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THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, OCTOBER, 1879.

No. 1.

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Original Communications.

REGISTRATION OF THE CONDITION OF HEALTH.

By J. H. BURNS, M.D., TORONTO.

(Read before the Canada Medical Association, at its Meeting in London, September 10th, 1879.)

MR. PRESIDENT AND GENTLEMEN,—It is proposed to make a few remarks upon registration generally, but specially to point out some of the advantages to be gained by the registration of the state of health or the prevalence of disease.

At the present time accurate statistics are so little valued, that our method of obtaining them is far in the rear of that of most civilized countries, and it is only very recently that the public has begun to recognize the benefits of a complete system of registration.

Owing to the fact that little profit has hitherto been derived from statistics as returned, many have been slow to acknowledge the utility of spending time and money in this direction, and we may attribute the laxity with which the prescribed legal regulations are at present enforced, to the want of an intelligent appreciation of benefits to be derived therefrom. It is still too often thought that, being merely to gratify the curiosity of a few, it can be in a great measure dispensed with, and I regret that in Canada the subject has become somewhat

of a bugbear to those imperfectly acquainted with its importance.

Now as regards the registration of mortality it may be safely said that there is not one single place in Canada where the law is by any means satisfactorily carried out, for not only is there a confusion as to immediate cause of death, but the law itself is defective in its requirements, as the true object of registration should be to ascertain *accurately* the conditions attendant on death, with as full information as can be procured. For instance it is not enough to record such facts only as the Ontario Government now requires, viz., age, nativity, sex, disease, and date of death; but the return should state whether the disease was inherited or contracted, if the result of an epidemic or merely an isolated case, and whether the surroundings were disease producing, or not. If in consequence of an epidemic, whether it was the first fatality; some account also of the epidemic should be required, stating whether it was more or less than usually prevalent or fatal, and above all whether predisposition existed. Professor Kedzie of Lansing says: "The first and indispensable quality of all statistics is accuracy, and if the records upon which the vital statistics are founded are notoriously imperfect and inaccurate the deduction drawn from such records will be proportionately unreliable, if not actually misleading—the general cause of this inaccuracy being the present mode of collecting the returns of births, marriages, and deaths." Now, in order that the desired result should be attained, information should be gathered

from the parents, relatives or friends, who should fill up the part of certificate relating to sex, age, nativity, habits, &c., and then duly signing it hand it to the physician to add his information, and ultimately pass it on to the registrar for a permit to bury. By accurately filling out this form in all its details, and combining the results with those obtained by a system of registration of the state of health which I wish to advocate, it would be a comparatively easy task to obtain what is now quite impossible, viz., the proportion which may be found to exist at any given time between the sickness and the death rate.

Time would not permit my going over this vast field of research fully, therefore I shall merely glance at a few points, and draw your attention to the advisability of carefully collecting health records, and comparing them with meteorological notes for a corresponding period, so as to endeavor to prove what is daily observed, viz., the great effect the weather in its changes has upon health.

The attention of the profession in Toronto has lately been called to this subject by Mr. Monk, of the Meteorological service, by a paper entitled "The Influence of Weather on Health," which he read at one of the late meetings of the Medical Society there. He urged the desirability of obtaining data regarding the prevalence of disease, and strongly advocated the necessity of physicians keeping a weekly record of all cases coming under their notice, so that it might be compared with the weather returns.

In the paper referred to, and also by diagrams Mr. Monk had prepared, attention was drawn to the remarkable relation existing between the changes of the weather and the changes of the death rate, and although all present will acknowledge the influence of the weather on health, they will equally concede their want of information concerning their exact connection.

On the conclusion of the paper, a scheme for the registration of health returns was proposed and cordially endorsed by the Society, and the willingness shown by members of the profession to carry it out is a proof that the subject is thought by them to be well worthy of investigation.

It has been borne in mind that, in order to make the system as successful as possible, its requirements must demand but little time and

thought from active practitioners, for if the law enforces a strict regulation necessitating such returns (especially without remuneration), unless a true interest be displayed, we fear a good result might never be obtained.

In the case of complete and satisfactory returns there would be no difficulty in publishing a topographical disease chart, which would be of great utility and interest.

Observations for a few years would prove of great service in enabling us to class diseases according as they are influenced by the weather. For example, if the courses of certain diseases during the year are represented by diagrams, we shall find that different kinds of diseases prevail much more extensively under certain atmospheric conditions, or during particular portions of the year. At a casual glance it may seem impossible ever to be able to counteract the influence of the weather, but with a knowledge of coming events, such as the published probabilities afford us, we shall possess many great advantages.

As the changes of weather progress from westward to eastward, so also it may be found that epidemics which are at all influenced by the weather may travel in the same way, and if the proposed system of health registration becomes as universally adopted as is the recording of the weather, we may be able to construct charts which will shew us at a glance the prevailing diseases at all points. Shall we not then be better prepared to guard against such diseases (especially those which become epidemic), and will not additional light thus be thrown on many questions? Upon this very subject Professor Kedzie, President of the Michigan State Board of Health, remarked as follows: "What relation do these reports of the medical and meteorological observers bear to each other? Is there any causal element in the meteorological conditions which produces effects in the sanitary conditions? We shall undoubtedly find that the curves of temperature have a marked control over certain diseases, that a sharp rise of temperature increases diseases of the digestive system, while a rapid fall of the temperature increases diseases of the respiratory system. Statistics from many lands would lead us to expect this in ours, but let us not be content with this meagre result, let us push on to see if other causal relations may not be discovered. What

influence has the presence or absence of atmospheric moisture on diseases of the respiratory, circulatory or nervous systems? Is there any relation between the presence or absence of atmospheric ozone and the prevalence or absence of any disease? Does the amount of cloudiness have any influence on diseases of the nervous system? Do the barometrical fluctuations have any effect on the circulatory and nervous systems? These are some of the questions I hope to see brought before us by the combined study of our meteorological reports and the weekly reports of prevailing diseases. I am not sanguine that the results will be at first inspection apparent, or that we shall reach any results without careful and prolonged study, even if we shall ever be able to satisfy ourselves on all these questions, but I am convinced that if the relations of these climatic conditions to the public health are ever determined, it will be by the combined study of meteorological conditions and the prevailing diseases, rather than by comparison of meteorological conditions with the mortuary records. A wider scope must be given to the study of vital statistics before results of the highest value are reached."*

It may be remarked also that a very large field of observation is afforded in the study of the effects of approaching electric atmospheric conditions, which will be of the very greatest importance, more especially to those engaged in the study of diseased mental phenomena.

The varying pressure of the atmosphere is one of the most important conditions to be taken into account, as the changes and their rapidity, or the existence for a lengthened period of a pressure much above or below the normal, will, no doubt, be found to predicate or co-exist with certain diseases. In extreme cases it is said that the change in atmospheric pressure amounts to nearly one pound on every square inch of surface. According to Dalton, assuming that there are 2000 sq. inches on the outer surface of the body and about 1,400 sq. feet of surface in the lungs, there would be a change of pressure amounting to about 100 tons upon the human system, consequently it appears that atmospheric pressure must be a very important factor in the influence of weather on health, as the amount of humidity, ozone, etc., appears to depend upon the varying conditions of temperature and pressure, and, except in a few instances, can hardly be said to have an independent effect upon health. Among other instances of the influence of the weather it is a well known fact that before yellow fever becomes epidemic the temperature must have attained or remained above a certain degree for a certain period; and in the last report of the Registrar General for Ontario it is shown that when the temperature in New York was

above the average of 80 degrees for the week the deaths from all causes increased enormously, more especially amongst children under 5 years of age.

In summing up some of the results to be derived from a discussion of health statistics, I will conclude a subject which I trust will be well considered by all present. These statistics will enable us

1st. To ascertain the influence of the weather on health.

2nd. To determine the proportion which may exist between the sickness-rate and the death-rate.

3rd. Having obtained a knowledge of the existence of an epidemic, to take precautions to prevent its spread and to mitigate its effects.

4th. To interchange this information with our neighbors to our mutual advantage; and

5th. To obtain better ideas regarding the origin and progress of disease generally.

For the data we must depend upon the medical profession, and an intelligent public must grant us its support and assistance, for, as Professor Tyndal asserts: "If anything is to be done in the way of any really great sanitary improvement, it must be from the people themselves," and it appears to be a fit subject for discussion as to whether the Government should take immediate action in this connection, or that for a time we should continue the system which has been proposed and which at present is being put in operation. A copy of the form used in reporting is appended.

Diseases in _____ during week ending Saturday _____ 18__

	Number of Cases.	Severity*	Remarks†
Asthma.....			
Brain, Inflammation of.....			
Bronchitis (Acute).....			
" (Chronic).....			
Cerebro-Spinal Meningitis..			
Cholera Infantum.....			
Cholera Morbus.....			
Consumption, Pulmonary...			
Croup, Membranous.....			
Diphtheria.....			
Diarrhoea.....			
Dysentery.....			
Erysipelas.....			
Fever, Intermittent.....			
Fever, Remittent.....			
Fever, Enteric.....			
Influenza.....			
Laryngitis.....			
Measles.....			
Megrim.....			
Myalgia.....			
Neuralgia.....			
Pleurisy.....			
Pneumonia.....			
Puerperal Fever.....			
Pulmonary Hæmorrhage...			
Rheumatism.....			
Scarlatina.....			
Small-Pox.....			
Whooping-Cough.....			

*The severity of the disease should be noted, using the signs +, +, or -, according as the disease is about the same, or more, or less than usually severe.

†In this column, any notes regarding special cases, or remarks on the sanitary conditions, might be entered. The blank space is left for the mention of diseases not named in the list.

* State Board of Health, Mich., 1878, page 7.

OVER-STUDY IN YOUNG LADIES' SCHOOLS AND CONVENTS.

By JAMES PERRIGO, M.D., M.R.C.S., ENG.,

PROFESSOR OF MEDICAL JURISPRUDENCE, UNIVERSITY OF BISHOP'S COLLEGE.

Neurasthenia and Womb-diseases, by Dr. Goodell, of Philadelphia, touches a subject that seems to have been apparently neglected by most observers. It will do good service, as it brings prominently before us the evil results of forcing learning into the heads of young girls regardless of all consequences. Every practitioner, no doubt, has met with a number of cases of disordered and difficult menstruation, attended with more or less anemia and neuralgia, the histories of which could be traced to over-study and too close confinement at school. Education in the nineteenth century apparently is not based upon Worcester's definition. He defines education as "that series of instruction and discipline which is intended to enlighten the understanding, correct the temper, and form the manners and habits of youth, and fit them for usefulness in their future stations." As the process is carried out in our schools and convents, it appears rather to consist of intellectual cramming, to get through as much work as possible in a given time, to force girls to learn accomplishments for which they have no inclination in a good many instances, to keep them tightly-laced, and give them a half-hour dead-march walk through the quiet streets of the town. Nothing human can change the requirements of nature, and, as Lord Bacon says, "she is often hidden, sometimes overcome, seldom extinguished." A persistence in the present manner in guiding the studies of our young girls will rapidly (if it has not already partially done so) give us a generation of sickly looking females. In visiting the New England States, and some of their large cities, we were rather surprised at seeing so many sickly looking females, all more or less shewing the appearance of anemia or chlorosis. In conversation with the medical men, they, one and all, stated that it originated from their system of forced education at boarding-schools, and they added that competitive examinations helped to increase the evil results.

