of the brain recovery cannot be counted upon; happily, however, such cases are quite exceptional. In the *Rheumatic, Neuralgic, Congestive, Dyspeptic*, and *Nervous* varieties, cure should be determinably sought and found. In *Sick Headaches* alleviation and diminution of frequency in the attacks is certain. In *Gouty Metastatic Headache* the prognosis is less hopeful, and when the disorder depends on jaundice or deep-seated disease of distant organs, recovery from the

headache must always be dependent on the course of the malady from which it springs.

Let me wish you all freedom from the disorder of which you have heard so much, and let me urge you, if you are so unfortunate as to suffer, to set yourselves to find out the *cause*, and, in many cases at least, the removal of the evil will then be easy.

REPORT ON SKIN DISEASES AND SYPHILIS.

By C. R. DRYSDALE, M. D.

Senior Physician to the Metropolitan Free Hospital.

All who have had often to treat of the various forms of ringworm, or disease of the hairy scalp, must be desirous to know all that can be said as to the nature of their diseases. Bazin and Hardy, of the Hôpital Saint Louis, have, in my opinion, done more to throw light upon these obscure diseases than any other authors.

The classification I adopt, following these gentlemen, is threefold, first of all favus, then the three in one, herpes circinatus, tinea tonsurans, and sycosis, and lastly, tinea decalvans.

These diseases are all due to vegetable parasites, are all contagious, although favus, tinea tonsurans, and herpes circinatus are the only ones admitted to be contagious by some authors of note. Sycosis is evidently contagious, in my opinion, since I have latterly seen it in more than one case in company with tinea decalvans. Sycosis is easily confounded with a simple inflammation of the hair follicles where no vegetable parasite exists. The barber's razor in Paris is, in my experience, the most common cause of contagious sycosis, the only disease which should bear the name.

I am also quite convinced that tinea decalvans is a contagious disease. I have seen it occur in three children of the same family, and epidemics of the disease occasionally have been met with in schools. The different forms of tinea are inocuable, as has been shown by the experiments of Bazin and Köbner. In most cases the contagion of these diseases is indirect by means of the air; and contagion has been known to take place from certain animals to man. These are subject to favus, which is communicable from these rodents to cats, and from them the disease, according to Hardy, has been communicated to man.

With regard to age, favus and tinea tonsurans are only seen in youth; herpes circinatus and tinea decalvans are met with at all ages, and sycosis is seen only among adults and in the male sex. Tinea tonsurans and especially favus are most tenacious in scrofulous children, or in ill-fed and overworked young persons.

Mr. Erasmus Wilson is the only modern writer on skin disease who seems to contest the vegetable origin of the cells seen in this complaint. Every one else is agreed as to the parasitic na-

ture of the larvæ in favus and ringworm. There is some difference of opinion as to herpes circinatus, sycosis, and tinea decalvans; but in herpes circinatus the parasite is easily enough found, and is identical with that seen in ringworm; moreover, all who have treated the latter complaint know how frequently the skin becomes inoculated from the hair disease. As to sycosis, it is also clearly, in my opinion, of parasitic nature. The parasite is not so easily found in tinea tonsurans, but if carefully looked for, it will be found on some hairs, though not in all.

Sycosis has frequently been found in company with herpes circinatus, and I have under my care at present a gentleman in whom sycosis is accompanied by tinea decalvans, so that if either of these diseases is due to parasitic growths sycosis is manifestly so.

With regard to tinea decalvans, excellent authors assert both that it is non-contagious, and that no one can discern the parasite which causes it. As to contagion, I cannot comprehend how any person of experience can deny that this disease is occasionally communicated from one member of a family to the other. And as to the parasite, if persons had not found it, it is because they did not know how to look for it. It is not found on the hair, but on the epidermic scales which exist on the denuded spots of hairy scalp.

The parasite of favus seems to be quite distinct from that which produces the other diseases of the hairs; but there is some tendency on my part to suppose that the parasite which causes tinea tonsurans, sycosis, and herpes tonsurans, may occasionally give rise to the parasite which causes tinea decalvans.

Treatment is here of the greatest importance. In the days of Molière physicians seem to have been contented with making a more or less probable diagnosis of diseases, but to have been able to do little to cure them. Let us hope that we moderns are less ambitious of talking about disease in a learned way, and more anxious and capable to give patients relief. In the treatment of the various diseases of the hair we have enumerated, the theory is to destroy the parasites, and also perhaps to endeavour to remove the scrofulous taint which makes so many of these diseases nearly incurable. The plan of epilation, as practiced so generally in Paris, which extends a little beyond the diseased parts, is good, but rather heroic. The hairs are pulled out with tweezers, and the surface is then rubbed with some mercurial ointment or lotion. In this country the use of blistering fluid to the parts, which have previously been denuded of hair by means of scissors, or shaved, is often practiced, and gives for the most part excellent results. Some careful practitioners cut off the hair from the whole scalp, and then use parasiticides. One of the most important

points is to isolate the diseased children, and to take care that they do not use the same combs or brushes of their brothers, sisters, or school-mates. Cod-liver oil and iron, with nourishing diet and country air, are useful for delicate children attacked with ringworm.

M. Lallier, of the Hôpital Saint-Louis of Paris, has recently been interested in the question of the parasite of tinea decalvans, and has shown that the spores are small, of a diameter of about three-thousandth of a millimètre, transparent, and found in groups. He alleges that the spore penetrates into the sheath of the hair, where it proliferates, atrophies the bulb, and prevents the reproduction of the bulb. He has found the spores almost on all parts, and that, when there is the slightest amount of pityriasis, they are found in quantity.

It is certainly difficult to account for those cases of baldness which take place in a few days in adults by the theory of parasitism. Some observers allege of this form that it depends on want of nerve supply. Yet I hold by analogy that such cases even are due to parasitic agency.

Of course epilation, as recommended by Hardy, is of no use where there are no hairs to pull out, as in cases of tinea decalvans, and hence repeated blistering with the liquor vesicatorices of the British Pharmacopœia is the most potent and universally useful of all remedies in ringworm or tinea decalvans.

Animal Vaccination.—The editor of the *Pacific Medical and Surgical Journal* remarks that bovine virus appears to be losing ground in professional favour in America, because he has noticed in many journals that physicians have encountered so much failure with that purchased in the east of the States, that they have been induced to fall back upon humanized lymph. I believe that animal vaccination would entirely supersede humanized if only there were a constant and ample supply of fresh and active lymph, and perfect security that the person who furnished it was honest. If all were as honest as Dr. Martin, of Boston, U.S., and Dr. Warlomont, of Brussels, I am convinced that animal vaccination would do away with the anti-vaccination craze so common at this moment in that land of crazes, England.

MR. ERASMUS WILSON ON ACNE.

Wilson defines acne as a folliculitis developed at puberty (*Medical Examiner*), consisting of a conical red pimple, which either suppurates or becomes a chronic tubercle. He does not admit that the folliculitis of adults which appears in the face is true—although it has been styled *acne rosacea*. He advises in the treatment of acne juvenales frictions combined with kneading and pressure of the skin, with inunction of the hypochloride of sulphur ointment. This is to be performed at night, and washes off in the

morning with much soap and water. For true acne rosacea, the old treatment by means of hot-water sponging of the face, followed by the use of a lotion of bichloride of mercury of two grains to the ounce, is occasionally of very great service. Arsenic is much recommended by Wilson for acne juvenales. I do not think it is advisable to give such a doubtful remedy for long, as it certainly fails in the great majority of cases to prove of any service.

THE INFANTILE DIARRHŒA OF SUMMER.

At the stated meeting, April 16, 1878, of the New York Academy of Medicine, *Medical Record*, May 25, 1878, Dr. J. Lewis Smith made the following remarks:

This summer diarrhœa, as an epidemic, he said, is confined to the cities, being scarcely at all known in the country. In New York it makes its appearance about the middle of May, or earlier, if the season is unusually warm. From that time the cases increase in number and severity until the maximum heat of the year is reached, during July and August. After the latter month it begins to decline, and it at length ceases to be an epidemic about the first of November. Its prevalence and severity is found to correspond with the degree of heat; yet hot weather is not the cause of it. In the rural districts the temperature may be just as high as in the city, but this summer diarrhœa does not occur as an epidemic there. It is, therefore, pre-eminently a disease of cities, and we must look for some other source for it than simple high temperature. Undoubtedly, one of the most important causes is to be found in the very free exhalations arising from decomposing animal and vegetable matter during the heated term; and the disease is always most frequently met with in those localities where the accumulation of filth is the greatest. Dr. Smith stated that some years ago, while making an inspection of certain portions of New York for the Citizens' Association, he had become fully satisfied in regard to this point. He remembered one block of tenement houses particularly, in which there was little or no drainage, and the noxious exhalations were peculiarly abundant and offensive; and here there was scarcely a young child in the whole block that escaped the affection. Of course we do not know exactly in what way these noxious exhalations, due to the effect of intense solar heat upon filthy streets and domiciles, produce the results noted.

But such atmospheric conditions are not the only source of the trouble. Another very potent cause is found in the diet given to children in our cities. Hence it is that mothers are always so anxious about their infants during their second summer, and it is well known that bottle-fed children are far more severely affected

than those which are not. Indeed, it is very rare that an infant under six months, which is artificially nourished, escapes the disease in the city during July and August. The two main causes may be set down, then, as atmospheric and dietetic.