In Canada, taking Montreal as an example, we have drifted considerably in the same direc-

tion, and the profession here should give warning. There is no use in denying the fact, as it has been amply proved in practice, a great many girls begin their invalid career at the age of puberty, from no other cause than that no allowance is made for the new strain upon the nervous system. Their studies are not only continued, but, at that age, additions to them are made, when they should be lightened or followed less vigorously. What is the result? Backache, flushing of the face with headache, loss of appetite, menstruation, which has been partially established, checked, and more or less hysteria. To give an example, we will detail the following case, which was under our care two years ago. Miss H., *æt.* sixteen, with puberty fairly established, as she had been menstruating regularly for some time, began to complain of headache and a sense of lassitude. This was when the session of her school was about three months advanced. It was easy to see over-work was the cause. She was at the head of her class, but had a strong competitor in another young lady who was always very close to her. The parents had a natural pride in the ability and success of their child, and they allowed no obstacle to be in the way of her keeping the first place in her class. Outdoor exercise and amusements in their opinion wasted precious time. They ridiculed the opinion when given to them that it was over-studying, and the anxiety connected with it, of keeping her place, and absolutely refused to give their daughter a rest from work. They stated they were of strong constitutions themselves, and that their daughter possessed the same, and that she was doing no more than what they did in their young days. To convince the mother of the difference of her studies in her youthful days and those of her daughter, the two were compared. Those of the mother consisted of the three R's., and the daughter had to plod through advanced arithmetic, algebra, Euclid, moral philosophy, literature, ancient and modern history, and French. In addition to this she was forced, an hour every day, to drum on the piano, much against her own inclination as she was not fond of music. Outdoor exercise consisted in the walk to and from school. Notwithstanding all this they peremptorily refused the much needed rest, and asked for a tonic, stating they thought that quite

sufficient. I may state, the winter before, this young girl's health nearly gave way from the same cause. Explaining to them a tonic would only be of partial benefit, one was given. The tonic consisted of phosphoric acid, pyrophosphate of iron and liq. strychnia. True enough the benefit from it was very small, and that little was only temporary. Fearing I did not know as much as I should about their daughter's case, they consulted some one else, and in about four months' time they had consulted four or five different medical men, one of them being a homœopath, and in every instance were given the same advice, which, of course, they did not follow. In the end they returned to me, wishing to know if it were advisable to take her to New York. The young lady's condition was worse; she still suffered from headaches, and her menstruation had become irregular, scanty and very painful. She dreaded the return of every period on account of the pain. Instead of being able to follow her studies at school, she was now half the time at home confined to the sofa. So much for the ambition and pride of her parents. Feeling now I was master of the situation, the advice about visiting New York was given, that it was wholly unnecessary, that all that was required was a little common sense on their part to follow out the instructions already given here. They consented at last, their daughter was taken from school, and change of occupation was effected by making her do some light house-work upon those days she was able. She was forced to go out and indulge in the amusements of her age. The same tonic was given to her and she rapidly improved. As soon as the summer months arrived she was sent to the country, from which she was not allowed to return until the autumn. She was then in perfect health. Her parents saw, at last, the wisdom of following the instructions given, and she was never allowed to over-apply herself to her studies again. As a result of this, they were not only surprised but gratified that she made as much progress and kept as good a position in her class as when she was jaded by over-work.

Parents and teachers should bear in mind the fact, that young girls at the time of puberty should not have too great a strain put upon their nervous system, that it is at this time all their strength should be husbanded for the develop-

ment that is taking place. A girl's future health is more or less stamped by the manner in which puberty has been established.

It is a pity the German practice is not in vogue here. There a young girl is sent to school until menstruation begins to appear, when she is kept at home and only allowed to study moderately under the guidance of a visiting governess, after which she returns to school, and care is taken, at each menstrual period, of allowing her a little more leisure time.

The experience of this prudence shows that time is not lost, but rather an advantage is gained. These German girls graduate from school well developed young ladies, and are much better able for the cares of future life, than the majority of the same class on this side of the Atlantic.

CASES IN PRACTICE.

By CARR HOLSTOCK ROBERTS, L.R.C.P. Lond.,
M.R.C.S. Eng., L.S.A., M.B., M.A.

J. S., *æt.* 41, short, stout, healthy-looking man who said he had never had a day's illness in his life, called me up early one morning complaining of excruciating pain in the rectum, as if something was "sticking into" him some distance up the bowel. A digital examination, and one per speculum ani, failed to detect anything; but, as he insisted there was something there, a good dose of castor oil was ordered, and after that had operated, no relief being afforded, some warm water enemata were used, which had the effect of dislodging the substance and bringing it down so near that I was able to hook out with the finger (bending it in two whilst so doing) a splinter of wood the length of my forefinger, and sharply pointed at both ends: it was evidently a splinter from a sugar cask which had been swallowed. The patient remembered, about ten days previously, being nearly choked whilst drinking some coffee at breakfast, and fancied then that he had swallowed something. The marvel is that it should have passed through the many feet of convolutions of intestine to be arrested in its progress just in the only position where mechanical aid was able to afford relief. I remember many years ago being present at a post-mortem on a fine healthy young man who had for days suffered great agony from pain in the abdomen which

was always persistent at one spot, and which suddenly ceased, the patient exclaiming that he was quite well, but death supervened a few hours afterwards, and the post-mortem showed the cause to be perforation of the intestine caused by a bristle of a tooth brush, and which bristle was found sticking in the intestine.

A NEEDLE IN THE HEART.

"At a *post mortem* examination in a lunatic asylum in Saxony a needle was found sticking in the heart. It had passed through the posterior wall of the left ventricle. The patient, a man aged 25, had died of peritonitis; he had always felt well previous to his last illness, and never complained of any cardiac troubles. In what way the needle entered his heart remains unknown."

The above quoted from the *British Medical Journal* of 30th August, 1879, emboldens me to report the following case which occurred to me in my practice at South Kensington a few years ago, and the notes of which I came across a few days since. I should have reported it then, but, from its extraordinary nature and press of private practice as well, I did not do so. A. B., a young man of two or three and twenty, with an anxious, care-worn expression, a member of one of my clubs, consulted me for pains in the chest, and at times extreme difficulty of breathing. All remedies failed to give him relief; he consulted other medical men, and was an out-patient at several hospitals without any beneficial result, and the only temporary alleviation of his sufferings that he ever obtained was by getting his friends to strike him violently with the clenched fist repeatedly between the shoulder blades, and he eventually died in great agony, his dying request being that I should open him. I did, and, to my great surprise, found a small stalk of the tobacco plant entangled in the chordæ tendinæ of the tricuspid valve!! A friend of mine, a chemist (unfortunately since dead), and the man's father and brother were present at the post-mortem, but all my entreaties to be allowed to retain possession of the heart were of no avail, although I offered to pay his funeral expenses on that condition. They were Irish, and, had it not been an express promise on his death-bed, I should not have been allowed to make the post-mortem. As to how the twig of tobacco got there, beyond

the fact of his having been employed in a tobacco manufactory, I cannot attempt to offer any explanation, but truly "there are more things in heaven and earth than are dreamt of in our philosophy, Horatio."

4 Cambridge Terrace,

Westbourne Park.

9th September, 1879.

BUSINESS.

A gentleman recently about to pay his doctor's bill said, "Well doctor, as my little boy gave the measles to all my neighbors' children, and as they were attended by you, I think you can afford, at the very least, to deduct ten per cent. from the amount of my bill for the increase of business we gave you."

Progress of Medical Science.

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.

At a late meeting of the Therapeutical Society of New York, Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, presented a report (*New York Medical Journal*, April, 1879) on this subject. From the facts before them the committee felt warranted in drawing the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation.
2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.
3. That administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.
4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.
5. That in a small percentage of cases irritability of the bowels attends its protracted use.
6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.
7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.
8. That in favorable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies.
9. That its use is wholly unattended by danger.—*Am. Jour. Med. Sci.*

PHOSPHORUS IN THE TREATMENT OF CHRONIC ALCOHOLISM.

The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d'Ancona then gives a theory as to its *modus operandi* in three cases, and, in conclusion, begs that a fair and impartial trial be given the medicine, and that the results be published.

THE MANAGEMENT OF ACUTE CATARRH OF THE MIDDLE EAR.

In the *Louisville Medical News*, Dr. W. Cheatham says, on this subject: Never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after

all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost, if not entirely, incurable. Many of you, no doubt, have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local blood-letting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ may be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour until relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag, and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you cannot possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance

of it, but not in the position of the patient during the rest. Give patient his or her choice; leave it to them entirely. Should the paracentesis close, repeat it as often as necessary. I have seen it done six or eight times in one ear with excellent result.

In all ear troubles, and especially in the one of which I am speaking, strict attention should be paid to the general condition of the patient. The skin should be kept active as far as possible to guard against cold. An hour's cold will undo many months' treatment.

ACUTE MENINGITIS TREATED BY DOSES OF IODIDE OF POTASSIUM.

M. Rodet records in the *Lyon Médicale*, 1878, No. 52, the case of a young girl, aged 19, suffering from very acute meningitis (fever, vomiting, delirium, sleeplessness, outcries, dilated pupils). The treatment was by antispasmodics and sedatives. At the end of two days her state was aggravated with loss of consciousness, obstinate constipation, and monoplegia of the right upper limb. Death seemed imminent. The use of antispasmodics was continued, and there was further prescribed a flying blister to the nape of the neck, and three grammes of iodide of potassium (equal to forty-six grains and a half), in twenty-four hours. The next morning there was a slight amelioration, especially in the intellectual condition; the same state of paralysis. A purgative enema produced abundant evacuation. The improvement made sensible progress; the paralysis began to diminish on the third day of the employment of the iodide of potassium; on the eighth day it had completely disappeared, and the patient was convalescent. The treatment was continued. The iodide was carried on the first day to as high a dose as four grammes, on the third day to five grammes, and continued at that dose up to the eighth day, and then progressively diminished. This case deserves attention in respect to the successful treatment of so severe an affection as acute meningitis. M. Rodet follows his report by mentioning a certain number of cases cured by iodide of potassium, and cites the opinion of Fonsagrives. He lays great stress on the largeness of the dose of iodide of potassium.—*Brit. Med. Jour.*

TREATMENT OF EPILEPSY.

Dr. A. Hughes Bennett, Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, records (*British Med. Journal*, June 7, 1879) an analysis of the results of treatment of one hundred cases of epilepsy by the bromide of potassium or ammonium. The following he

finds a convenient and efficacious prescription: R. Potassii bromidi gr. xx; ammonii bromidi gr. x; spiritus ammon. aromat. ʒss; aquam ad ʒj. Fiat haustus ter in die sumendus.

The first dose was taken before getting out of bed in the morning, the second in the middle of the day on an empty stomach, and the third the last thing at night. If, in the course of a fortnight, the attacks continue, the dose was increased week by week, till there was some obvious modification in their severity or frequency; and this has been, if required, gradually increased to from sixty to ninety grains, three times a day. In the event of the first or any subsequent dose proving efficacious in warding off the seizures, it was continued for about a couple of months; that is, assuming no really dangerous signs of poisoning presented themselves. The fact of the bromide rash or moderate constitutional weakness being developed was found of no great importance, if the attacks were in abeyance. At the end of from two to three months, according to circumstances, the dose was gradually diminished, till the smallest possible amount necessary to materially modify the paroxysms was found; and this, when ascertained, was, the health remaining good, continued for many months.

Of the hundred cases treated in this way, it may be stated in general terms that, with only one or two exceptions, the bromides have had the effect of materially modifying the frequency and severity of the epileptic seizures. At the same time, opportunity was not afforded in all of these to test the efficacy of the treatment for a sufficient length of time.

Not only do the bromides materially modify the frequency of epileptic attacks, but they often diminish the severity of those which occur. They also improve in many respects the general health, and persons who suffered from headache, nervousness, and other ailments, are often greatly relieved in these respects.

The administration of the drugs may arrest the seizures for many months, and the moment they are discontinued the attacks at once return, indicating that it is these agents which keep the paroxysms in abeyance, and that their action is not permanent.

What effects has a prolonged use of the bromides on the general health? Of the forty cases, which for a period of at least six months were continuously under the influence of these drugs, the following gives a general idea of the result:

In 62.5 per cent. of cases, the prolonged use of the bromides, sufficient to ward off or greatly modify the epileptic attacks, did not produce any physiological effects, or in any way influence the general health. In 35 per cent., some symptoms of bromism were produced; namely, in 25 per cent., there were weakness and languor of body, loss of appetite, and the

usual physical symptoms; in 20 per cent., there were depression of the mental faculties into dulness, apathy, tendency to sleep, and so on; and in 15 per cent., there were well-marked signs of the bromide rash. One patient died while taking large doses, but whether as a result of the remedy or of the disease it is very difficult to determine. As a rule, however, the symptoms of bromism were slight, and their effects very temporary, and rapidly disappeared on discontinuing the drug for a time.

It may be said in conclusion that, in the bromide of potassium, we possess a valuable agent for suppressing the most dangerous symptoms of one of the most terrible maladies to which human flesh is heir, and further experience may enable us, through its influence, to effect a complete cure of the disease itself.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

A LECTURE DELIVERED AT THE MANHATTAN EYE AND EAR HOSPITAL, IN THE CITY OF NEW YORK. By O. D. POMEROY, M.D.

(Reported for THE N. Y. MEDICAL RECORD.)

PART I.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR — ETIOLOGY — COLD — EXANTHEMATA — AND OTHER FEVERS — EXCESSIVE INFLAMMATION OF THE TYMPANUM — ROUGH HANDLING OF THE EAR — IMPACTED CERUMEN — INJECTIONS INTO THE TYMPANUM — NASAL DOUCHE — ACUTE PHARYNGITIS — PNEUMONIA — MODE OF INVASION — OTORRHEA A MISNOMER — APPEARANCES UPON INSPECTION — CHARACTER AND QUANTITY OF THE DISCHARGE — APPEARANCE OF THE DRUM-MEMBRANE — PECULIAR PULSATION.

GENTLEMEN:—At our last meeting I spoke with reference to acute inflammation of the tympanum. There are a few points yet to be disposed of, but as I wish this evening to develop as thoroughly as possible the subject of chronic purulent inflammation of the tympanum, I will at once pass to the consideration of the causes of this affection.

ETIOLOGY.

In general terms, it may be stated that the causes of chronic suppurative inflammation of the tympanum are almost identical with those of acute inflammation of the tympanum. I will first speak of the effect produced by cold, on the ear, either directly or indirectly.

a. After taking cold there are a great variety of symptoms. The patient may have rheumatism, or fever, or pneumonia, or sore throat, etc. A sore throat is a very common result of taking cold. Sore throat will not produce

otitis necessarily. Anyone with inflammation of the upper pharyngeal space is liable to an attack of otitis, the inflammation travelling up the Eustachian tube, and involving the tympanum.

b. A draught of air upon the head or upon the ear. Under these circumstances the inflammation involves the tympanum by means of the meatus auditorius externus. Direct exposure of the ear to draughts of cold air, such as arise from sitting by an open window, or more especially in a railway car near an open window, listening at a key-hole, etc. It is well known that conjunctivitis is sometimes dependent upon a draught of cold air coming in immediate contact with the eye from the patient's looking through a key-hole. In the same manner inflammation of the ear may be produced by exposure to a draught of cold air while listening at a key-hole.

c. Cold water in the ear from bathing. This may operate as a cause in producing inflammation of the ear in a twofold manner. There is first the effect produced by the application of cold to the ear, and second the violence inflicted. For example, when a person dives, the concussion of the water upon the drum-membrane may inflict sufficient violence to cause its rupture. Or in surf bathing a breaker may strike the ear violently. In such a case we have the double influence of cold and violence in the production of inflammation. Water may also pass up the Eustachian tubes from being taken into the mouth in considerable quantity, which the patient often swallows.

Second.—The exanthemata and other fevers. The worst cases of otitis media, produced by the exanthematous fevers, occur in connection with scarlet fever, and in nearly every instance the ear trouble depends upon the sore throat which accompanies the disease. This form of otitis is frequently of a very grave nature. It is very likely to destroy a considerable portion of the drum-membrane, the ossicles may be removed by ulceration, and in other ways extensive damage may be done to the ear. Occasionally in scarlet fever the inflammation travels from the skin down the external meatus, and involves the ear from that direction; but these cases are quite infrequent.

In measles, as you all know, there is a disposition to the development of catarrhal inflammation of the mucous membranes. Catarrhal conjunctivitis and naso-pharyngeal catarrh, often dependent on this disease, and the pharyngeal catarrh may travel up the Eustachian tube and produce otitis media in the same manner as in the sore throat associated with scarlet fever. The eruption of measles may also extend down the external auditory canal, and involve the tympanum externally.

The same observations may be made with reference to typhus, typhoid, and other fevers, but

as a rule the inflammation which is to produce otitis media is first developed in the throat. In *small-pox* the tympanum is somewhat more likely to become involved by way of the external auditory canal than in the exanthematous fevers.

Third.—Violence inflicted upon the meatus or upon the tympanic cavity.

a. Excessive inflation of the tympanum, which may even rupture the drum membrane. This is a somewhat infrequent cause. You have, however, frequently had opportunities to see how the drum membrane is reddened by inflation of the tympanic cavity. You have seen, as an occasional result of inflation, pain in the ear produced simply by the violence with which the air has been forced into the tympanum. Since Politzer's method came into use inflation of the tympanum has been somewhat overdone. I feel sure, if it does not excite inflammation, it is likely to stretch the drum membrane in such a manner as to cause it to lose its normal elasticity. Occasionally we see a drum membrane, in an ear that has been inflated excessively, which flaps to and fro like a loosely fastened sail. Rupture of the membrane, produced by excessive inflation, is not a serious accident, because the tendency existing in the membrane to heal is so strong that it is scarcely possible to prevent it from closing again directly.

b. Any rough handling of the ear, such as may result from improper efforts at removal of cerumen or foreign bodies. I have previously said considerable to you regarding the damage liable to be done by resorting to other means than the syringe in removing cerumen and foreign bodies from the ear.

Some of you have observed that when a given drum membrane is first examined, it may not be reddened, but after three or four examinations have been made, it has been discovered that a good degree of hyperæmia has been developed. This has been brought about directly by violence inflicted in the management of the speculum, and otherwise handling the ear roughly. If you ever have had your own ears examined, you doubtless recollect how sensitive an organ the ear is, and how easily irritation sufficient to throw it into a state of pain and inflammation may be produced.

c. The presence of impacted cerumen. In a report which I made several years since of a number of cases of impacted cerumen, I directed attention to the fact that inflammation of the middle ear was caused not very infrequently by the presence of a plug of cerumen in the external auditory canal. The plug acts as a foreign body. The manner in which the violence is inflicted may be as follows: whenever the jaw moves the condyle presses against the meatus, and for the time being narrows its calibre. If, therefore, the canal is filled, or perhaps only partly filled, with hard cerumen, any pressure

will inflict violence upon the wall of the external auditory canal, on account of the presence of the hardened cerumen.

4. Injections into the Tympanum.

a. Accidental injections from the use of the nasal douche afford us an example under this head: whether the water is hot or cold, properly salted or not, and I was almost ready to say, whether properly injected or not, we are liable to have trouble. Certain it is that many of us here have caused acute inflammation of the tympanum by the use of the *nasal douche*, and we have probably used it in a reasonably careful manner. It is not always possible to prevent the patient from swallowing while the nasal douche is being used, and if he does swallow he is liable to have water thrown into the tympanum. Water introduced in that manner does not necessarily excite inflammation. Nothing can be more bland than quite warm water, containing not more than a drachm of salt to the pint, yet occasionally it will produce acute inflammation of the middle ear of considerable violence. Not long since I had a patient from the country, who said that the physicians in his village were using the nasal douche extensively in the treatment of catarrh, and it was pretty generally known among the people that those upon whom it was used were frequently deaf than prior to the commencement of treatment. I use it much less frequently than formerly, and I suspect its general use is being abandoned.

b. Any injection used to relieve a catarrhal condition of the Eustachian tube and middle ear may, when not desired, pass into the tympanum. This has happened with the Eustachian catheter, and with my faucial catheter, and it is sometimes quite unavoidable. It is a very good rule to use such a small quantity of the solution, whatever it may be, that it is impossible to reach the tympanum in injecting it. I think I have the same prejudice against injecting the tympanic cavity that has been entertained with regard to injecting the cavity of the uterus. If the drum membrane is perforated, there may be no objection to injecting the tympanum, nay, it may be strongly recommended.

Fourth.—Any inflammation of the pharynx whatsoever is liable to travel up the Eustachian tubes, and thus give rise to inflammation of the middle ear.

Acute pharyngitis may be developed in a healthy person in consequence of exposure. It is especially liable to be developed in one who suffers from chronic naso-pharyngeal catarrh. As you are all aware, the tuberculous condition gives rise to sore-throat, and it is somewhat analogous to that condition which gives rise to chronic catarrh in general. In these cases the destruction of drum membrane is apt to be extensive.

Inflammation of the tympanum is sometimes developed in the course of a *pneumonia*. In this condition it depends upon the air being thrown violently into the cavity of a tympanum through the Eustachian tubes during the rapid respiration incident to the lung trouble.

MODE OF INVASION.

The mode of invasion of this affection is as follows: it begins where the acute inflammation ends. The tendency of acute inflammation of the tympanum is toward self-limitation and recovery. There is frequently a tendency to resolution. Thus, if there is a formation of mucus or pus in the tympanum, it does not necessarily follow that rupture of the drum membrane will occur. The membrane may be ruptured and heal again directly. If the rupture is small, or is of the form of a fissure, it is likely to heal at once. If it is large, and there is a considerable loss of tissue, it is not as likely to heal. The rapidity with which these ruptures heal, or whether they heal at all, is determined very largely by the condition of the patient. If he is in good general health, if there exists a strong tendency to tissue repair, he will recover from his acute attack completely; but if not, it will pass into the chronic suppurative form. In cases where the perforation is large, the entrance of atmospheric air from the meatus into the cavity of the tympanum has a tendency to perpetuate the disease. The function of the drum membrane is not too well understood, but one part, at least, is appreciated, namely, it protects the sensitive parts of the tympanic cavity from the influence of irritating agents which might enter through the external meatus. The delicate membrane lining the tympanum does not bear well the irritation incident to sudden changes in temperature of the atmosphere, and one of the functions of the drum membrane is to protect it from that source of irritation.

This affection is frequently called *otorrhœa*, and was spoken of by the older writers under that head. This is a misnomer, and should be abolished from the nomenclature of diseases of the ear. The *otorrhœa* is simply a symptom. There is always a discharge in this disease, although the patient will frequently deny its existence. There may be a discharge so small in quantity as not to be appreciated by the patient hence you should not regard his statement, but should examine the ears carefully. The discharge may be very slight and so glued to the drum membrane that you may be in doubt whether you are looking at the drum membrane or at the discharge covering it, as the latter may so nearly simulate the color of the membrane itself. If the discharge is large in quantity, you are not sure that it comes from the tympanic cavity, but in a large number of instances an excessive discharge comes in part, at least, from the cavity of the tympanum.

APPEARANCES UPON INSPECTION.

There is a profuse ropy mucous discharge. It may be purulent; it may be serous; it may be sanguinolent. Sometimes it will be flocculent, more especially if the patient has granulations or polypi, and probably depends upon the presence of epidermic scales and detached epithelium. The discharge is occasionally of a cheesy consistence, and then it is likely to become more or less agglutinated to the drum membrane, and requires to be wiped away with absorbent cotton after having been previously syringed. I think you will have observed that but few men in the institution are capable of cleansing an ear as thoroughly and neatly as it should be done. For diagnostic purposes it is of the greatest possible importance to cleanse the ear very carefully. I advise you to do this under sight aided by the forehead-mirror. Often if the discharge is not all removed, or a few epidermic scales are left, you will be prevented from making an exact examination of the part. When the ear has been properly prepared for examination you will find the membrane more or less reddened, always opaque, grayish in color, dermoid layer mostly or wholly removed by inflammation and maceration. If you will carefully remove the dermoid layer which has not been entirely detached, you will find beneath it a reddened surface which may be dependent, perhaps, partly upon the violence with which you have conducted your manipulations, but principally on the presence of a passive inflammation of the membrane. If the perforation is large, so that you can see the inner wall of the tympanum, it will almost always be found to be red, swollen and puffy, and will bleed easily. The opposite condition may be present; it will then be pale relaxed, swollen but little and accompanied by a thin serous discharge. The latter are rather, bad cases to manage. The rupture in the drum membrane may be single, or there may be several openings. The perforation may be located before or behind the handle of the malleus, perhaps most frequently below the centre of the drum membrane. The membrane may be completely removed. Frequently we see the kidney shaped perforation with the handle of the malleus extending into the hilus of this opening.

Another point to which I wish to direct your attention, is the sickle-shaped edge of the drum membrane remaining. Supposing you are inspecting a reddened surface, and you are in doubt as to whether it is the drum membrane or the inner wall of the tympanum; you will look for a perforation, and by and by you will find a whitish sickle-shaped body at the periphery of the field. That is what remains of the drum membrane, and will enable you to make the diagnosis of perforation with little or no trouble.

In some cases you will see a pulsation in the ear in the vicinity of the drum membrane; this

is well-nigh diagnostic of perforation, and in probably not more than one in fifty cases will you be wrong. If perforation is not present the drum membrane is very thin. The symptom is explained in this manner: The vessels are very much swollen and the pulsation becomes visible by virtue of the excessively thin covering of membrane lying upon them.

It is worthy of remark that a small portion of the drum membrane almost always remains, and is the part above and about the short process of the malleus.