Dr. Smith then went on to speak of the pathology of the disease, making the preliminary remark that he thought he had had as good opportunities for observation in this connection as any one in this country. In looking over his notes he found that he had the records of over eighty autopsies, all made in warm weather, during the prevalence of the epidemic. There could be no doubt, he said, that it is essentially an inflammatory disease, especially after it has continued a short time. For the first few days there may be no evidence of inflammatory action; but at the end of a week or so, lesions of this character are well marked in the intestines, and particularly the colon. Ordinarily the surface of the stomach is quite pale, and consequently presenting no indications of gastritis. Yet, notwithstanding this fact, vomiting is a very frequent symptom of the disorder. Occasionally there is some hyperæmia of the stomach (more frequently observed in infants of about three months than any others), but, as a general rule, it is entirely absent. The duodenum also generally presents no lesions. On entering the jejunum, however, we find vascular streaks and patches, and these are still more marked in the ileum. The ileo-cæcal valve is frequently the seat of the severe inflammation, and sometimes it is materially thickened. In the large intestine the evidences of inflammatory action are yet more prominent, and there is apt to be a vascular and tumefied state of the entire mucous membrane. The sigmoid flexure is usually the most profoundly affected of all, and this seems to be due, in great part, to the irritation produced by food, which remains longer in contact with it than with the other parts. At the same time we find, along the whole course of the large intestine, the solitary glands or follicles standing out prominently.

In the more protracted cases additional lesions are observed, such as ulcerations, which are more marked in the descending colon, and correspond in position with the follicles, in which the inflammatory action has thus gone on to the point of ulceration. Besides the intestinal lesions there are still others which are more properly complications. As long as the disease lasts, there is always progressive wasting of the whole body. In this some wasting of the brain is involved, and therefore, after the disease has continued for some time, we are very apt to have developed that condition of the encephalon which Marshall Hall and Gooch denominated spurious hydrocephalus. These physicians thought that it was not accompanied by any pathological changes, but late observers have

shown that this is not really the case. Its occurrence is noted by the drowsiness of the child, the rolling of the head about, and the depression of the anterior fontanelle, the latter being an important point in the diagnosis between this condition and meningitis. It is characterized by passive congestion, capillary and venous, and also of the sinuses, and transudation of serum sufficient to make up for the wasting of the brain. When the cranial cavity is opened at the autopsy, one or two ounces of this serum sometimes escapes. Spurious meningitis is a better name than spurious hydrocephalus for this hydrocephaloid disease in connection with enterocolitis; and it is rarely or never met with except when associated with, or resulting from the latter affection.

Another complication not unfrequently seen is congestion of the posterior portions of the lungs. Where the child's strength has become greatly reduced, the heart also grows feeble, and, in consequence, hypostatic congestion results in the lungs. As such patients usually lie on the back, the posterior part of the lungs is the most dependent, and this hyperæmia, extending for a depth of almost half an inch, is seen at the autopsy all over the posterior portion of both lungs. It is this, doubtless, which gives rise to the dry, hacking cough met with in a large number of such children. If the patient survives long enough, hypostatic pneumonia is apt to ensue, and this is frequently noticed in post-mortem examinations. In such instances it is sometimes possible to inflate the lungs, and sometimes it is not. The above are the most important anatomical characters of enterocolitis.

The symptoms of the disease are sufficiently familiar to all. In the majority of cases it begins very gradually, and the mother is exceedingly apt to attribute the looseness of the bowels to dentition. The child may have six, eight, or ten passages a day, and yet nothing whatever is done to check the diarrhœa, because it is supposed to be salutary during dentition. Dr. Smith said that even physicians formerly coincided in this opinion; but he himself believed that dentition had very little to do with the causation of summer diarrhœa. Indeed, the younger the child, the more apt it is to be attacked; so that infants are more likely to have the disease before dentition than they are after this has commenced.

Vomiting in such cases is not one of the initial symptoms, but sometimes it is, as when, for instance, the attack is directly attributable to some indigestible article of food. In such a case there is both vomiting and purging from the commencement. Ordinarily, however, there is gradually increasing diarrhœa for one or two weeks, and then vomiting also sets in. The most severe form of the disease is that known as cholera infantum, which resembles Asiatic

cholera very markedly in its symptoms, but has, of course, no connection with that affection. Cholera infantum is to be regarded as simply an aggravated form of entero-colitis, because it is undoubtedly inflammatory in its nature. To look at or feel the skin of a child suffering from it, one could scarcely think that there was much fever present, and yet the thermometer in such cases almost always shows a temperature of 105, 106, or even 107 degrees. Cases of cholera infantum frequently run on into ordinary entero-colitis, when the urgent symptoms are relieved, and so, on the other hand, cases of ordinary entero-colitis are sometimes changed to cholera infantum, in consequence of some imprudence of diet or other source of aggravation.

The stools vary greatly in character, sometimes being yellowish, sometimes brown, and sometimes green; and there is one point of interest in connection with the green color frequently observed. Formerly it was supposed that this resulted from the liver being at fault, and calomel was almost always administered freely in consequence. Dr. Smith states that for years he had not given a particle of calomel in such cases, though sometimes he met in consultation physicians who thought it indicated from the vitiated condition of the bile, as they inferred simply from the green-colored stool. In order to determine this matter satisfactorily, Dr. Smith some time ago made a special examination of the liver in thirty or forty cases where death resulted from entero-colitis, and not in a single one of them could anything abnormal be detected about it, either with the microscope or otherwise. Moreover, he never observed this green discoloration at the point where the bile is poured out into the intestine (as would naturally be expected if it were due to the action of the latter); nor did it make its appearance until he got down to the ileum, several feet below that point. He concluded, therefore, that the bile had nothing to do with the green color observed. It is well known, also, that the stools may present a yellowish appearance when passed, but become green on standing, and especially if in contact with urine. The green color seems in reality to be due (as, indeed, is now generally accepted) simply to acidity. It is a fact that the kidneys are more apt to be affected in entero-colitis than the liver; and Dr. Smith thought it highly probable that the persistent vomiting in some cases was attributable to uræmia, in consequence of trouble in the kidneys.

Dr. Smith now proceeds to take up the subject of treatment, which, he said, was one of the greatest importance to every general practitioner. He believed that there were but very few remedies from which it was necessary to select, and for his own part he scarcely ever employed more than two, viz.: opium and bismuth, before the hydrocephaloid stage was

reached, and these he considered better than all others. The administration of the large doses of bismuth now employed is of but recent origin, but has been followed by the best results. In ordinary cases it should be given in doses of ten or twelve grains, and it may be advantageously combined with the compound powder of chalk with opium (which contains one grain of opium in forty), or else with ordinary Dover's powder. For general use, however, it is perhaps better to give the bismuth in suspension, and the following prescription will be found a very admirable one:

℞. Tinct. opii decoloratæ, gtt. xvj.
Bismuth. subnitratis, ʒ ij.
Syrupi, fʒ ss.
Aquæ, fʒ iss. M.

Dose, a teaspoonful for a child of one year.

Dr. Smith said that he had been much more successful since he had employed opium and bismuth in this way than before, when he would often try a long list of remedies in succession, and not find good results from any. Such a combination as the above is retained on the stomach, and has the effect of both an antiseptic and an astringent. No preparatory treatment is necessary, unless it is found that some irritating article of food has been taken; but most of the cases are considerably advanced when the physician is called in, and any such source of trouble has long since been gotten rid of.

Almost all cases of entero-colitis need stimulus, and brandy is the best form in which it can be given. Of course, the amount should vary according to the age, and Dr. Smith is in the habit of giving three drops for every month of the child's age (when under one year) every two or three hours.

When the hydrocephaloid stage of the disease is reached, the opium should be withdrawn or given very cautiously; but the bismuth may be continued as before. At this period, however, we must depend principally on tonics and astringents, and one of the most useful agents that can be employed is the liquor ferri nitratis. The following prescription will prove of great service:

℞. Tinct. calumbæ, fʒ ij.
Liq. ferri nitratis, gtt. xvijj.
Syrupi, fʒ ij. M.

Dose, a teaspoonful.

At the same time the stimulus should be kept up as before.

Finally, the kind of diet used is of the utmost importance. If the child is under one year old, it should at once be removed to the country, or a wet-nurse should be provided for it, as no artificial food is reliable. If both of these are impossible, the best cow's milk should be prepared in such a way as to resemble healthy human milk as much as possible. The milk

should be allowed to stand for some time, and then only the upper third of it employed. In this way the larger part of the sugar and butter will be obtained, while the indigestible casein (which settles to the bottom) will be avoided. As regards farinaceous preparations for children under six months old, Dr. Smith prefers Mellin's Liebig's food, which also has the endorsement of such authorities as Eustace Smith and Tanner. Its taste is quite sweet from the dextrine and glucose which it contains, while it is almost entirely free from starch. When added to cow's milk, it makes as good a substitute for mother's milk as has as yet been obtained. After the age of six months infants can digest a certain amount of starchy food, and then Robinson's prepared barley may be used with advantage, if it is sufficiently boiled. As a rule, however, Dr. Smith prefers Ridge's food, which is highly recommended by Steiner, of Germany. Dr. Smith formerly used to employ Nestle's food, but has been obliged to give it up, when the bowels are affected, on account of its laxative effect. In cases of habitual constipation in young infants, which is so often a very perplexing condition to the practitioner, he has found it of very great service.

A BLOODLESS METHOD OF PERFORMING TRACHEOTOMY.