The ossicles are unfrequently removed. If any are absent it is likely to be the malleus, although the manubrium alone may be lost by necrosis. The stapes is the last bone to be removed, and its absence is rarely observed. You may be able to demonstrate the presence of the stapes by means of a probe which touches an immovable bony elevation in the region of the oval window. Occasionally it can be seen as a rounded elevation, slightly above and behind the termination of the handle of the malleus; in other words exactly opposite the termination of the long shank of the incus. It is quite generally believed that destruction of the drum membrane and loss of the ossicles produces profound deafness, but I would state here that the drum membrane may be all swept away and the ossicles removed, certainly the malleus and the incus, without greatly impairing the hearing.

ADVANCES IN PHARMACY.

By WM. H. TAYLOR, M. D., Richmond, Va., Reporter to the State Medical Society.

In reviewing the progress of pharmacy during the past year, while we fail to perceive that any discovery or suggestion especially striking has been involved, still we find the workers in this department have exhibited their usual activity, and that our knowledge has been in a good degree thereby advanced. In the present report it is neither necessary nor admissible to aim at anything like a complete notice of what has been accomplished. Our object shall be rather to collocate such matters as are of interest to medical men, or such as are likely to concern those who practice pharmacy.

In accordance with this plan we submit the following, which appears to us to comprise matters worthy of attention:

Dilute Phosphoric Acid.—It has for some time been noticed that certain samples of dilute phosphoric acid are prone to give a precipitate when added to tincture of chloride of iron. This combination being a favorite one with physicians, so much annoyance has been occasioned to pharmacists in their efforts to form a clear mixture that

a good deal of study has been bestowed in the endeavor to determine the conditions of the precipitation. Mr. Louis Dohme and Prof. J. P. Remington especially have examined the matter. These gentlemen show that the trouble arises from the use of acid made with glacial phosphoric acid incompletely converted into the tribasic form. This contains pyrophosphoric acid and precipitates pyrophosphate of iron. The presence of a soda salt prevents the ready and complete conversion of the glacial into the tribasic acid, and Mr. Dohme finds from 14 to 15 per cent. of soda in the commercial article, and Prof. Remington finds in the handsomest specimen which he tested 27.43 per cent. soda. The latter gentleman learns that soda is added by manufacturers in order to make the product into a neat-looking, glassy solid, the pure acid being soft and glutinous. Dr. W. H. Pile, commenting on the processes of the U. S. Pharmacopœia for preparing dilute phosphoric acid, concludes that the second process (that in which the glacial acid is directed) should, for the foregoing reasons, be rejected; the first process (that in which phosphorus is directed), however, being, in his opinion, exceedingly annoying as well as dangerous to perform (from which opinion some other operators dissent), he recommends the method of Prof. Markoe, in which bromine is used with the nitric acid—and this, too, notwithstanding he was himself blown up in one of his earlier attempts at it. This method is generally considered to be safe, if properly managed, but slow. The surmise of Prof. Maisch, that the acid made by it might be contaminated with phosphate of ammonium, has been shown to be correct, though the quantity formed is very insignificant. All the investigations point to the conclusion that, for making dilute phosphoric acid, only the acid made from phosphorus should be employed. Mr. Dohme, moreover, calls attention to the existence of arsenic as an impurity in phosphorus. He has obtained 14 grains of sulphide of arsenic (equal to $11\frac{1}{2}$ grains of white arsenic) from 360 grains of phosphorus—the quantity used to make 20 fluid ounces of dilute phosphoric acid. He considers it requisite to pass sulphuretted hydrogen through the acid to saturation, to let it stand twenty-four hours, filter from sulphide of arsenic, and, having expelled the sulphuretted hydrogen by heat, to finally dilute to the proper specific gravity. He also thinks that the failure to produce a precipitate with tincture of chloride of iron should be named in the Pharmacopœia as one of the tests of the dilute acid.

Preservation of Infusions, etc.—Aug. Almen, by making use of the power of cotton to filter ferment-germs from air, has succeeded in preserving infusions, decoctions, syrups, etc., unchanged for many months. His method is to fill a bottle with the liquid to a point a little above the commencement of the neck and insert

a cork, through which passes a very narrow glass tube about two inches long and loosely packed with cotton. The bottle and contents thus arranged are kept for some time in a water-bath at the boiling temperature. In this way the original air is expelled from the bottle, which is allowed to cool in the bath, and the air thus slowly re-entering is purified by passing through the cotton. To permit the occasional withdrawal of portions of the contents without the introduction of unfiltered air, a siphon reaching nearly to the bottom of the bottle is passed through the cork, its outer end being closed by a piece of India rubber tube and clamp.

Preservation of Hypodermic Solutions of the Alkaloids.—M. Patrouillard, of Eure (France), proposes to use the distilled water of *spiraea ulmaria* (queen of the meadow) for making hypodermic solutions of the alkaloids. Solutions thus made, he finds, have no disposition to mouldiness, and, unlike solutions in which glycerine is employed as a preservative, are not apt to give rise to local irritation.

Rectified Spirit in place of Brandy and Whisky.—Dr. Adolph W. Miller makes a strong appeal in behalf of rectified spirit as a substitute for the expensive brandies and whiskies so generally prescribed. He bases his appeal on the ground of purity and economy, and observes that it has not been shown that the latter are therapeutically superior, or that their physiological action presents tangible points of difference. He considers it probable that when the system requires alcohol, it is as well satisfied with its cheap as with its expensive vehicles. Raw corn whisky, he thinks, is strictly pure, notwithstanding the populace is wont to belittle it by the bestowal of such opprobrious epithets as "Jersey lightning," "popskull," "bust-head," etc. Looking upon the difference in liquors as probably one of flavor simply, he does not esteem it judicious to use those of costly flavors, especially when we consider the possible sources whence these flavors may be derived, among which he mentions creasote, tar, tincture of Russia leather, artificial benzoic acid (obtained from the drainage of stables), coconut oil (having the odor of negro perspiration), and butyric acid and ether (procured by aid of decaying cheese and putrefying meat). Dr. Miller further calls attention to the fact that it is probably impossible to obtain in this country the official wines in a state of purity, and suggests in their stead the white and red wines of the Rhine, official in Germany.

Senna extracted by alcohol.—C. Lewis Diehl, of Louisville, and L. Siebold, of England, have independently recommended senna extracted by alcohol (which is already in use on the continent of Europe) as a purgative in place of the crude drug. Senna thus treated loses little, if any, of its efficacy, while it becomes almost en-

tirely deprived of its nauseous taste and odor, and of its griping qualities. Its active principle, cathartic acid, is in union with calcium or magnesium, forming compounds soluble in water, but insoluble in alcohol, and hence is not removed by this treatment. Mr. Groves, remarking on Mr. Siebold's statements, observed that he had prepared the pure cathartates themselves, and used them on himself and others; but, said he, "they are a nasty, griping purgative," of a character which precludes them from becoming favorites with the profession.

Preservation of Mucilage of Gum Arabic.—It is stated by Archer & Co., of Norfolk, Va., that mucilage of gum arabic may be preserved for a long time, if made with tolu water (prepared by triturating 3 ij of tincture of tolu with 3 iv of carbonate of magnesium, then with Oij of water and filtering). The slight odor and taste of tolu is considered to be unobjectionable, and the mucilage thus made is admissible for most of the purposes for which it is employed.

Antiseptic Properties of Hydrate of Chloral.—Mr. T. Roberts Baker, of Richmond, Va., with the co-operation of Dr. Isaiah H. White, late Demonstrator of Anatomy in the Medical College of Virginia, has made experiments in reference to the asserted antiseptic properties of hydrate of chloral. He concludes that this agent possesses powerful antiseptic properties, that it may be successfully used for the preservation of anatomical preparations, and that comparatively weak solutions will afford the most satisfactory results.

LECTURE.

SYPHILITIC SORE THROAT.

A LECTURE DELIVERED AT JEFFERSON MEDICAL COLLEGE.

By J. SOLIS COHEN, M.D.,

LECTURER ON LARYNGOSCOPY IN THE COLLEGE AND ON CLINICAL MEDICINE IN THE HOSPITAL.

By the expression syphilitic sore throat, reference is usually had to a secondary or tertiary manifestation of the disease, although it occurs occasionally as a primary affection. We find chancres on the lips, the tongue, the cheeks, the palate, the tonsils, occasionally on the posterior wall of the pharynx; and in one instance at least, a chancre has been reported as detected on the lingual surface of the epiglottis.

In some cases the disease has been inherited, but it is very often inoculated. This inoculation may even take place through the medium of a kiss or a bite, etc. I remember one case in particular, that of a female opera singer, who had an enemy in the troupe. This enemy was

affected with syphilis and had her revenge in kissing my patient upon her lip, which was chapped, and thus gave her the disease, and she died sometime afterwards from cerebral syphilis and paralysis.

Occasionally the disease is communicated by the use of spoons or tumblers which have been touched to syphilitic sores on the lips, or in the mouth. Now and then we hear of a case of inoculation in the process of glass blowing; for if one of the glass blowers happens to have a syphilitic sore on his lips, the disease may very readily be carried by the mouthpiece to another workman who happens to have a fissure on one of his lips. In the same way the disease may be transmitted through the medium of a tobacco pipe. I have heard of cases in which it was carried from person to person through the medium of a cigar. Some cigarmakers, in fastening the end of the leaf, are accustomed to moisten it with saliva. Now, if one of these individuals has syphilitic sore in his mouth, it is very easy to see how the poison might be conveyed. In still other cases, infection has been accomplished through the medium of the mouthpiece of a trumpet. I have seen cases where the same result was accomplished by the incautious use of the Eustachian catheter. The passage of this instrument is very likely to produce an abrasion, even though none exists already; and if the catheter employed has been previously passed into the Eustachian tube of a syphilitic patient, it is exceedingly likely to carry off some of the poison on its surface. It is for this reason that you should all be very careful in the promiscuous employment of such instruments, or rather, if possible, you should never use an instrument which has touched a syphilitic surface a second time. If you cannot afford to buy new instruments, you should, at least, thoroughly clean the old ones, and then dip them in alcohol and then burn off the alcohol, or else immerse them in a ten per cent. solution of carbolic acid and allow them to remain immersed for several hours.

In using the laryngoscopic mirror you have to heat it before introducing it, as you know. Now, some teachers tell you to test the heat of the glass on your cheek, but I say, never touch it to the cheek, for you might thus inoculate yourself with specific disease if your patient happened to have a sore on any of the mucous surfaces of the mouth, and there happened to be the merest scratch on your own cheek. If you are obliged to test its warmth, do so on the back of your hand, or at least be careful to touch the mirror to some unabraded surface.

The distinction between secondary and tertiary sore throat of syphilitic origin is not so well made out as is the distinction between the same stages of the disease as they affect other parts of the body. However, you may accept this statement as valuable in point of diagnosis.

If the sore throat appears a few weeks or a few months after infection it is of secondary grade, if not for several years, it is tertiary. The element of time is of great importance, since the characteristic appearances of secondary and tertiary syphilitic sore throat are much alike.

I do not think that I know of anything which more resembles the appearance of a syphilitic disease in the throat, than that of an eruption on the skin which has been poulticed, *i. e.*, the manifestations of the disease in the throat are very similar to its appearances elsewhere, the difference of moisture and character of epithelium being taken into consideration.

We know that the throat is often affected with syphilitic disease, but we do not know why it is so affected. Infants as well as adults are affected with syphilitic sore throat. The throat has great proclivity to disease of various kinds. It is greatly exposed to vicissitudes of atmosphere, being continuously used in breathing, and at very frequent intervals, in swallowing. If there is no special reason for the origin of syphilitic sore throat, we, at least, say that the conditions which cause catarrh to settle in the throat locate syphilis there also.

Coming to a consideration of the symptoms of secondary syphilitic sore throat, we find that it first manifests itself by an erythematous congestion of the parts; a hyperæmia, usually most plainly marked on the soft palate. This does not differ in the least from the erythema of scarlet fever, except that the history is likely to be different, and that there is usually an attendant skin eruption in syphilis. There is no distinct line of demarcation to this syphilitic erythema, but it fades off imperceptibly into the healthy tissues around it.

One peculiarity this eruption of erythema does, however, possess, and that is a symmetrical appearance of the parts. The inflammation is not only bilateral, *i. e.*, not only involves both sides of the soft palate, but the separate patches are much of the same shape, the inflammation is not a diffuse inflammation. The reason of this is entirely anatomical. This virus of the disease is of course carried along in the blood current, and, therefore, lodges at parts of the palate where arteries ramify, and the ramification of these arteries is the same on both sides of the palate. This symmetry of the inflammatory action will very often clear up any doubt which we may entertain with regard to the nature of the case.

The inflammation, as I have just said, begins on the palate, and then it goes down on the anterior palatine folds, or, less frequently extends along the hard palate. Occasionally the disease starts on the posterior part of the palate, and so we have no evidence of its existence, unless we make a rhinoscopic examination. To do this you must pass a small looking glass (laryngoscopic or rhinoscopic mirror) behind the

palate and thus illuminate its posterior surface. This is one of the reasons why syphilitic sore throat may progress with such seeming rapidity in some cases. It begins posteriorly in the palate and so escapes notice entirely, until it is under very great headway.

After the erythema has existed for a longer, or shorter time, elevations appear at some points over the diseased surface. This is due to the glands of the mucous membrane being pushed forward, and the epithelium on the mucous membrane's external surface. This gives rise to the so-called "mucous patch," similar to the appearance caused by the application of nitrate of silver to the mucous membrane. This tumefaction is not always present, particularly if the epithelial cells are not distended with serum.

The "mucous patch" is very much like the so-called "milky patches of smokers." If you pull the cheek of an inveterate smoker to one side and examine the inside of it carefully, you will find an opalescence on the mucous membrane, which is produced by the smoke. If, therefore, in examining a case, you see a "patch" where it might be produced by smoke, you ought to be very slow in making your diagnosis.

After a while the tumefied points on the mucous membrane give way, and becoming disorganized, form ulcers. You will very often, at this stage, find an ulcer at the root of the uvula. The patient loses control of the muscles of the palate owing to the infiltration of products between the bundles of fibres of the muscles. The voice acquires a peculiar tone—due to excess of air passing out through the nose—so that there is a nasal twang about it, as is the case when the palate is insufficient, or when its muscles are paralyzed.

Secondary syphilitic sore throat is very rarely located upon the pharyngeal mucous membrane. It may, however, affect the root of the tongue and the interior of the larynx. The syphilitic sore throat thus becomes a syphilitic laryngitis, and this is characterized by the same signs as an ordinary laryngitis, and has no peculiar symptoms. In such a case the history and the presence or absence of skin eruption is all we have to guide us.

Tertiary syphilitic sore throat usually appears some years after the primary affection, or else the sore throat incurred may run from the secondary into a tertiary stage. In such an instance as this we should have a mixture of secondary and tertiary manifestations. Tertiary syphilis rarely appears before the third year from the date of primary inoculation.

The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass

finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentic form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

There are usually the same symptoms in tertiary as in secondary syphilitic sore throat, except that the tertiary variety is more apt to be unilateral. It sometimes follows a peculiar course and may proceed at once from the palate to the larynx, and destroy the epiglottis. The epiglottis may be destroyed without interfering with deglutition to any very great extent, for the stump which remains by the contraction of its muscles may form a sort of sphincter and so prevent the food from passing down the wind-pipe. Or, on the other hand, the disease may pass up into the posterior nares, and thence to the conjunctival membrane, and finally enter either the frontal or maxillary sinus and eat away submucous tissue, periosteum and bone itself. Again, it may affect the sphenoid and ethmoid cells and bring on meningitis or cerebritis. Or, still again it may commence in the pharynx, run up the Eustachian tube to the tympanum and so reach the brain. An abscess may form and discharge in the tympanum. There are instances upon record in which the disease has even gotten as far as the spine, producing caries and necrosis of the vertebræ and paralysis of the upper limbs.

Any and every part of the larynx may be affected. The mucous membrane, the submucous tissue, the nerves, the blood vessels, the chondrium, and the perichondrium. Sometimes the cartilages are affected primarily and undergo inflammation and suppuration, when abscesses are formed and break, either through the mucous membrane and so into the wind-pipe, or through the skin externally.

When the arytenoid cartilage is attacked it is often destroyed and discharged, leaving a sort of pocket behind. In like manner the cricoid cartilage may be surrounded and discharged. During the exfoliation of this cartilage, if the sequentrum is thrown out underneath the vocal cords, it is of course a foreign body and subjects the patient to all the dangers attending the presence of a foreign body below the glottis.

Again, tertiary syphilitic sore throat may reveal itself in œdema of the submucous tissues, producing difficulty of breathing if internal, and difficulty of swallowing if external, or the disease may affect the trachea and bring

on suffocation, by causing exfoliation of some of the rings.

There is still another condition when the infiltration occurs in the interior of the larynx and encroaches upon its calibre, producing stenosis, which may be permanent, thus necessitating the performance of tracheotomy, and the use of a tube for the rest of the patient's life.

A perforating ulcer may detach part of the avula, or soft palate, and the two detached portions of flesh may meet and unite permanently, or there may be adherence of a detached piece of the palatine fascia to the tongue, thus causing stenosis of the pharynx; or the palate may be entirely glued to the pharynx, so that the patient is unable to breathe or blow through his nose, while his voice has a non-resonant or dead-like sound. When there is an adhesion between the palatine arches and the tongue, the diet must necessarily be confined entirely to fluids.

When we come to a consideration of the syphilitic sore throat of infants, we find it hard to discover how much of the condition is hereditary and how much due to primary infection.

As a general thing the disease is hereditary in infants, though they are sometimes infected by the syphilitic secretions of the vagina. Congenital syphilitic coryza is undoubtedly due occasionally to contact with syphilitic sores during delivery. Some authorities hold that the disease, when acquired by heredity, is always ushered in by running of a serous, purulent, and finally of sanguineous matters from the nose, which matters finally become dry and prevent the child from sucking at the breast, and render it cross and fretful.

It is a well-known fact that the disease may be contracted from syphilitic sores on the breast of a wet-nurse, while some hold that the milk of a syphilitic nurse is capable of carrying infection into the system of the baby.

The initial lesion in the infant is generally, as in the adult, a mucous patch, which may be found in the throat, or in the nasal passages, or the angles of the mouth. This mucous patch may leave behind it an indelible cicatrix. It was Trousseau who first explained the origin of these cicatrices as found in the adult at the angles of the mouth and nose.

Speaking of cicatrices, I ought to call your attention to the peculiar cicatrices which syphilitic disease in the throat leaves behind it. These cicatrices are very characteristic and are often valuable indices, when discovered in the course of laryngoscopic examination, of the existence of constitutional venereal disease. These cicatrices are stellate in shape and bluish in color when new, gradually shading into white with age.

In one case I found these stellate cicatrices in

the palate as results of an injury sustained from a pipe stem being driven against the palate and wounding it.

Scrofulous sore throat is generally hereditary. Perhaps the worst cases of syphilitic sore throat are where it is associated with the scrofulous diathesis inherited from the parents.

Syphilitic sores in the nose of infants often lead to perforation of the septum, the perforation being sometimes so large that the little finger can, with ease, be inserted through it.

The treatment of syphilis in the throat is the same as that for syphilis in any other part of the body, namely, mercurialization in the secondary stages, iodization in the tertiary. It is very important to keep the parts thoroughly cleansed. If there is local ulceration the parts should be syringed, or cleansed with a brush, or spray douche. The water used should contain some of the chlorate or permanganate of potassium, or some carbolic acid. For my part, unless ulceration has set in, I do not believe that any medication to the throat is necessary, and that the local disease will yield entirely to the constitutional treatment. Sometimes I employ a twenty grain to the ounce solution of nitrate of silver, or sulphate of copper. In making these applications be sure to cover the whole patch, so that the diseased tissue should be completely destroyed.

Where you wish to make a good local application, use instead of a camel's hair brush a broad or flat paint brush, so that one sweep of the brush will cover a space half an inch wide. In this way the whole diseased surface may be washed by one motion.

When you wish to use the lunar caustic itself locally, the best form is that in the shape of a lead pencil, which you sharpen just like any other pencil. In this way you can confine the application to the desired space without any danger of its touching healthy tissue. If you wish to apply this pencil to a lateral surface, as, for example, to the side of the palate all you have to do is to cut away the wood from the side of the pencil, so as to leave a small piece of the caustic exposed laterally. A stronger application still than silver is to be found in chromic acid.

In the treatment of the tertiary form of syphilitic sore throat, you should use the iodide of potassium, together with small doses of the bichloride of mercury, or its equivalent in some other preparation. When perforation is threatened, the iodide of potassium should be given in doses of from thirty to ninety grains, every three or six hours, for thirty-six hours, if necessary, or until a change for the better takes place. In this way you may cut the perforation short, and completely stop the phagadenic process.

In giving large doses of the iodide of potassium, you should always bear in mind that the drug may give rise to oedema of the larynx.

Therefore, make it a rule never to let three doses pass without seeing the patient and examining the larynx. Œdema of the larynx has been caused in two cases in my own practice by large doses of the iodide.

As soon as the patient gets thoroughly under the influence of this medicine you may return to the ordinary dose. Sometimes you cannot prevent the occurrence of perforation, or it may have taken place before your arrival, and you find the uvula, perhaps, hanging to its base by only a thin shred of flesh. Or it may be that a portion of the palatine fold has been separated and is hanging suspended over the opening of the wind-pipe and œsophagus. In such cases, unless there is a great danger of its dropping, my rule is to let well alone.

Tell the patient of the exact state of affairs, and, if it gives rise to harassing cough, an assistant can clip it off with a pair of scissors. As soon as the system is thoroughly under the influence of the iodide of potassium the strong probability is that the separated parts will unite again. Indeed, I have often seen a hanging uvula unite again through its whole extent. No artificial instrument will take the place of the normal palate. A false palate only produces an approach to the normal voice.

It is a very singular pathological fact that a congenital cleft palate when operated upon, or an accidentally wounded palate will unite easily, whereas a perforated palate, the result of old syphilitic disease, will not be apt to unite after operation, unless the general disease is entirely banished from the system, and sometimes not even then, and, unfortunately, you never know when the system is free.

This brings us to a consideration of the question, as to how long the system should be kept under the influence of antisyphilitic remedies. I would continue the administration of these remedies until all evidences of the disease had ceased, and still keep them up for a couple of months longer, and then let small doses be taken every few weeks, and whenever the throat shows the slightest disposition to take on specific inflammatory action. When small doses of the iodide of potassium produce catarrh, and other prompt systemic evidence of its potency, you have a perfect right to infer that the specific disease has abated or left the system.

Some physicians hold that syphilis can never be eradicated from the system. You should always keep your patient under close observation for a number of months after he has ceased to take medicine.

In the treatment of syphilitic sore throat in infants, as in adults, mercury is indispensable. This drug should be given by the mouth or by inunction. Sir Benjamin Brodie recommended smearing mild mercurial ointment on the inside of the flannel shirt worn by infants.

In the coryza of syphilitic children the nose

should be frequently cleansed by means of a syringe. In using the syringe see that the infant's head is brought well in front of you and is held downwards, so that none of the purulent matters from the nose are swallowed, and so brought in contact with the mucous membrane of the pharynx and epiglottis.—*New York Hospital Gazette*, August, 1879.

TARTAR EMETIC IN RIGID OS UTERI.

This illustrative case is reported in the *Lancet*, by Dr. J. A. Irvine:—

Mrs. B., aged twenty-three, primipara. I saw her on the morning of the 26th of September last. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her in charge of an experienced nurse. On again visiting her, some hours after, the pains I found still present, but rather irregular. I again examined the os, and found very little advance made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labor. The os was at this time rigid, and no further dilatation had taken place, notwithstanding the strong and frequent pains. The lips had a hard, ring-like feel, very different from the semi-pulpy os sometimes met with. The patient's strength was good, with but little constitutional disturbance. I determined to give her antimony in small, frequent doses, and accordingly administered one-sixth of a grain of tartar emetic every ten minutes. A few doses thus given produced nausea, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval, I found the rigidity gone, and the hard ring vanished. As soon as possible I ruptured the membranes, and safe delivery followed. The rapid effects of antimony in this case were surprising, and from a similar experience subsequently I believe that the small and frequent doses as here given are the best way of exhibiting the drug. The late Dr. Hall, of Montreal, recommended half a grain every half hour, but dangerous depression might in many instances supervene.

BROMHYDRIC ACID IN TINNITUS AURIUM FROM QUININE, ETC.

This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Press Med. Chir. de Pesth.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

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SUBSCRIPTION TWO DOLLARS PER ANNUM.

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

MONTREAL, OCTOBER, 1879.

THE CANADA MEDICAL ASSOCIATION.