We all know that the statistics in favor of tracheotomy below the age of three are not very favorable, some practitioners in Germany even refusing to perform the operation in croup or diphtheria, while some of the hospitals deny admission to the patients, as it increases the mortality percentage of their operative treatment to a very great extent. Out of 504 patients on whom the operation of tracheotomy was performed in diphtheria, at Professor von Langenbeck's clinic during the last six years, 357, or 70.8 per cent., died. The causes of death were principally lobular pneumonia, croupous exudation, extending into the bronchi, asphyxia, exhaustion, paralysis of the laryngeal and pharyngeal muscles, and collapse.

The immediate danger and the sole cause of alarm to the inexperienced operator in performing the usual operation of tracheotomy is the bleeding. The operation I am about to describe, which may be considered entirely bloodless, is the one at present almost universally adopted in Germany when operating on children.

This operation of tracheotomia superior was first performed by Rose, Professor von Langenbeck's very able assistant, and is carried out in the following manner:

The little patient is slowly chloroformed, the mask being somewhat raised from the face if a paroxysm of coughing should set in. (I have constructed a chloroform-apparatus which may be regarded as an extensively modified Junker's inhaler, by which the amount of chloroform inhaled can be exactly regulated, and the whole apparatus worked with one

hand, leaving the other hand free to feel the pulse etc., and to assist the operator. This apparatus is in use at some of the Berlin hospitals.) As soon as the patient is chloroformed, a roller is thrust under the neck and the head allowed to fall backwards; this gives the front of the neck an arched appearance, and will throw the important parts into prominence. The operator now seizes the upper margin of the cricoid cartilage with the tips of his fingers, and makes a vertical incision through the skin exactly in the middle line of the neck, beginning about a small finger's width from above the upper margin of the cricoid, and extending about an inch and a half to two inches downwards. The incised parts are drawn asunder, and the cricoid cartilage is thus so far exposed that, after steadying it with a finger, a transverse incision of not quite half an inch in length can be made as near its higher margin as possible. By this incision, the fascia which envelops the thyroid gland and connects it with the trachea is divided through. With a pincette, the operator now seizes hold of the lower border of this transverse incision, and, in the same way as the periosteum is levered off from the bone in a subperiosteal resection, he severs the fascia off from the trachea in a downward direction either with a blunt hook or a director, pushing downwards with the fascia all those veins which cause so many difficulties. As the operator gradually descends with the director, he unloosens the isthmus of the thyroid gland from the trachea, pushing the gland outwards and downwards, and lays the upper tracheal rings quite bare, so that they can now be seized and opened in the usual way.

This operation is particularly applicable to children, especially in those cases where immediate danger is apprehended and the operation is to be performed at once. It is certainly preferable to the operation of tracheotomia inferior, which is performed below the thyroid gland, where the trachea lies much deeper and is covered by an extensive plexus of veins. In the operation just described, which is made above the isthmus of the thyroid gland, the number of cartilagerings that can be exposed and cut into, will of course be more limited than in the inferior operation, and will also permit, should it be deemed necessary to enlarge the opening, to extend the incision upwards by dividing the cricoid cartilage, which in children none need hesitate to do.

Another great advantage in this operation is the fact that it does away with a staff of assistants. An intelligent nurse alone will be able to do all the assistance that is required. The incised parts can easily be kept asunder with a large strong hair-pin, somewhat stretched to represent a large V, the free ends bent into half-hooks, or two small hair-pins can be selected, the free ends bent and inserted under the incised parts on opposite sides, while the head of one pin is fastened to a piece of elastic, which passes round the back of the neck to the head of the other.

This operation need not be practiced once or twice to insure confidence.—Louis Henry, M. D., in *British Med. Journal*, May 25, 1878.

A SUBSTITUTE FOR CALOMEL.

Sulphate of manganese, according to Dr. Goolden, in the *London Lancet* of June 15th, 1878, is a most excellent substitute for mercury in the various bilious troubles. In Jaundice, hepatic dropsy, and hypochondriasis it has produced most remarkable results, and in hemorrhoids and in congestion of the fauces and bronchia it is proved no less efficacious. Anæmic patients who can not take any of the preparations of iron are enabled to take iron with benefit if combined with two to five grains of sulphate of manganese. Its taste is not unlike that of epsom salts, but it is less bitter. Dr. Goolden prefers to administer the manganese in ten grains to a scruple dose, in a glass of water, adding a little citrate of magnesia to cause effervescence. By these doses large bilious dejections are produced. Half a drachm is the utmost dose ever necessary, and ten grains is usually quite sufficient. The larger doses sometimes produce decided though temporary nausea, and this may be avoided by adding a small quantity of epsom salts. Its action is attended by neither griping nor depression; neither the heart's action nor the pulse are altered.

VOMITING IN PREGNANCY.

By A. D. FELTON, M.D.

I noticed, in a recent number of the *Record*, a résumé of an article by Dr. M. O. Jones, of Chicago, relating to the treatment of vomiting in pregnancy.

His recommendation of the local application of caustics calls to mind a case I successfully treated by that means.

Mrs. M—, a symmetrically built and healthy young woman, has been pregnant four times. Vomiting commenced in about three weeks from each conception. This unpleasant symptom continued persistently during each pregnancy, until she aborted, or was delivered at term.

Vomiting was so easily provoked and her general health so soon suffered, that she could do little more than pass the time in an easy-chair, listlessly gazing out of the window, vomiting frequently, and scarcely able to partake of half a meal a day. During one pregnancy, which terminated in abortion at three months, her case became desperate, she being confined to the bed, and vomiting about every ten minutes, except when decidedly under the influence of morphine (hypodermically.)

For two weeks all food and drink were rejected, nourishment being received by enemas.

During this time not a drop of anything was taken into her stomach, and still retching and bilious vomiting continued. She was finally relieved by the use of Saratoga water, which, of the numerous remedies tried during her several

pregnancies, was the only one that afforded any satisfaction.

Becoming pregnant the fourth time, and receiving no benefit from Saratoga water, Mrs. M. was very much depressed, declaring that she would sooner die than pass another eight months of torture; for the nausea was even more severe than at an equally early period in previous pregnancies.

Realizing the necessity of offering her some relief, and having somewhere seen local treatment suggested, I resolved to try it, even at the risk of exciting abortion. Therefore I made a very thorough application of a saturated solution of nitrate of silver to the cervix uteri.

That night her sleep was undisturbed, vomiting ceased, and did not return during the balance of gestation, except as an occasional morning sickness, which was so slight as to give little annoyance.

Indeed, her health and spirits were never better or more buoyant than during the period of gestation following the application of silver. *N. Y. Medical Record.*

TREATMENT OF CANCER OF THE BREAST WITH SPECIAL REFERENCE TO CAUSTICS AND OPEN WOUND.

Z. H. EVANS, M. D., LODI, OHIO.

My early teaching from preceptor and professors, (men of considerable reputation among the profession of this country at least,) in regard to the treatment of cancerous disease of the breast, was to use the knife, and thus, if possible, secure union by first intention. I heartily endorse this strenuously advocated mode of treatment, provided the surgeon could always be assured of having extirpated every germ of cancerous growth, but since he can never indulge in this happy assurance, I have, for certain, to me at least, plausible reasons, departed from the generally accepted mode of treatment. As a result of my observation and experience, I am decidedly in favor of the following mode of procedure:—

First—In the original operation, whether by caustic or by knife, go fairly beyond the supposed limits of the diseased tissues. (My preference in first operations has always been in favor of the knife, the state of the patient's health permitting.)

Secondly—After the initiatory operation, I adopt free use of the super-sulphate of zinc as recommended by Prof. Tanner in his work on Practice of Medicine, for two reasons, viz: First, to arrest hemorrhage, and secondly, to destroy any remaining diseased tissues that have escaped the knife. Although I am aware that the majority of the profession endorses Velpéau when he says: "The use of caustics neither requires a knowledge of anatomy or operative surgery; yet I for one, am decidedly in favor of their employment in cancerous deposits of the breast. The arguments, as they present themselves to me, in favor of treatment by open wound are: First—In unusually large tumors, the utter impracticability of securing union by first intention, and the feasi-

bility of the removal by this method. Second—Avoidance of the pressure which is necessitated by the ordinary method of securing union.

Third—Avoidance of septicæmia by following free exit of pus.

Fourth—the opportunity afforded the surgeon of observing the degree of success attending first operation as regards the removal of cancerous material, and to remedy any defective results.

I have for the last five years adopted this method of treatment in preference to any other that I have seen advocated by our surgical authors. Have for the past five years treated twelve cases of cancer of the breast by the method here advocated, and I am yet to see or hear of a case where the disease returned.

By this evidence I am lead to believe that cancer is not at all times constitutional, and invite the attention of the profession to this method of treatment and ask them to make trial of it and report their results.—(*Toledo Medical and Surgical Journal.*)

LANGENBECK ON THE REMOVAL OF FOREIGN BODIES FROM THE OESOPHAGUS.

Some excellent hints on the extraction of foreign bodies from the pharynx and œsophagus are contained in a lecture delivered by Professor von Langenbeck before the Berlin Medical Society.

The finger, he says, should always be used to try and extract large foreign bodies before any instrument is introduced, and the latter should be reserved for those cases where the foreign body is too firmly impacted for the finger to remove it. Tracheotomy would probably always be performed too late, for large objects—such as sets of false teeth, which are among the commonest sources of of these accidents—may rapidly kill by pressing the epiglottis firmly down on the rima glottidis, and suffocating the patient. Before chloroform is administered to elderly people the surgeon should always make sure that they are not wearing false teeth.

The finger should also always be used to feel for small pointed bodies, such as needles, fish-bones, etc., which are so apt to lodge in the hollows between the glosso-epiglottic ligaments,

Large bodies, like lumps of meat, potatoes, etc., not unfrequently lodge in the œsophagus at the level of the cricoid cartilage, and may give rise to great dyspnoea by pressure on the larynx or trachea. They can readily be detected at times by a globular prominence on the left side of the neck, but are often difficult to extract owing to spasmodic contraction of the œsophagus above and below them.

In two cases of this kind, Professor von Langenbeck succeeded, by squeezing the mass between his fingers, in altering its shape, so that in one case it was readily extracted by the forceps, and in the other it passed down into the stomach.

If the body cannot be felt in the neck, we must not trust to the patient's statements as to its position, for they are generally wrong, but must examine the œsophagus with an instrument from within.

Von Langenbeck strongly condemns the use of a whalebone bougie armed with a sponge for this purpose, as recommended in many German works on surgery, for it is impossible to feel with it, and hence to discover the position and the consistence of the foreign body; and the latter is frequently pushed deeper down, and rendered impossible to move; or it may even, as has actually happened, be forced through the wall of the œsophagus into the posterior mediastinum. The use of such an instrument must be restricted to the removal of soft bodies which may be pushed down into the stomach (if need be) without doing harm. Professor Langenbeck himself invariably uses a polished iron ball, fixed to the end of a whalebone rod, for catheterising the gullet. If well oiled, this instrument enters easily, can be easily moved about during exploration, and with it hard bodies, such as coins, needles and bits of bone can be detected with certainty.

Where he simply wishes to try and force a soft object into the stomach, von Langenbeck prefers a gum-elastic œsophageal bougie. It enters with great ease and no harm can be done with it.

Foreign bodies, which may become dangerous by wounding the œsophagus or by impaction in the bowel, should always be extracted by the mouth if possible. Under this head fall pieces of bone, splinters of glass, coins, needles, and fish-bones. Professor von Langenbeck has performed a large number of such operations without a single accident. He invariably uses von Graef's "coin-catcher," an instrument which, all things considered, leaves nothing to be desired.

There is an additional reason for promptly extracting foreign bodies from the œsophagus—namely, that if allowed to remain they may become a source of serious danger to the patient. Adelman collected 314 such cases, and among these there were 109 deaths. Of course there are numbers of cases where the foreign body is either successfully extracted or else pushed onwards into the stomach, which are never published.

If everything else fails, and the cervical portion of the gullet is implicated, œsophagotomy must be performed. This operation is comparatively rare; up to 1872 it had only been done twenty-six times for the removal of foreign bodies. Von Langenbeck gives the details of two later cases of his own in the lecture before us, and points out that since there were in these twenty-eight cases twenty-three recoveries and five deaths, œsophagotomy must not be regarded as a very dangerous operation. He describes the details of the operation, which closely resemble the account given in English works—for instance, in Bryant's Surgery. One or two points only deserve notice in von Langenbeck's description. To render the œsophagus prominent before incision, he recommends a strong gum-elastic œsophageal bougie or a flexible pewter sound to be introduced, provided the prominence of the impacted foreign body is not sufficiently marked. One condition may be met with during the operation which may make it extremely difficult to perform—namely, swelling

of the thyroid gland from venous stasis. This condition, which Professor von Langenbeck mentions, owing to his not having found it described elsewhere, is always present if a large body has been impacted for several days at the level of the cricoid cartilage, and has caused dyspnoea by its pressure on the larynx. The swollen gland spreads out over the oesophagus so as to completely cover it, and it is necessary to divide the fascia enclosing the gland, so that the latter may be drawn away from the oesophagus.

Lastly, the Professor warns surgeons not to force their way inwards in an operation like the above with the finger or with blunt instruments, for fear of enjuring vessels or delicate nerves. "The nearer an operation has to be performed to important organs, the more closely must our manipulation resemble the finest anatomical dissection, and operators cannot be too strongly warned not to tear the tissues in the manner just described."—(*Medical Times and Gazette*.)

DIARRHŒA FROM IMPACTION OF THE RECTUM.

Diarrhœa is so very commonly regarded as a malady to be checked that the following case may be found instructive. I had it from a surgeon of eminence for diseases of the rectum. He was consulted by a lady who was much troubled with her bowels. When dressing she would have to comply with the demand upon her rectum, after breakfast she would have to retire, and so on five or six times every day. She had been treated most elaborately for diarrhœa, and the surgeon informed me that he had retained a prescription given to the lady by one of the most eminent physicians in London, under whose care she had been for some time. Previous to that she had been actively treated by her doctor in the country, who in despair had sent her up to town. As she got no better for the orthodox chalk, catechu and opium mixture of the physician, she was prevailed upon to consult this rectal surgeon. He found that she had great tenesmus, and that after her repeated visits to the closet during the whole day she only passed about an egg-cup full of thin fluid fæces, without mucus or blood. On making an examination by the rectum, a solid fecal mass was found upon which the finger could make no impression, so dense was its consistence. This at once explained the persisting desire to go to stool, and also the other fact of the liquid fæces, for nothing but a fluid could pass the obstruction at the outlet of the gut. The lady was put under chloroform, the anus was dilated, and she was delivered, —for delivery it amounted to,—by means of a pair of short midwifery forceps, of a mass of solid fæces in shape and form like a five inch bologna sausage. It was of a clay-like consistence, and consisted of the bran of wheat meal, matted together with vegetable fibres, and containing a quantity of mucus corpuscles infiltrated with lime salts. The patient at once lost her distressing tenesmus and had no further necessity for the diarrhœa mixture. She had for a long time eaten bread of whole wheat meal for

the purpose of keeping the bowels open, and from this were derived the bran scales of the fecal mass. The case is a very instructive one, illustrating as it does how even a physician of eminence may misinterpret a series of phenomena when under the influence of a strong preconception as to the nature of a malady.—(J. Milner Fothergill's London letter to the *Philadelphia Medical Times*, March 16, 1878.)

TREATMENT OF CYSTITIS IN THE FEMALE.

Dr. William Goodell, in an interesting clinical lecture on this affection (*Medical Record*,) calls attention to its great frequency. It is commonly the result of anteversion or retroversion of the uterus, the pressure of a tumor, tedious labor or a forceps case. It is hard to treat cystitis successfully. Great relief may be given by a vaginal suppository of 1 gr. of opium and 1 gr. of belladonna, night and morning, or a rectal suppository of 1 gr. of the watery extract of opium with very light diet. If acid urine sustains the cystitis, ten to fifteen minims of liquor potassæ should be given thrice daily in milk. The same quantity of tinct. belladonna should be given with the potassa. If these plans fail, a five ounce solution containing two or three grains of morphia should be injected into the bladder and retained for a short time. Sometimes cystitis is kept up by a small fissure or ulcer in the urethra at its junction with the bladder; dilatation is the great remedy in such cases, and is followed by a signal success, the uterine dilator may be passed into the urethra and expanded until the urethra is so enlarged as to admit the tip of the little finger. The ordinary uterine forceps can be used for this purpose. Dr. G. has performed this operation on patients three months pregnant, without any other than good results.

TREATMENT OF POST-PARTUM HEMORRHAGE.

Prof. R. A. F. Penrose, M. D., in a lecture delivered before his class in the University of Pennsylvania (*Boston Medical and Surgical Journal*,) calls attention to a sign of this accident which he regards as almost pathognomonic, namely, *dreadful gaping*. When this is observed in a woman just delivered, "something serious is the matter." *The treatment* should be preventative and curative. Saline purgatives and diuretics for plethoric women, and iron, bitters, stimulants and good food for the anemic. Aid nature with the forceps, if labor is tedious; and retard delivery with chloroform, if tendency to be too rapid. As soon as the child is delivered, secure the expulsion of the placenta by means of a large dose of ergot and by external compression.

If bleeding continues after the expulsion of the placenta, a drachm of the fl. ext. of ergot should be given every fifteen minutes,—if the stomach is intolerant, give it hypodermically. Then one hand should be passed into the uterine cavity while the other compresses externally. If this does not suc-

ceed, carry a piece of ice, the size of a walnut, up into the uterine cavity. But, suppose the bleeding continues? You are not at the end of your rope, neither is there any necessity for you injecting alcohol, turpentine and per salts of iron into the uterus as has been advised by some obstetricians. You might on the same principle insert an ivory speculum into the vagina and through it apply a red-hot poker to the cavity of the womb, the immediate results of which would be most admirable. The womb would contract of course, but the patient would be killed. But call for a cup of vinegar, dip a handkerchief into it, and, carrying it up into the uterus, "squeeze it out there." This remedy has never failed. If no vinegar is to be had, peel a lemon, cut gashes into it and carry it into the womb and squeeze it. Another resource is efficient pressure on the ascending vena cava, and descending aorta; this, combined with a large dose of opium (50 grs tinct.) to invigorate the nerve centres, will often succeed at this stage. As a diet, animal broth with plenty of salt is indicated during convalescence.

ABORTION, ITS SYMPTOMS AND TREATMENT.

R. A. F. Penrose, M.D. (*Medical Record*, December, 29, 1877):—"The great accident of pregnancy is abortion." The expulsion of the product of conception from the uterus before the seventh month constitutes abortion. "The escape of the ovum before the twentieth day constitutes an affluxion." According to recent statistics 37 out of every 100 women abort at least once before reaching the age of 30 years, and it may safely be said that 90 per cent of married women abort at some period of their lives. The fact that 106 boys are born at full term, against 100 girls, would seem to indicate that abortion is easier in the case of female children than in that of male children. Abortion may be of three kinds, spontaneous, accidental and designed.