The meeting at London, on the 10th of September, may be considered a successful gathering, and yet it was not so successful as we had hoped it would have been. The attendance was fairly large, and yet it was not what the Association had reasonably a right to expect, after an existence of twelve years. If we except the delegation from Montreal, which was present in considerable force, the attendance of those beyond a radius of fifty miles was exceedingly scanty, the great bulk of those present being from the town of London and its immediate neighborhood. With the exception of the meeting at which the Association was established, and one or two subsequent ones, this has been the character of the attendance at all the meetings. When we reflect as to why this has been the case, we are forced to the conviction that, although Confederation has done much to mould us into a homogeneous whole, that there yet clings to us far too much provincialism. If we desire to rise above the narrow issues which provincialism engenders, we must cast aside those prejudices which have descended to us as the result of the old political feuds, which in days that are past, existed between the Upper and the Lower Province of Canada, now Ontario and Quebec. We should be prepared to make our Medical politics, as far as is possible, assume a Dominion shape; but till that time arrives, can we not all of us feel that the profession has one grand and glorious platform on which all can meet? Can the profession not feel sufficiently interested in the advancement of the science and art of Medicine to devote every year, or every year or two, a few days to travel whither the Canada Medical Association is

about to hold its session? It should be so interested, because the contact of mind with mind is sure to be beneficial not to the physician alone, but likewise to those who may require his professional care. We feel that in Canada we have not yet risen to a just estimation of the value of such Associations as have our brethren across the lines. In the United States the American Medical Association, the sister Association of our own, shifts its meetings from Chicago to Washington, Atlanta to New York, San Francisco to New Orleans, and yet at all these places we find that the attendance has been large, thoroughly representative in its character, and hailing from every portion of that great country. How different is it with us in Canada! Take our Association down to the Maritime Provinces, and beyond a Montreal delegation (which is always to the front to support the Association); and perhaps a couple of prominent men from Ontario, the success of the gathering depends on those residing in and around the place of meeting. Place the meeting in Ontario, and the result is the same, only reversed. Now this should not be, and yet till we shake off this feeling of working for the profession *only* in our own Province, we do not think that any alteration may be expected. We have been led to make these few observations, which have long been felt, if not previously uttered, because we notice a letter in the October number of the *Canada Lancet*, signed "*Unus E. Pluribus*," in which the formation of an Ontario Association is advised, and this because "the itinerant system of holding meetings one year in the West, and perhaps the next year in the far East * * * is certainly very unpromising of vigorous persistent vitality." Now with all due regard to the gentleman who penned the above, we are of opinion that he does not precisely grasp the situation. If the profession in Ontario desire to form an Ontario Association, they have the talent and the energy and the means to carry one to a very successful issue; but that is no argument against the necessity and the advisability of also keeping up our Dominion Association, which must always, no matter what its numerical strength may be, rank far above any mere Provincial Association. We believe that in many ways our Canada Medical Association might, however, be improved. For illustration, we may say that, in our opinion, if it partook

more of the character of a meeting of Medical delegates it would at all events be better attended, and also attract more attention. To have delegates in sufficient numbers, every city and every county should have its Medical Society, and from each of these should be sent one or more delegates. It is possible, but it would of course be somewhat difficult, to carry out our idea. Till such a desideratum takes place, we sincerely trust that our friends, not only in Western Ontario, but in Eastern Quebec and the Lower Provinces, will feel that professional pride, if nothing more, should induce them to lend a helping hand in making the meeting which takes place next Autumn in Ottawa the most successful that has yet been held.

Unus E. Pluribus, writing to the October number of the *Canada Lancet*, says: "It appeared to me, as I believe it did to not a few other members, that the Permanent Secretary seemed to regard the Association as his own proper machine, and that it must be run just as he deigned to permit, for no matter of ordinary business was allowed to be proceeded with, without his jumping to his legs." Whoever this correspondent may be, we believe we express the opinion of nine-tenths of those present at the meeting, when we say his letter is a base slander against a worthy officer of the Canada Medical Association. It may be true, and we believe it is, that upon two or three occasions when his opinion was desired by Dr. McDonald, the President, the Permanent Secretary did rise to his feet, and gave to the meeting the opinion asked for, and in doing so he laid the Association under an obligation. It must be remembered that the Secretary in this Association has occupied his position for a number of years, and that consequently the President, a new officer every year, is very likely, and moreover very wise, to appeal to him for advice, for who should be more competent to give it? That the remarks of *Unus E. Pluribus* are not merited is proved by the Permanent Secretary's unanimous re-election to office, as well as the fact that he received the thanks of the Association. Let this correspondent change his tack; let him come to the conclusion that Ontario is not the world, that there are more people than himself in it, and that he would be doing better service to his profes-

sion and his country by smoothing down any uneven surface which he may see, instead of trying to dig from the earth, and roll to the front, anything which can by any possible means be construed into a grievance.

THE MONTREAL MEDICAL SCHOOLS.

McGill University opened October 1st, Dr. Gardner delivering the introductory lecture.

Bishops University opened October 1st, the introductory lecture being delivered in the evening by Dr. McConnell, a number of ladies being present.

Victoria College was opened by Dr. G. O. Beaudry delivering the introductory lecture.

Dr. Rottot, the Dean of the New Medical School in Montreal of Laval University, gave the opening lecture.

So far as we can learn between 300 and 400 students are in attendance at the various Montreal Schools.

PERSONAL.

Dr. Gurd (M.D., McGill College, 1879), after a lengthened visit to England, has returned to Montreal, where he intends to settle.

Dr. Jenkins (M.D., Bishops College, 1879) is at present on a visit to England.

Dr. James McGregor Stevenson (M.D., McGill College, 1856) is in practice at Bryanston, Ont.

Dr. Kannon (M.D., Bishop's College, 1879) has been appointed House Surgeon to St. Peter's Hospital, Albany, N. Y.

REVIEWS.

Reports to the St. Louis Medical Society on Yellow Fever. By W. HURSTON FORD, A.M., M.D. St. Louis, Geo. O. Rumbold & Co.; Montreal, Dawson Bros.

In these reports we find a great deal of important matter to those physicians taking an interest in yellow fever. Never has the subject assumed such importance as during the last two years on account of the ravages committed by it along the Mississippi River.

Part IV, on the Etiology of the disease, is very instructive, giving us all the information possible up to the present time.

Part V is on the Theory and Practice of the administration of *Veratrum Viride*. The author speaks very highly of its use, and claims to have had success with it.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, &c. Philadelphia, J. P. Lippincott & Co.

We have had upon our table for some time past number five of this *Atlas of Skin Diseases*, and have had ample time to give it a critical examination. The subjects illustrated, Scabies, Herpes Zoster, Tinea, Sycosis, Eczema (vesiculosum), are among the common forms of Skin Disease seen almost weekly if not daily at ordinary Medical Dispensaries. This fact renders this number peculiarly liable to criticism by those whose opportunities for testing the correctness of the plates have been ample. Among this number we place ourself, and we can with thorough honesty express our conviction that the plates are absolutely correct, while their artistic execution does credit to the artists who have executed them. Indeed, the entire work is so complete and so artistic as to be creditable not alone to the house that has had the business fact to produce it, but to the profession of medicine in the United States, of which Dr. Duhring is so distinguished a member. The opportunities which Dr. Duhring has for pursuing his studies on Dermatology are perhaps more extensive than that possessed by any other dermatologist on this side of the Atlantic, and the letter press of this *Atlas* shows that he has seized hold of the salient and foremost points of each case, and produced a description of the disease as life-like as is the drawing it is intended to elucidate and explain. The labor which has been bestowed upon both plates and letter press must have been very great, and the profession owe it to themselves that such labor should be rewarded by a hearty and generous response. Works like this *Atlas of Skin Diseases* are not produced every year, and as the number issued beyond the subscription list must be limited, we strongly and earnestly recommend all of our readers who may feel interested in the study of Dermatology (and every

physician in practice should be deeply interested), to at once write to J. P. Lippincott & Co., of Philadelphia, and order the work. Any who may desire to see the work before ordering can do so at our office.

First Step in Chemical Principles, intended principally for Beginners. By HENRY LEFFMAN, M.D., Lecturer in the Jefferson Medical College. Philadelphia, Edward Stern & Co.

This small book is a little gem in its way. For those commencing the study of Medicine we know of no work which will at all compare with it in making comparatively easy that science (chemistry) that taxes as much the mathematical knowledge of the student, as it will his power of abstract reasoning. Every first year medical student should send for a copy of it.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

QUEBEC, 24th September, 1879.

The semi-annual meeting of the Provincial Medical Board took place at the city of Quebec, the 24th September, 1879, in the rooms of Laval University.

Members present:—Doctors Rottot, David, Marsden, Paquet, Trudel, Rivard, Wells, Paré, Ladouceur, Howard, Gibson, Scott, Gilbert, Lachapelle, LaRue, Michaud, Collet, Perrault, F. W. Campbell, Dagenais, Ahern, Marmette, Sewell, Lemieux, Gingras, Ross, Lafontaine, De St. George and Belleau.

The President, Dr. Rottot, took the chair at ten o'clock.

The minutes of the meetings of May 14th and 15th were read and adopted.

Read a letter from Dr. Grandbois, member of the Board, regretting that he was unable to attend the meeting through illness in his family.

The report of the Assessors of the Medical Faculty of Laval University, Quebec, was read and adopted.

The report of the examiners for the preliminary examination was read and adopted. By this report the following gentlemen have been admitted to the study of medicine:—Emile Sylvain, Rimouski; Alfred Pinault, Rimouski; C. Dexter Ball, Stanstead; Etienne Gosselin,

St. Isidore; John C. Howe, Quebec; Thomas Dahig, Quebec; J. A. Dickson, Trenholmville; George R. Shirriff, Huntingdon; William Delaney, Magdalen Islands; Edmond Perron, Eboulements; Samuel Brien, St. Martin; Charles Vincelette, Canardière; and Charles Eusèbe Lemieux, Quebec; four candidates are to be re-examined on several subjects, and five were rejected.

Moved by Dr. David, seconded by Dr. Marsden, and resolved: That Dr. A. M. Ross, a graduate of Ontario, receive his license, if his qualifications, &c., be found correct.

Dr. Lachapelle read a letter of Mr. Aimé Gaboury, medical student of the Michigan University, asking to be recognised as medical student by the Provincial Medical Board, on presentation of his certificate of having passed his preliminary examination before Michigan University. His request was not granted because the Provincial Medical Board does not recognise the preliminary examination of the University of Michigan as equivalent to its own, and will only recognize as students legally qualified in the Province of Quebec those who have passed an examination equivalent to that of the Provincial Medical Board.

Dr. Gibson (Dunham) brought before the Board the case of Dr. Prime, of Brome, who had been fined for selling liquor against the permissions of the Dunkin Act, which was and is in force in the county where he resides. Dr. Prime claimed that, as a Physician, he had a right to keep liquor, and to sell it for use in cases of sickness, and that it was for exercising this right, which as a licentiate of the College he claimed he possessed, that he had been fined. Dr. Prime desired to carry the case to the Supreme Court of Canada, and thought that it was the duty of the College to assume the further prosecution of the case, inasmuch as the rights of its licentiates had been assailed. Dr. Gibson laid before the College a statement of the case as drawn up by Dr. Prime.

Proposed by Dr. Gibson, seconded by Dr. Gilbert, and resolved:—That Dr. Prime's letter be referred to a special committee, with instruction to inquire into the merit of its contents and to report at the next meeting of the Board, and that the said committee be composed of Mr. President and Doctors Howard and F. W. Campbell.

Dr. W. M. Keyes of Georgeville, Que., applied for the license of the College, on the ground that he held a license from Ontario, issued previous to the formation of the present College of Physicians and Surgeons, Province of Ontario. On presenting this license, it was found to be a license to practice according to the eclectic system, and as the Quebec Board did not recognize an eclectic license the request of Dr. Keyes was refused.

The following gentlemen, holders of diplomas of the following Universities, were duly sworn, and received the College's license:

Laval University, Quebec:—F. X. Gosselin, M.L., St. Roch des Aulnets; Simon Grenier, M.L., Percé; Charles E. A. Côté, M.L., Quebec; Henri Philippe Rouleau, M.L., St. Celestin, Nicolet.

Victoria University:—L. G. Routhier, M.D., L'Ange Gardien (Ottawa); Pierre Leonore Couillard, M.D., West Farnham, and Louis L. Auger, M.D., Rivière du Loup (en haut).

Read a letter from Dr. W. L. Pagé, of Danville, asking to be registered as member of the College of Physicians and Surgeons of the Province of Quebec, as he had paid his fees and held his receipt, yet did not find his name on the register. It being found that his statement was correct, request was granted.