The causes of spontaneous abortion may be divided into three classes:

I. Those resulting from the constitutional peculiarities of father and mother.

II. Those resulting from the condition of the uterus and its appendages.

III. Those resulting from a diseased condition of the ovum. Among the constitutional causes may be mentioned plethory, and its opposite, anæmia, the nervous temperament, and constitutional syphilis, and debauched old age also. A man who has once had constitutional syphilis should never marry.

Under the second class these conditions which interfere with the development of the ovum are mentioned as most important, viz.: displacements, inflammatory affections of the uterus and its linings, tumors, diseases of the rectum, bladder and ovaries.

Periodic abortions are due to menstrual congestion of the mucous membrane, a diseased state of the uterus, or some abnormal organic

condition. Retroversion of the uterus and chronic endometritis cause the abortion of the impregnated ovum early, if not always, at least very frequently, where those troubles exist.

The most common causes of abortion are those that are found in the ovum itself. "Almost all the diseases which occur after birth may be present also in uterine life;" inflammations, dropsies, diseases of liver and kidneys, tuberculosis, stranglings, twistings and knots of the cord. Small-pox may be developed in the fœtus, while the mother shows no signs of the disease. The great majority of foetal intra-uterine diseases are the results of constitutional syphilis in the parents. Also, the placenta may have hydatid disease of the villi, there may be alteration of the amnion, and even fatty degeneration of the placenta itself. It is the opinion of Dr. Barnes that fatty degeneration of the placenta is caused by syphilitic infection, resulting in an imperfect formative force in the ovum.

Accidental abortion is very likely to occur at the menstrual period, and may be caused by a violent fall, sudden fright, great grief, etc. Also, it may be produced by a distant irritation, as an irritated nipple.

There are many other causes that are sure to produce accidental abortion, among which may be mentioned the careless use of the uterine sound.

The two main symptoms of abortion are pain and hemorrhage.

The positive diagnosis of abortion can only be made by the discovery of the ovum in the discharges, or elsewhere. The discharges should all be saved for the inspection of the physician.

The prognosis is generally more favorable in spontaneous than in accidental abortion, for in accidental abortion the hemorrhage may be so rapid and profuse as to suddenly kill the patient. In a majority of criminal abortions hemorrhage kills the victim. Abortion produced by small-pox, scarlatina, dysentery, or pneumonia is exceedingly fatal to the mother. Abortion during the course of the disease small-pox, is much more fatal than during convalescence from the same disease.

The treatment of abortion may be said to be both preventive and curative. The preventive treatment includes all the means used to prevent the repetition of abortion. Plethora, anæmia, or nervous irritability should be modified or removed. Syphilis should receive proper treatment. Local disorders, such as chronic metritis, hypertrophy, prolapse, retroflexion, or erosion of the uterus should be treated to remove the disorders. If a syphilitic mother become pregnant she should be subjected to mercurial treatment. If the ovum is already diseased it will be impossible to avert an abortion, and it will be better to allow nature its own course in such a case.

TREATMENT OF PITYRIASIS CAPITIS AND OF ALOPECIA.

Malassez (*Journal de Médecine*) Dec., 1877.

The facts placed beyond doubt by Malassez in regard to this affection, are, first the constant existence and very great abundance of a certain species of fungus, and, second, the absence of this fungus, or at least its great rarity where there is no pityriasis, or where it no longer exists, as well as in other squamous affections, such as eczema, psoriasis, and ichthyosis. This fungus consists solely of spores. They are found in the corneous layer of the epidermis, where they form horizontal layers or veritable heaps between the diverse layers of this horny portion. At the same time a vesicular alteration of the epidermic cells, already described by Ranvier, is proven.

M. Malassez concludes from these facts, that pityriasis results from the invasion of the hairy scalp by this fungus. 1st. Arriving upon a soil favorable to their development (arthritic subjects) the spores multiply, infiltrate themselves into the corneous layer of the epidermis, and there separate into layers. 2nd. This invasion produces in the tissues an irritation, a reaction which manifests itself by the vesicular state of the epidermic cells, a new cause of desquamation.

From this double cause, then, external and internal, and from the double mechanism, direct and indirect action, result important practical conclusions as regards treatment. This should be local and general. The local treatment alone will occupy us at present; it should be essentially antiparasitic, and it is necessary in applying it not to lose sight of the nature and seat of the parasite. Being a fungus, the parasite may be destroyed by such agents as turpeth mineral, sublimate, &c. The parasite being situated in the corneous layers of the epidermic layers, which are all impregnated with fatty matters, it is necessary to make the parasiticide penetrate them. The following treatment carried out carefully, succeeds perfectly:

1st. Every second day combing with a fine comb, and soaping the head with common soap. This removes mechanically the scurf, and removes the fatty matters from the hair, and opens up the retreats of the fungus to the action of the parasiticide. With long-haired persons this is not practicable. Men and children should have their hair cut closely. As we cannot usually ask women and young girls to make a sacrifice of their long hair, frictions with commercial alcohol should take the place of the soaping.

2nd. When the hair is well-dried, friction should be made to the scalp with an ointment composed of equal parts of cocoa, butter, castor oil, and oil of sweet almonds, containing one part of turpeth mineral to fifteen of the exci-

pient. Only small quantities should be made at a time, as it soon becomes rancid. In place of this, benzoated lard may be employed as the excipient, though the author prefers the vegetable fats mentioned. Great care should be used in applying the ointment so as to reach every spot of the scalp, and it should be well rubbed in. Large quantities should be used, and frictions made every day. After a week or two of treatment, combing and cleansing of the scalp may be made less frequently, say twice a week, and later but once a week. The ointment may also be applied but two or three times a week, though it is well to continue its use for some time. Amelioration comes soon, complete cure less so, and requires considerable persistence in treatment.

For pityriasis of the beard the ointment would be inconvenient, and may be replaced by alcoholic solutions of corrosive sublimate, one part to 500 or 1,000, according to circumstances. A small brush (a soft tooth brush is useful) is saturated with this solution, and rubbed into a small portion of the affected skin at a time, then wet again and applied to a new spot. After all is done, wait a few moments and then wipe off any excess of liquid on the beard.

The combs and brushes used should be frequently cleaned with potash, or they will become new sources of contagion.

The alopecia, which succeeds pityriasis, results from the formation of an epidermic plug in the upper portion of the hair follicle, this being an obstacle to the normal exit of the hair. Irritation follows in the deeper portion of the follicle, then hypertrophy of the walls, and finally, obliteration of the hair follicle. After a time, only a fibrous cord is left in its place. Treatment at this stage is of course useless. But during the developmental stage one may hope to arrest the disease, and even to make the hairs more vigorous:

1st. By unplugging the orifices of the hair follicles. 2nd. By curing the pityriasis, which affects the superficial regions. 3rd. By counteracting the irritation in the deeper parts. For the last condition we may add to the turpeth mineral ointment, from two to four parts of tincture of cantharidis to thirty of the ointment. As the required effect is produced slowly, the cantharidis should be continued long after the pityriasis has disappeared. A weaker ointment should then be used without the turpeth mineral, or but very little of it, say half a part to one part of the mineral and thirty of the excipient, the cantharidis remaining the same. Gallic acid ointment is also useful in these cases. The patient should be informed that friction will at first cause an increased fall of the hair, but it is only temporary, and the diseased and loosened hairs will be replaced by more vigorous ones.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Science.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND
SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editor, Drawer 356, Post Office, Montreal.

MONTREAL, JULY, 1878.

TO OUR SUBSCRIBERS.

By looking at the address on the wrapper around the RECORD, each subscriber can see the date to which his subscription is paid. In addition to this we sent accounts to all in the June number. We specially ask a prompt remittance.

VICTORIA MEDICAL COLLEGE AND LAVAL UNIVERSITY.

Just as we are going to press we learn that the difficulties which have occurred between the late Medical Faculty of Victoria College, which was bodily transferred and became the Medical Faculty of the branch which Laval University intended to open in Montreal this fall, have ended in an open rupture. The opinion we expressed in our last issue that *L'Ecole de Médecine et Chirurgie de Montréal*, (Victoria Faculty) might yet be numbered among our Medical Schools, seems about to be realized, for the secretary of that Faculty has announced in *La Minerve* of the 25th July, that Victoria Medical School will open as usual on the 1st of October next. The cause of the difficulties are doubtless many, but chief among them is the fact, that in the new position which they accepted, they found themselves powerless as a body, the real director of the Faculty being the Rector of Laval University. To this they objected, and finding they were still secure in the Hospital privileges at the *Hôtel Dieu*, and that they were backed by strong support, they have cut themselves adrift from their new love, and gone back to the old. We presume they would not have taken this course, were they not assured of being received, if not like the Prodigal son, at all events, with cool indifference. We confess that the whole proceedings connected with this double transfer of allegiance from one University to another and back again, does not strike us as being of the most exalted character, and that as it at present appears, Victoria College has simply allowed herself to be made a convenience of. We do not consider this position a very dignified one for a University to occupy.

THE CITY OF MONTREAL.