The Treasurer, Dr. Lachapelle, read a financial statement of the College of Physicians and Surgeons of the Province of Quebec from September, 1877, to 1st September, 1879, showing, all things considered, a satisfactory condition. The amount of what might be called extraordinary expenses, and not likely to recur, being very large.

Proposed by Dr. Howard, seconded by Dr. Ross, and resolved:—That the President be authorized to sell a portion of the bank stock held by the Board to a sufficient amount to pay the most pressing debts.

Proposed by Dr. Collet, seconded by Dr. Gingras:—

Considering that inasmuch as a certain institution has this year made several admissions to the study of medicine;

Considering that it is important to prevent the renewal of such infractions to the existing law:

It is resolved that the College will for the future grant its license only to those who, since

the sanction of our new Medical Bill, will have been admitted to the study by the examiners for the preliminary examination of the Provincial Medical Board. Carried, yeas 17, Nays 10.

Dr. Collet proposed, seconded by Dr. Gingras, the following notice of motion to be considered at the next meeting :

Considering that the College of Physicians and Surgeons of the Province of Quebec is the only safeguard of the rights and privileges of the Medical Profession in this Province;

Considering that there is reason to believe that Victoria College of the Province of Ontario encroaches on these rights and privileges in granting diplomas to students who follow their studies in the Province of Quebec;

It is resolved that the President of the College be hereby authorized to consult a member of the legal profession of the Province of Ontario upon the rights and privileges granted to the Victoria College by its charter and its relations to the Province of Quebec, and that, should he be so advised, he is hereby authorized to take the necessary proceedings by which the rights of the College of Physicians and Surgeons of the Province of Quebec will be protected.

After the reading of the above resolutions Dr. Dagenais read the opinion in writing of Mr. S. Pagnuelo, advocate, of Montreal, regarding the legality of the Victoria University's diplomas in the Province of Quebec, declared his opinion that the University did not possess any such right.

Proposed by Dr. Marmette, seconded by Dr. Campbell, and resolved :

That the Registrar be instructed to notify all those who have neglected to pay their annual contribution to do so immediately, and that the President be requested to take legal proceedings against all those who may neglect to answer the call.

Proposed by Dr. LaRue, seconded by Dr. Marmette, and resolved :

That each Governor of each district give to the Registrar the names of all medical men now practising without being registered in its district, and that the President be authorized to take legal proceedings against them to compel them to register and recover all fees due by them.

Moved by Dr. Gilbert, seconded by Dr. Marsden, and resolved :

That a Committee, composed of our President, Dr. Rottot, Doctors Howard, Lachapelle, F. W. Campbell and Trudel, be appointed to draw up a code of bye-laws for the College, and on their completion (not later than the first day of January next) the President be desired to call a meeting of the City of Montreal Governors, and at the same time to send a manuscript copy thereof to Dr. Lemieux, of Quebec, who is hereby requested to call a similar meeting of the Governors of the City of Quebec, and that the said proposed by-laws be submitted to each of these bodies, and on the completion of the said revision the President be requested to get one hundred and fifty-copies of said proposed by-laws printed, and three copies thereof sent to each Governor of the College not later than the first day of March, 1880.

Dr. Perrault submitted a tariff which was adopted on motion of that gentleman, seconded by Dr. Belleau, and the Secretary was authorized to get it printed, sanctioned by the Lieutenant-Governor in Council, and published in the *Official Gazette*.

The President appointed the following Examining Committees for next meeting :— *Anatomy*, Dr. Scott; *Surgery*, Dr. F. W. Campbell; *Medical Jurisprudence*, Dr. Paré; *Physiology*, Dr. Lachapelle; *Practice of Medicine*, Dr. Gilbert; *Materia Medica*, Dr. Rousseau; *Midwifery*, Dr. Trudel; *Botany*, Dr. Badeaux; *Chemistry and Hygienes*, Dr. Ahern.

On motion of Dr. Howard, seconded by Dr. David, a vote of thanks was passed to the Rector of Laval University, Quebec, for his kindness in placing the rooms of the University at the disposal of the Board.

The meeting adjourned at three p.m.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

SEPTEMBER 19TH, 1879.

A regular meeting of this Society was held this evening, the President (Dr. Henry Howard) in the chair.

Dr. John Reddy then read a paper unique in character and of great interest on "Pneumonia, with Embolism of the Right Femoral Artery."

As far as could be ascertained, this is the first case of the kind on record.

Dr. Finnie related a case in his private practice. He was called on the 23th of August to see a female patient *enccinte*, suffering with flow of blood. Considering it a case of threatened miscarriage, he ordered rest and opium. Two days after, an unusual amount of blood was lost and there was, in addition, incessant vomiting. Next morning the womb was more dilated, and it was then judged to be a case of placenta previa. The case was seen in consultation with Dr. Kennedy, and labor was induced. Chloroform was given and the membranes ruptured, when an unusually large quantity of liquor amnii came away. It was a twin birth, one fetus being quite covered by its membrane. Stertorous breathing and convulsions followed, the patient dying two hours after the operation. There was but one placenta, it being of the kind known as placenta succenturia.

A discussion followed, in which Drs. Kennedy and Trenholme took part.

Dr. Kennedy mentioned a case which had been brought to the Woman's Hospital, St. Antoine Street, the indications being those of miscarriage: half an hour after her admission a fetus was expelled. There was retained placenta, which Dr. Kennedy removed. Her face was swollen and covered with an urticaria rash; opium was administered to quiet her. Next day the eruption was gone, but over the abdomen were a number of small purpuric spots. She died at six that evening—death supposed to be from rupture of a blood vessel in the lung.

Dr. Shepherd mentioned a case seen by him in the out-door department of the General Hospital. An individual presented himself complaining that he was debarred cobabiting from the presence of a small excrescence on the base of the glans penis. It had the appearance of an apple seed, but on removal proved to be a small sebaceous cyst.

The meeting then adjourned.

Oct. 3, 1879.

A regular monthly meeting of the above Society was held this evening, and, being the first meeting in October, was also the annual meeting. The President, Dr. Henry Howard, in the chair. There were present Drs. Henry Howard, R. P. Howard, Kennedy, Wm. Macdonald,

Kerry, Scott, Reddy, Simpson, Bessey, Bell, Blackader, Brodie, Wilkins, Perrigo, Roddick, Cameron, Osler, F. W. Campbell, Molson, Major, Ross, Loverin, McConnell, Gardner, Hingston, Finnie, McDonnell, Shepherd and Edwards. Minutes of last annual and last regular meetings were read and approved.

Dr. Herbert L. Reddy was balloted for, and unanimously elected a member.

Dr. Major presented the facts of the following case to the Society: B. W., æt. 44, admitted into Montreal General Hospital July 8, 1879, complained of difficulty in swallowing and great pain accompanying the effort. Shows good family history. contracted syphilis twenty-three years ago—ample proof is afforded by person—wife's miscarriages, and children's appearance and teeth, has been a hard drinker for many years. In April last contracted a severe cold, lasted about two weeks. *Dysphagia* supervened. This was first indication of any disease, and was first symptom complained of. Breath was fetid in smell, cough was not obstinate, and was not a prominent symptom. Three or four months elapsed between the appearance of the dysphagia and the affection of voice power. Voice became husky and harsh, by no means reduced to whisper; some pain over box of larynx on swallowing, and lancinating pain to right ear of but a few seconds duration. No difficulty in breathing, lungs sound on examination, rales in throat on both expiration and inspiration. On depressing tongue with spatula the epiglottis could be seen, and posteriorly to it, on its right half, and showing above it, a greyish-looking body of an ashen color.

Laryngoscopic examination revealed an irregular growth, varying in hue with the situation, composed of two or more independent masses, almost completely blocking up the larynx. The vocal cords were hidden by it, as also was the right ventricular band. The left ventricular band could be seen at times, but always indistinctly and unsatisfactorily. The color of the growth varied from ashen grey to red brown and greenish black, according to the extent to which the disease had advanced and the part attacked. The right ary-epiglottis was involved,—right third of epiglottis eaten away. Laryngeal surface, or such of it as was not implicated in the growth, very much congested. Supporting treatment was adopted by Dr.

Roddick, after he had decided by appropriate treatment that the disease was not of syphilitic origin. The death, which took place on Sept. 25, 1879, was the result of exhaustion.

Dr. R. P. Howard remarked that this patient had formerly been under his care, and there was no doubt about the existence of syphilis. It is at times very difficult to diagnose syphilitic disease from cancer. About fifteen years ago a British nobleman consulted him about an ulcer on his tongue. The opinion had been expressed that it was malignant. Afterwards he was seen by Dr. Van Buren, of New York, who pronounced it syphilitic, and placed him on large doses of iodide of potassium, under which he appeared to improve. The patient was quite satisfied with the supposed correctness of Dr. Van Buren's opinion. Dr. Howard regarded it as malignant, the truth of which was seen in the sequel,—the patient subsequently died in England of cancer of the tongue.

Dr. Osler presented the pathological results of a case of corrosive sublimate poisoning. Boy, aged 11; tasted contents of bottle supposed to contain whiskey.

Symptoms.—Pain in abdomen, vomiting, purging; small amount of blood in vomit and stools. Throat injected. Intestinal symptoms abated somewhat by third day, complete suppression of urine for five days. On 6th day, a diphtheritic-like exudation appeared on right tonsil and uvula. On 7th and 8th days passed a few ounces of clear, highly albuminous, urine. Moderate diarrhoea, with pain in abdomen persists. No fever. Pulse became weaker, and he got gradually lethargic, and died on the 10th day.

Autopsy.—In throat, exudation on tonsil and uvula. Nothing of note in gullet. In stomach, m. m. has slate-grey color; no ulceration. On close examination numerous small branched lines are seen, dark colored, and prove to be small capillaries and venules filled with altered corpuscles, the remnants, no doubt, of an intense congestion of the organ. Nothing of note in small bowel. Large bowel presents numerous patches of exudation situated upon injected bases, greyish-yellow in color, superficial, varying in size from a sixpence to a shilling. None have as yet sloughed; no ulcers, most in cæcum and asc. colon; none in rectum. Solitary glands very prominent;

kidneys, greatly enlarged, over 200 grms weight each. Capsule removes easily, surface smooth, chocolate colored, no vessels seen. On section substance moist, and drips with a blood-tinged serum. Cortex swollen, of a light-brown color, no lines of vessels or tubules evident. Pyramids of a dirty brown color. On mic. exam. epithelium of tubules very granular. Many of the large collecting tubes are filled with blood corpuscles. Malp. tufts distended with blood. Capillaries and veins through entire organs unusually full. Bladder contains four ounces of dark urine, album., but no casts.

Remarks.—Corrosive sublimate is an irritant poison, the effects of which develop very quickly. They are local and specific. The former consist of inflammatory appearances in mouth, pharynx and stomach, varying, with the dose and concentration of the poison, from simple injection and inflammation to erosion and even deep ulceration: The specific effects are seen in the large bowel and kidneys; in the former exciting a dysenteric inflammation, in the latter an acute nephritis, very often accompanied, as in this case, with suppression of urine. These effects have been known to follow the application of it to the head in favus or to an ulcerated surface. In present case the dose taken was probably small. The local action was moderate, and did not, in the stomach, excite severe inflammation. The exudation in throat did not appear until the 5th day, and it so closely resembled diphtheria that the lad was placed in a separate ward. It is highly probable that the affection of the throat, as well as that of the large bowel, was dependent upon the action of the poison, exciting in both an inflammation accompanied with a croupus or diphtheritic, i. e. fibrinous exudation.

Dr. George Ross stated that this patient had passed into his charge six or seven days after the accident. It was thought then that he was improving, as gastric and intestinal symptoms of a severe character had passed away. There was no vomiting. If food was given in moderation it was retained. But he showed great prostration, apathetic, dull and very feeble, great dizziness, slight tenderness on abdominal pressure. Throat was of a dull bluish injected condition forty-eight hours after first seen, twenty-four hours later it looked like ordinary diphtheria. There is no doubt about the suppression of the urine. It is rather remarkable that five days should pass without any of the definite symp-

toms of uremia. A lethargic condition supervened, and the patient died insensible.

Dr. Henry Howard then delivered the following address:—

RETIRING ADDRESS OF THE PRESIDENT, DR. HENRY HOWARD.

GENTLEMEN:—The 2nd By-Law of our society, speaking of the duties of the President, says, "He shall present at the annual meeting in a paper a 'resume' of the proceedings of the year."