"Cheap and nasty," if not a proverb, is at least an axiom familiar to most ears. A couple of years ago—times being bad in the city of Montreal, as indeed they are and have been everywhere—a gentleman came forward, and with the retrenchment cry on his lips was elected Mayor of the city. We do not say that to this cry alone was to be attributed the fact of his election, but it had much to do with it. That gentleman was the present Mayor of Montreal, Mayor Beaudry. He has now occupied the Civic chair for nearly two years, and we do not hesitate to say, that in our opinion he has been the most expensive Civic Magistrate which Montreal has known for years, perhaps ever known. In making this assertion we are not alluding to his conduct in connection with recent disturbances in our midst. As scientific journalists, that is beyond our province. It is his unfortunate attempts to balk every sanitary legislation by the Council—that should cause Montreal to dispense with his service at the earliest possible moment. It is utterly impossible to compute the grave injury which he has done to our city. We care not to estimate the valuable lives which have been sacrificed for the want of an active Sanitary Board, the non-existence of which is largely due to him but, outside of all this, he has done the city a grave commercial injury. We seldom open a Medical Journal published on this Continent without finding our city alluded to in terms which cannot but indirectly cause a very large number of summer tourists to pass us by. Medical men are the readers of these journals, they are continually consulted as to the route of travel, and we know that the unfortunate reputation which our city has obtained has very largely interfered with the intentions of many to pay us a visit. Sanitary legislation is now one of the most prominent topics which engages the attention of all enlightened legislators. Mayor Beaudry seems incapable of rising to the level of such topics, he cannot grasp them, and his ridiculous remarks when sanitary matters are up for discussion cause many to hang their heads with shame, to think that the chief commercial centre of the Dominion has such a man for its Mayor. The axiom with which we commence this article may with truth be applied to him. Our contemporary the *L'Union Médicale* thus writes on the

same subject in its last number. After alluding to the vote by which the city refused to name a Board of Health, it then says:—"The detailed vote which gave such honor to a city of 134,000 population was as follows:—Ald. McCord proposed the nomination of a Board of Health. The vote was:—Alds. Hagar, Childs, McCord, Holland, Grenier.—6. Against: Jeannotte, Melançon, Thibault, Laurent, Kennedy, Robert, Wilson, Donovan.—8. Of these eight, two represent St. Mary's Ward, which gave the largest death rate in 1877, actually 20 per cent. of the total mortality. Ald. Robert represents St. James' Ward, with a death rate next to Mary's; Donovan and Kennedy, St. Ann's Ward, fourth on the list. Can these gentlemen explain this vote? True it is that it is unnecessary to understand the laws of hygiene to be an alderman or a member of the Board of Health, but it proves that the most elementary principles of political economy would suggest another decision, and we are not certain that the last public money would be better spent than by protecting the health of the city. Spread the news of this vote to the world of tourists, and we would find few to turn their steps in this direction. For these and other reasons is it not necessary for us to do all in our power to ameliorate the sanitary condition of the city? The position of the city of Montreal is very advantageous, and yet our death rate is 30 per cent. higher than that of Chicago, and 24 per cent. higher than New York, but in these great centres you will not find eight aldermen to vote like ours, and there they have good Boards of Health. The reason that the Board is not in favor is said to be the small results returned and the defectiveness of its usual reports, but still it has effected a vast amount of good, and could certainly be made much more effective. Commence then to put in force the several by-laws necessary, which are now dead letters; give the office the necessary money and authority, and we shall soon experience practical results, which will amply repay the city for its outlay. Our citizens ought not to be kept in ignorance of hygiene principles by the few who care nothing for the prosperity of the city, which is as great from a sanitary as a commercial point of view."

 MEDICAL COLLEGE CALENDARS.

We have received the annual announcements for the coming season of McGill and Bishop's University, Montreal. Our McGill friends have improved their Calendar considerably this year, but that of Bishop's University still bears off the palm of being the neatest and best arranged Medical College Calendar issued in Canada.

 COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

We direct attention to the advertisement of this College, intimating that the Annual Subscription is due. The importance of paying this subscription will be understood when we say that no one in arrears for it can commence an action in a Court of Law to recover a bill for professional service.

 COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The next Matriculation Examination of the College of Physicians and Surgeons of Ontario will take place in the Collegiate Institute, Kingston, on Tuesday and Wednesday, the 20th and 21st August, 1878.

 PERSONAL.

Dr. Gravely (M.D., Bishop's University, 1876,) has settled in Cornwall, and is establishing himself in an excellent practice.

Dr. Hayes (M.D., Bishop's University, 1876,) sailed for Europe in medical charge of the S.S. "Ontario," of the Dominion Line, on the 20th July.

Dr. Brodie (M.D., McGill College, 1876,) has been appointed Assistant Demonstrator of Anatomy in the Medical Faculty of Bishop's University.

Dr. Kerry (M.D., Bishop's University, 1878,) has been appointed Curator of the Museum in the Medical Faculty of Bishop's University.

Dr. Shee (M.D., Bishop's University, 1874,) has removed from Inverness, Megantic, to St. Sylvestre, Que.

Dr. Sheridan (M.D., Bishop's University, 1878,) has commenced practice in Montreal.

DR. BROWN-SÉQUARD.

The eminent physiologist, Dr. Brown-Séquard, has been selected as the successor of Claude Bernard in the professorship of the College of France. The qualifications of Dr. Brown-Séquard for the vacant office are beyond question, and his appointment will be hailed as a graceful recognition of scientific work not yet adequately appreciated.

THE *London Lancet* for May, 1878, contains an interesting communication from Dr. M. O. Jones, of Chicago, on the treatment of the vomiting of pregnancy, to which is added a note of a case by Dr. Marion Sims, who considers Dr. Jones' method of treatment important and worthy of more extended trial. It consists in pencilling the os uteri with the solid nitrate of silver. Usually but one application has been found to be necessary, and the gratifying relief which followed was obtained within twenty-four hours after the application.

Dr. Jones is to be congratulated on having his procedure introduced to the profession with such high endorsement.

PERIOD OF INCUBATION OF SCARLET FEVER.

London Lancet: Dr. Murchison, at a late meeting of the Clinical Society, stated that authorities upon the incubation-period of scarlet fever give a range varying from twenty-four hours to a month; but the results of his own experience, extending over a period of twenty years, had persuaded him that the shorter period was nearer the truth than the longer. His paper contains details of seventy-five cases, and the general conclusions arrived at upon the data they afford was that the duration of the incubation-period of scarlet fever may be but a few hours (in one case it was certainly only eighteen hours), that it seldom exceeds forty-eight hours, and very rarely reaches as much as seven days. From which it follows that, if a person who has been exposed to the scarlet-fever poison does not take the fever after a week's quarantine, he is practically safe from infection. Dr. Murchison added that he had always acted upon this rule, and had never found it to fail.

A SPECIFIC FOR DIPHTHERIA.

Dr. Chapman, of Brooklyn, New York, claims alcohol as a specific for diphtheria, reducing the

death-rate from eighty-seven to the hundred cases to less than four. He combines with alcohol (in the form of whisky) quinine, though the latter is not essential. He claims great success, and says he has never heard of but one drunkard having the disease; and states further that alcohol so administered has none of the intoxicating effects seen when given to persons in health. He considers alcohol as an antidote to the diphtheritic poison.

Early Puberty —
EXTRAORDINARY PRECOXITY.

Dr. Horatio Yates, of Kingston, Canada, reports the following in the *London Lancet*: "The child, a female, is two years and three months old. I was consulted by the mother, who supposed it had some mammary disease, there being a symmetrical enlargement of both glands. Struck by their appearance, I had the child stripped, and found what appeared to be a fully-developed woman! Abundance of hair on the pubes and in the axillæ. The genital organs, as well as the mammæ above mentioned, seemed to be fully developed. For the last three months the child had menstruated regularly three days every four weeks. She was flushed, and complained of headache and pain in the back and thighs while menstruating. She weighed forty-eight pounds."

ONE HUNDRED AND FOUR DEAD DOCTORS, AND NEARLY FIVE HUNDRED SICK.

A late number of the *Russian Medical Gazette* gives the following telegram from San Stefano: "Fifty physicians and fifty-four assistant-surgeons have died in the service of the Army of the Danube, thirty-one physicians are on leave, and one hundred and fourteen physicians and three hundred and sixty assistant-surgeons are ill."

CHLORAL IN RETENTION OF URINE.

Tidd (*Gazette Méd. de Roma* and *La France Médicale*) publishes a case in which catheterism having failed in consequence of the patient being pregnant, and no urine having passed for twenty-four hours, two doses of ten grains, one half an hour after the other, produced profound sleep and involuntary passage of an enormous quantity of urine.—*London Doctor*.

BIRTH.

In Montreal, on the 28th May, at 339 St. Antoine street, the wife of Thomas Edward Hayes, M.D., of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

EIGHTH ANNUAL REPORT OF THE PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The Eighth Annual Meeting of the "Pharmaceutical Association of the Province of Quebec" was held in the Rooms of Laval University, Quebec, on Tuesday, June 11th, 1878—Mr. Edmond Giroux, President, in the Chair.

Before entering on the business of the Meeting, the Minutes of the previous Annual Meeting, held in Montreal, June 11th, 1877, were read by Mr. E. Muir, Registrar and Secretary, and duly confirmed, after which the President delivered a short and interesting address. At its conclusion, the Secretary read the Annual Report of the proceedings of the Council for the past year, and Mr. J. Kerry, Treasurer, presented the Financial Statement, duly audited.

EIGHTH ANNUAL REPORT OF THE COUNCIL OF THE PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The Council of the "Pharmaceutical Association of the Province of Quebec" have much pleasure in presenting to its Members the Report of the Proceedings of the past year, and Financial Statement to April 30th, 1878.