It is now twelve months since you did me the honor of electing me to the Presidential Chair of this society. I felt then how great an honor you had conferred upon me, and now that the year has drawn to a close I feel more keenly how great was that honor. I do not believe in that pride that apes humility. I hate hypocrisy, no matter under what form it presents itself or in whom it presents itself, and I feel I would pay but a poor compliment to your intelligence, a still worse compliment to your manhood, were I to come before you this evening and, with mock humility, say, that I feared during the past year I had not done my duty by this society, when I feel sincerely that I have. Not, mind you, that I claim to have done all that could have been done by another more capable than I am, but that I did my duty because I did my best, and any man who has done his best, no matter how far short he may fall of perfection, that man has done his duty. In this light, and this light only, do I claim to have performed my duty to this society. My pleasure at meeting you here at our regular meetings has been very great, and this pleasure has been enhanced by the good attendance of the members, the support I have received from all the officers of the society, as well as all the members; more particularly have I been pleased at the many interesting papers read before the society during the year, bringing out for our instructions such interesting and practical discussions, and all these discussions carried on in so gentlemanly a manner, that none could possibly take offence, because all knew that no offence was meant.

There are but few societies, gentlemen, that can thus boast; few societies where men meet and warmly discuss subjects, the members holding widely different views upon many questions brought before them, and yet no one give offence

in his remarks. And why is this? Simply because we never allow to be discussed in this society any of the burning questions that breed envy, hatred and malice amongst the human race. We, when we meet, rise far above these questions; we assemble, each and all, to instruct and be instructed, that each and all of us may be the better prepared to perform our duty to our fellow-man, by relieving what is common to all—suffering. Yes, there is no denying but that suffering is common to all; so common from the breach of natural laws, by either our progenitors or ourselves, that we might be lead to believe that suffering was the natural state of man; but the proof that such is not the case is that no man likes suffering, and we all like what is natural and all without exception, seek to be relieved of suffering; and such is the high position to which the members of the medical profession are called, the high and holy office of relieving suffering. And when we members of this society meet together I trust we never lose sight of this important fact of how high is our calling, and therefore, the greater is our obligation to collect all the knowledge we can from the different sources that science and the experience of others has opened up to us.

And here I feel it my pleasing and bounden duty to, for myself and the society, return thanks particularly to one member of the society for all that he has done for us, done for medical science, during the year that is past. He has, if I may be allowed the expression, fed us with this science, and not only fed us with, but given us an appetite for it, and I trust he has imparted to us a portion of his own healthy enthusiasm, so that the more of this scientific food he gave us the more we looked for, and he did not disappoint us, for his recreation was to search in the Atlantic Ocean to still obtain more knowledge, and he came back to us laden with good things, part of which was to demonstrate to us the heart of the sword fish, explaining to us its comparative anatomy, its physiology, and the circulation of the blood in that monster of the deep. None of us, I hope, will ever forget the many interesting pathological specimens that he brought before us, and so ably explained during the past year. Then, again, his anatomical preparations of the brain, what can surpass them? so perfect and so beautiful, be-

cause natural, that the student of anatomy, and we are all students, can learn by these preparations the anatomy of the brain, not only as well but much better than if we were to attempt to dissect the brain for ourselves. I hope that in time he will not only show us more of such anatomical preparations, but also more pathological preparations of the brain. Gentlemen, I know I but speak the mind of the society when I say I hope he may reap ample reward for his persevering industry. I know it is not necessary, but I must name our scientific friend, Dr. Osler. Other members of the society have also presented us with some rare pathological and anatomical specimens, to whom, on the part of the society, I return our most sincere thanks, and beg of them to persevere in their good work.

If I do not particularize any of the papers that were read before the society, it is not because that they were not highly appreciated, both by the society generally and myself in particular, but because all were so good and so full of interest that it would be impossible for me to make a choice. I feel, were I to attempt it, I would finish like the child who searched for the finest apple amongst a basket full, found he could not succeed, so shut his eyes and took the one that came to his hand, and then was content. Persevere then, gentlemen; don't get tired in so good a work, good for yourselves and good for the society.

It is with great pleasure that I have to speak of the many cases occurring in practice that have been recorded during the past year, and many of them by some of the junior members of the profession. This is a good sign, and I hope it will be persevered in. I think it is a cause for me upon which to congratulate the Society. It is a pleasure for me to have to announce to the Society an addition of fourteen new members. I regret, however, to have to announce we lost one by death, a promising young man, Dr. Park, and three have left the city, amongst whom was our scientific friend, Dr. Fuller, a gentleman that we could badly afford to lose from amongst us.

Within the year there was a committee appointed to search for a more suitable room for our meetings, in fact a room that would be our own. It is not the fault of those that compose that committee that they have not yet suc-

ceeded. I hope they will not be relieved from their duty till they do succeed, for if they cannot do the work in hand I don't know what committee could.

I hope, gentlemen, before another year that the Society will succeed in having a room, if for no other reason than the very important one that we might be in a position to accept the gift so generously offered to us by our friend and the well tried friend of the Society and the profession, Dr. Fenwick.

There are some occurrences that have taken place during my presidential year, although not immediately connected with the Society, yet I must congratulate the Society upon. First, comes the visit, to the profession generally of Montreal, of Dr. Clark, who was the attendant physician of H. R. H. the Princess Louise and our now Governor General. His interesting and practical lecture on lung disease will long be remembered by all those who had the happiness of hearing him. Nor will we soon forget the charm of his conversation the evening he spent amongst us. He did not come to us puffed up with national or political pride, he knew that it was as a medical man he gained his honors, and it was as a medical man, and that only, that he presented himself amongst us. He could afford, and had the manliness to acknowledge the high position attained by many of his confrères in Montreal. I feel that this Society owes a debt of gratitude to the members of the profession who took an active part in giving him an honorable reception; and more particularly is our thanks due to him who is now recognized as the father of the profession in Montreal, Dr. Campbell.

Secondly. Gentlemen, we have had our medical bill amended during the past year, and certainly not before it was wanting.

Thirdly. We have had the "Inspector of anatomy bill" amended, which I trust will prove a great boon to the medical schools and medical students, and prevent many scandals. It is now for those who are more particularly interested to push their vantage ground.

Fourthly. Gentlemen, though last not least, we have had a lunacy bill for the Province of Quebec, a bill long desired and greatly needed. This bill was obtained against most powerful opposition. It is not all that we could wish it to be, but it is a step in the right direction. Like

the medical bill, we may get it improved in time. On a future occasion I will take an opportunity of bringing this subject again before this Society.

In the meantime I think all these occurrences that I have mentioned as having taken place during the past year are causes for us to congratulate ourselves upon.

I will now read you the *resumé* of the past year, which has been supplied to me by our obliging Secretary, Dr. Edwards.

RESUME OF THE SOCIETY'S PROCEEDINGS DURING THE YEAR.

Meetings held during the year, 23. Average attendance, 19. Pathological Specimens exhibited by Dr. Osler, 68. New Members, 14, namely: Drs. Vineberg, Stevenson, Tunstall, Marston, Smith, Munro, Wm. Macdonald, Kerry, Rodolphe E. Leprohon, Spencer, Jenkins, Imrie, Sutherland and Sheridan. Left the City, Dr. Fuller, and elected a corresponding member; Dr. Marston, Dr. Leprohon. Died, Dr. Park, a junior practitioner, died of typhoid fever.

The following papers were read before the Society during the year:

1. Dr. Hingston. "Inflamed Joints."
2. Dr. Roddick. "Cases Treated by the Thermo-cautère."
3. Dr. Ross. "Acute Spinal Paralysis."
4. Dr. Trenholme. "On the Hodge Pessary in Retroflected Uterus."
5. Dr. Hingston. "Excision of the Shoulder."
6. Dr. Kennedy. "Extra Uterine Gestation."
7. Dr. Bessey. "Animal Vaccination."
8. Dr. Buller. "Eserine."
9. Dr. McConnell. "Ichthyosis Hystrix."
10. Dr. Hy. Howard. "Responsibility and Irresponsibility in Crime, and Insanity."
11. Dr. Osler. "Two Cases of Rare Kidney Tumor."
12. Dr. Alloway. "Tracheotomy in Laryngeal Diphtheria."
13. Dr. Oakley. "Pneumonia."
14. Dr. F.W. Campbell. "Whooping Cough Treated by Quinine."

15. Dr. Hy. Howard. "Some Practical Remarks on the General Treatment of the Insane."
16. Dr. A. L. Smith. "Chorea."
17. Dr. Rodgers. "Softening of the Brain."
18. Dr. R. Macdonnell. "Three Cases of Malignant Disease."
19. Dr. Hingston. "Sewer Poisoning."
20. Dr. Osler. "Demonstrations of the Medical Anatomy of the Brain."
21. Dr. Finnie. "Chronic Ulcer of the Stomach."
22. Dr. Reddy. "Pneumonia followed by Embolism of the Right Femoral."

Well, gentlemen, I think we may congratulate ourselves upon the progress the society has made during the past year, and we have the right to hope that we will do more in the future. Let us be only true to ourselves and we have nothing to fear,—true to ourselves, "and it must follow as the night the day we cannot then be false to any man."

One word with regard to self: Under the new Lunacy Bill my position is altogether changed in regard to the Longue Pointe Lunatic Asylum. I am no longer the "*prescribing physician*" of the asylum; that work for the future will be done by the resident physician, Dr. Perrault, who, under the new law, is appointed and paid by the proprietors. My duties as visiting physician partake more of the duties of an Inspector. These may not be quite so laborious as were my former duties, but they will be much more important, and my responsibilities much greater. Now I have to do with no patients in the asylum except the patients paid for by the government; with the private patients I have nothing to do, directly or indirectly, either with their admission, their treatment, or their discharge. I am in no way responsible for the private patients in the asylum. I considered it due to both you and myself to give you this information the first moment I had an opportunity.

In conclusion, I again thank the members and officers of the society for the support they have so generously afforded me during my Presidential year. Your duty now is to elect your officers for the year we have entered upon,

which, when you have done, I will have much pleasure in installing my successor into the Presidential Chair.

The President stated that the Treasurer, Dr. Proudfoot, was absent from the city, and his report could not therefore be presented. It was moved by Dr. Scott, seconded by Dr. Ross, that the report be presented at next meeting. Carried.

Dr. Reddy moved, and Dr. F. W. Campbell seconded a vote of thanks to the President for his address. Carried.

The election of officers for the ensuing year took place, the result as follows:

President, Dr. R. Palmer Howard; 1st Vice-President, Dr. John Reddy; 2nd Vice-President, Dr. Hingston; Secretary, Dr. O. C. Edwards re-elected; Treasurer, Dr. Proudfoot re-elected; Council, Drs. F. W. Campbell, Roddick and Henry Howard.

A vote of thanks to the retiring officers was moved by Dr. Campbell, seconded by Dr. Reddy, and carried.

Dr. Kennedy moved, and Dr. Osler seconded, that the Treasurer be directed to pay the caretaker of the rooms, \$15. Carried.

Drs. Ross and Roddick were announced as readers of papers at the next meeting. The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

HOW TO STOP A COLD.

Dr. Dobell gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible:—1. Give 5 grains of scscarb. of ammonia and 5 minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed-time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last

need be taken as a rule; but should the catarrh seemed disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.

HOMŒOPATHIC CONFECTIONERY.

In some parts of Germany physicians are not permitted to dispense medicines, when there is an apothecary in the place to do it for them. We learn from the *Allg. Hon. Zeit.* that three homœopathic physicians were practising in Regelsborg, when an apothecary of the same belief came among them, and notified them to send their prescriptions to him. Two of them refused, and were brought before the court and fined about five dollars. The case was carried to a higher court, and the medicines (pellets) sent to the University of Erlangen for chemical analysis. The chemists of the university failed to find anything in them of a medicinal or poisonous nature, and so reported; whereupon the judge reversed the decision of the lower court, and declared that there was no law that prevented physicians from distributing sugar-plums (*Zuckerwaaren*) as freely as they chose.—*N. Y. Med. Rec.*, May 3, 1879.

TO GET LEECHES TO FASTEN.

Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with cold water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass; by this means the animal may be compelled to bite at just the point desired. *Buffalo Medical Journal.*

BIRTH.

In Toronto, on the 10th September, the wife of Dr. J. H. Burns of a son.

DEATH.

At Woodstock, Ontario, on the 18th September, the Hon. Senator Carroll, M.D., of British Columbia.