There have been five Regular and two Special Meetings of the Council, and two meetings of the Board of Examiners during the year. The first of these meetings was held in Quebec on the 19th of June last, at which the following officers were elected, namely: Edmond Giroux, President; Alex. Manson, 1st Vice-President; Roderick McLeod, 2nd Vice-President; John Kerry, Treasurer; and Ebenezer Muir, Registrar and Secretary; also the following gentlemen as the Board of Examiners: H. R. Gray, N. Mercer, R. McLeod, J. B. Martel, H. F. Jackson, A. Manson, and J. D. L. Ambrosse.

The Council regret to report that a vacancy occurred in their body by the lamented death, by drowning, of Mr. James Goulden, who had been a member of the Council of the Association since its formation. Mr. W. A. Dyer was unanimously elected to fill the vacancy.

It was suggested in the Report of last year, that the then incoming Council should consider the question of obtaining amendments to the Pharmacy Act. Acting under this suggestion, your Council have had at several of its meetings, this question before them, and, after due consideration, deemed it expedient that the matter should be deferred until another session. They would, however, recommend that the new Council should take the necessary steps to secure the amendments required at the next session of the Legislature. Several points for amendment to the Act have been suggested; among others the following: "Power to compel physicians to take out a license under the Act"; "To prevent county

storekeepers and grocers selling drugs and medicines"; "To regulate the position of Apprentices, and prevent them occupying positions of responsibility in Drug Stores"; To compel licentiates keeping Branch Stores to place them in charge of a duly qualified "Licentiate in Pharmacy"; and "to make proper provision (in case of the death of a Licentiate) for the carrying on of his business under certain restrictions". These few points your Council would recommend the new Council to take into their careful consideration.

Your Council are happy to state there have been no cases of infringement of the Act, which in their opinion rendered it necessary to take legal action.

Your Council would draw attention to the fact that the College of Physicians and Surgeons of the Province of Quebec, as re-constructed by an Act of Parliament passed during the Session of 1875-76, have repealed all clauses of their former Act relating to Pharmacy; showing conclusively that they recognize the Pharmaceutical Association as the Legal Licensing body of this Province.

It has been deemed advisable that additions should be made to the Schedule of Poisons; for this purpose a Committee was appointed to draft a list of additions, for submission to the Council, this Committee has not yet reported, and your Council would recommend that action be taken in this matter by the incoming Council. A request was made in the report of last year that the Members should send to the Registrar any written suggestions they might have to make on points for consideration, as amendments to the Act; your Council regret to say that very few responses to this request have been received.

The Board of Examiners, under the direction of the Council held examinations in Laval University, Quebec, in June last, at which three candidates for the Major, four for the Minor, and four for the Preliminary Examinations presented themselves. Of these, two for the Minor and two for the Preliminary Examinations were referred back for further study.

The regular Annual Examinations were held in Montreal on the 25th and 26th of April last, at which meeting eight applicants for Major, thirteen for the Minor, and one for the Preliminary Examinations presented themselves. Of these seven of the Major and eleven of the Minor passed and received their Certificates; one of the Major and two of the Minor Candidates failed to receive the required number of marks, and were therefore referred back for further study.

The Registrar reports on the Register for 1877-'78 the following, namely:—122 Licentiates and Members, 24 Certified Clerks and 64 Certified Apprentices.

The Treasurer's Financial Statement will be laid on the table for your inspection; it shows a balance on hand of \$208.77.

The Council would take this opportunity of recording their thanks to the Rector of Laval University, Quebec, for his kindness in placing the rooms of the University at the disposal of the Association,

also to the *Union Médicale, Medical Record, Gazette, Star, Witness, Le National,* and *Minerve*, of Montreal, the *Chronicle and Canadien* of Quebec, and the *Pharmaceutical Journal* of Toronto, for gratuitous notices of proceedings of meetings which have from time to time appeared in their columns.

In conclusion your Council would again request every Licentiate and member, Certified Clerk and Certified Apprentice to make it a matter of duty to assist the Registrar in carrying out the provisions of the Act.

All of which is respectfully submitted.

E. GIROUX, *President,*

E. MUIR, *Registrar & Secretary.*

Mr. N. Mercer, in an able address, moved, seconded by Mr. W. E. Brunet, the adoption of the Report, and that the Report and Financial Statement be printed and circulated among the members.—Carried.

Moved by Mr. W. E. Brunet, seconded by Mr. H. R. Gray:—"That the thanks of this Association are due and are hereby tendered to the Rector of Laval University for his kindness in granting the use of the rooms of the University for our Annual Meeting."—Carried.

Moved by Mr. R. McLeod, seconded by Mr. J. B. Martel:—"That the thanks of this Association be presented to the retiring officers for their services during the past year."—Carried.

The Chairman nominated Mr. H. R. Gray, and Mr. R. McLeod scrutineers, who, having collected and counted the ballots, announced the election of the following gentlemen to the Council for the year 1878-'79:—E. Muir, J. Kerry, N. Mercer, H. Lyman, A. Manson, T. J. Tuck, W. E. Brunet, and R. McLeod. These, with the following, who remain in office, H. R. Gray, H. F. Jackson, E. Giroux, and W. A. Dyer, compose the Council of the Association.

W. H. Clare and D. Watson were elected Auditors.

A vote of thanks to Mr. E. Giroux, as presiding officer, was unanimously carried, after which the meeting adjourned.

(At a subsequent meeting of the Council, held in Montreal, the following were elected officers for the ensuing year, namely—President, E. Giroux; 1st Vice-President, Alex. Manson; 2nd Vice-President, H. F. Jackson; Treasurer, John Kerry; Registrar and Secretary, E. Muir. *Board of Examiners.*—H. R. Gray, Nathan Mercer, Alex. Manson, J. D. L. Ambrose, R. McLeod, H. F. Jackson, and J. B. Martel.)

E. GIROUX, *President.*

E. MUIR, *Registrar and Secretary.*

The great number of new remedies which have been brought before the notice of the medical profession within the last few years would indicate that more attention is being paid to *Materia Medica* and *Therapeutics* at present than heretofore. Within but a short time we have had Chloral Hydrate, Amyl Nitrite, Podophyllin, Sumbul, Bael, the Bromides of Pot-

assium and Ammonium, and many other valuable additions made to the British Pharmacopœia, while Salicylic acid, Gelsemium, Guarana, and Jaborandi are of yet more recent notoriety. But, besides these, the following may be considered *sub judice* as candidates also for admission into the *armamentarium* of the modern general practitioner; and many of them, there is no doubt, will be found not only very useful adjuncts to those we already possess, but also to answer special indications, and to supply wants long felt. It is not intended at present to enter into a discussion regarding the respective merits of these new remedies, though, hereafter, if those who give them a trial would kindly furnish us with the results of their experience, whether favourable or unfavourable, we would be happy to publish them for the general information of the profession. In concluding these remarks, we may state that any one or all of the remedies here mentioned can be procured from any respectable druggist in this city in the form of solid or fluid extracts, pills, troches, and elixirs:—

BERBERIS AQUIFOLIUM. Grows on the Pacific coast of the United States. The root is the part employed; it is said to be cathartic, diuretic, diaphoretic, tonic and alterative. It is almost a specific in secondary syphilis and scrofula, and is also useful in cancerous affections; in ague it is reputed superior to quinine; it has also cured enlargement of the spleen and of the prostrate body.

BOLDOA FRAGRANS—Bolde. Grows in Chili; leaves used. This is employed with the greatest success in blennorrhagia, atonic and bilious dyspepsia, chronic catarrh of the bladder; in hepatic abscess after the inflammatory symptoms have subsided, and is also a powerful anthelmintic.

CACTUS GRANDIFLORUS—Night-blooming Cereus. This is used in functional disturbance of the heart, palpitation, &c.

CASCARO SAGRADO. Its botanical source is unknown. It is said to be a certain remedy for habitual constipation.

COCA ERYTHROXYLON—Coca. Grows in Bolivia; the leaves are used. A powerful nervous excitant, somewhat resembling tea and coffee.

COTO BARK AND COTOIN. Brought from Bolivia. Cotoin is the active principle of the bark. Both are used in intestinal catarrh and dysentery.

ERIODYCTION CALIFORNICUM—Yerba Santa, Bearsweed—California. The whole plant is used as a remedy in laryngitis and laryngio-bronchitis, hemorrhoids and gonorrhœa. It is expectorant, diuretic, &c.

EUCALYPTUS GLOBULUS—Blue Gum, Fever tree of Australia. The leaves and flowers are said to have been most successfully used in

remittent and intermittent fevers, typhoid fever, nephritis, diuresis, incontinence of urine, vesical catarrh, blennorrhagia, dysentery, chronic diarrhoea, gonorrhoea, cardiac and renal dropsies, pulmonary gangrene, and affections of the mucous membranes generally. It is tonic, anti-periodic, &c.

Externally the decoction is a disinfectant, deodorizer, and stimulant; it is employed with the happiest results in foul and cancerous ulcers, bed-sores, vaginitis, offensive leucorrhoea, chronic bronchitis, ulcers of the urethra, chancres, diphtheria. The active agent is an oil, (Eucalyptol), which is as good an antiseptic as carbolic acid; this oil relieves toothache.

FUCUS VESICULOSUS—Sea-wrack, bladder-wrack. This is used as a cure for obesity which it removes by restoring the tone of the system in general.

GENTIANA QUINQUEFOLIA—Five-flowered Gentian, Gall of the earth, Frost Bloom. Grows in the Susquehanna Valley. The whole plant is used in fever and ague instead of quinine, and when that remedy fails to cure. It reduces the temperature in all fevers; it is a good tonic in dyspepsia; furthermore, it is not poisonous.

GRINDELIA ROBUSTA.—Gum Plant of the Pacific coast of the United States. The plant and flowers are a reputed cure for hereditary and spasmodic asthma, pneumonia, chronic bronchitis, hay asthma, dropsy, and used locally in gonorrhoea, conjunctivitis, iritis, ulcers, &c.

GRINDELIA SQUARROSA.—California. This plant cures dumb ague.

KAVA KAVA. From the Sandwich Islands, recommended in gonorrhoea and chronic cystitis.

ENOTHERA BIENNIS—Evening Primrose, of the United States. The plant and flowers act as a mild sedative to nervous sensibility, influencing more especially the pneumogastrics. It is, therefore, very efficient in asthma depending on irritability and from chronic dyspepsia.

PENTHORUM SEDOIDES—Virginian Stone-crop. The plant is demulcent, laxative and yet somewhat astringent. It is employed in catarrh, pharyngitis, catarrhal laryngitis, chronic bronchitis, with profuse expectoration; and in catarrhal affections generally of the stomach, bowels and bladder.

PHORADENDRON FLAVESCENS—American Mistletoe. This must not be confounded with the English Mistletoe (*Viscum album*). The latter name, however, is, unfortunately, the one which has been erroneously given to the medicine now under description, and the extract is known only by the name of extract of *viscum album*, when it is in fact the extract of *phoradendron*. This remedy is an oxytoxic, said to be more reliable than ergot in labor.

SABBATIA ELLIOTTI—Quinine Flower of Florida. It is an anti-periodic and tonic like quinine.

TRITICUM REPENS—Couch grass; is indigenous. The roots are used in cystitis, acute and chronic, and are decidedly superior to any of this class of remedies in the British Pharmacopoeia, *Ura ursi* Buchu and *Pariera brava*. (Editor of MED. RECORD).

TURNERA APHRODIZIACA—Damiana of Mexico. The leaves and flowers are the medicinal parts employed. This is said to be a cure for Impotence.

URTICA DIOICA. Is a new diuretic, said to be more powerful than any we possess in the Pharmacopoeia.

USTILAGO MAIDIS—Indian-corn Smut, corn-ergot, indigenous. The ergotized grains are said to be more reliable and more efficacious as an ecbotic than ordinary ergot of rye.

VIBURNUM PRUNIFOLIUM—Black Haw. Grows in the South and Western States. The part used is the bark of the root and twigs. It is said to prevent abortion if given in time. Though it is a sedative on the uterus, it is a general tonic to the system. It is also good in some forms of dysmenorrhoea, menorrhagia, metrorrhagia, especially at the change of life. In menorrhagia caused by fibroid growths. It may be combined with ergot.

XANTHUM SPINOSUM—Spring Bur-reed. Grows in Europe. The plant is a powerful diaphoretic, and is said to cure hydrophobia. It is supposed to neutralize the effects of the virus of rabies.

YERBA REUMA.—The botanical source is unknown. When locally applied it cures nasal catarrh, gonorrhoea, leucorrhoea and gleet.

DIALYZED IRON.—Prof. Yandell of Louisville gives the following as characteristic properties of genuine dialysed iron:—"It has the faintest possible saline flavour and a mere suspicion of roughness. Slightly diluted, its taste recalls that of fresh blood. It is not in the least unpleasant, and does not blacken the teeth or tongue. It seldom or never produces any gastric disturbance or headache, and very rarely constipation. It is exceedingly reliable and rapid as a tonic."

He has examined nine different specimens of this preparation; and most he ascertained to be without the characteristics of taste and efficacy above enumerated, and chemical analysis, he remarks, readily "detects their deficiencies. One of the *spurious* specimens before alluded to was little less unpleasant than the tincture of muriate of iron, another was excessively acid, another was decidedly saline, another was exceedingly astringent, another was sweetish, an-

other was bitter, and another was seemingly only colored water; another more nearly approached correctness, but only a single specimen possessed the peculiarities of the true article." His attention was, he continues, "first directed to this matter through the failure or misbehaviour of the dialysed iron in practice. It is but just to say that the good specimen is from Wyeth & Brother, the original manufacturers of this medicine in America.

THE SWEATING OF PHTHISIS.—Dr. Nairne, of Glasgow, finds tincture of belladonna, as an external application, very useful to restrain the sweating in phthisis, a result which might have been expected from the success which attends its use in the distressingly profuse perspiration which is sometimes localized in the feet. (*British Med. Journal.*)

AMYL NITRITE.—The inhalation of the vapor of this remedy in ague at the commencement of the cold stage is said to cause a glow over the whole body, and the shivering fit comes to an abrupt termination. This agent has also been recommended in whooping-cough. (*Lancet.*)

TOXIC PROPERTIES OF DYNAMITE.—M. Bruet, in a Paris thesis, sums up with the following conclusions as to the toxic properties of dynamite in nitro-glycerine:—1. Nitro-glycerine is a poison, the energy of which is in direct proportion to the rapidity of its absorption. 2. It is most violent when quickly absorbed; a few drops are sufficient to strike down an animal in five minutes, and death follows in clonic and tonic convulsions. 3. It is less dangerous when absorbed slowly, and in this case kills by asphyxia, the fatal dose being rather high. 4. A man exposed chiefly to the absorption of nitro-glycerine has rather to fear the chronic or slight results than acute poisoning or death. But he should avoid all conditions which may expose him to rapid absorption of the poison, as in this case there would be danger of sudden death. 5. For these reasons it is not superfluous to take precautions against exposure to an atmosphere in which particles of dynamite are given off. (*Annali Universali di Medicina.*)

TO RETAIN COFFEE AROMA.—By mixing 25 per cent. of well dried head crumbs with coffee, when grinding, a German chemist claims that the delicate aroma of freshly ground coffee will be retained for an indefinite period, which otherwise soon escapes. (*Druggists' Circular.*)

BAY RUM.—The following formula is said to produce an excellent article; four pints of alcohol, three pints of water, one pint of Jamaica rum, one drachm of oil of bay and twenty drops of oil of pimento; a few drops of aqua ammoniæ give the requisite color to a whole gallon.

TO MAKE LABELS ADHERE TO TIN.—Rich. Shuster recommends to add to about $\frac{1}{2}$ pint of the paste 20 drops of so-called butter of antimony (concentrated solution of antimonious chloride.) The antimony is deposited in a metallic state upon the tin,

and forms a surface to which the paste easily adheres. Cupric chloride may also be used for the same purpose. Of course, both of these additions are poisonous, and the necessary care must be taken in their employment.

DIVI-DIVI.—Divi-divi, or Dividibi, or Libidivi, or Libidavi, are the fruits of *Coccoloba coriaria* Willd., forming twisted or S-shaped, dry, brittle, shining, chestnut-brown pods, containing between the external and internal shell a brittle ochre-colored mass. This is rich in tannin, containing between nineteen and forty-nine per cent. They were first brought to Europe by the Spaniards in 1768. At present they are exported from Caracas, Maracibo and Curaçao, and are used for tannin, and dyeing of leather.

MOLECULAR DIMENSIONS.—Maxwell and S. Tolver Preston deduce from a series of researches the conclusion that one cubic-centimetre of air (a space occupied by about 16.3 minims) contains nineteen millions of billions= 19×10^{18} molecules, or 1,900,000,000,000,000,000.

"Adulteration of Santonin." An author states that he has met lately with samples of santonin, containing 22.5 per cent. of boric acid. The fraud is easily discovered by igniting the substance, dissolving the residue in boiling water, and allowing to crystallize, when boric acid separates, recognizable in the usual manner.

The following epitaph was written by a Dr. Godfrey, who died in Dublin in 1755:—

EPITAPHIUM CHYMICUM.

Here lieth to digest, macerate, and amalgamate into clay,
In Balneo Arenæ,
Stratum super Stratum
The Residuum, Terra damnata and Caput Mortuum,
Of BOYLE GODFREY, Chymist and M.D.

A man who in this Earthly Laboratory pursued various
Processes to obtain Arcanum Vitæ,
or the Secret to Live:

Also, Aurum Vitæ,
or the art of getting rather than making Gold.
Alchemist-like, all his Labour and Projection,
as Mercury in the Fire, Evaporated in Fume when he
Dissolved to his first principles.

He departed as poor
as the last drops of an Alembic; for Riches are not
poured on the Adepts of this world.

Though fond of News, he carefully avoided the
Fermentation, Effervescence, and Decrepitation of this
life. Full seventy years his Exalted Essence
was hermetically sealed in its Terrene Matress; but the
Radical Moisture being exhausted, the Elixir Vitæ spent,
And exsiccate to a Cuticle, he could not suspend
longer in his Vehicle, but precipitated Gradatim, per
Campanam, to his original dust.

May that light, brighter than Bolognian Phosphorus,
Preserve him from the Athanor, Empyreumæ, and Re-
verberatory Furnace of the other world.

Depurate him from the Fæces and Scorïa of this,
Highly Rectify and Volatilize his æthereal spirit,
Bring it over the Helm of the Retort of this Globe, place
it in a proper Recipient or Crystalline orb.

Among the elect of the Flowers of Benjamin; never
to be saturated till the General Resuscitation, Deflag-
ration; Calcination, and Sublimation of all things.