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# THE Canadian Journal of Medical Science.

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U. OGDEN, M.D.,  
EDITOR.

R. ZIMMERMAN, M.D., L.R.C.P., London,  
171 Church Street Toronto, Corresponding Editor.

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## Selections: Medicine.

### A NEGLECTED PROXIMATE CAUSE OF DYSPEPSIA, WITH A NEW DIVISION OF THE DISEASE.

BY ARTHUR LEARED, M.D., F.R.C.P., M.R.I.A.

All cases of true dyspepsia may be referred to two proximate causes. Instead, then, of the classification into atonic dyspepsia, which is not used in any precise sense, and gastritis or gastric catarrh, neither of which terms is applicable to all the cases they are often made to include, I propose the following divisions:—

Dyspepsia from impaired motion;

Dyspepsia from defects of secretion.

We have nothing at present to do with the latter, beyond what concerns the differential diagnosis between the two classes.

Avoiding minor details, the leading symptoms of dyspepsia, namely, uneasiness in the stomach after meals, described variously as a sense of weight, fulness, or pressure, flatulence, pain, and constipation, are, for sake of comparison, arranged in parallel columns, and each separately considered under the two above named heads.

#### IMPAIRED MOTION.

*Uneasiness after Meals.*—Constant symptom; generally soon replaced by a sense of tension accompanying flatulence.

*Flatulence.*—This is the most characteristic symptom of impaired motion.

#### DEFECTS OF SECRETION.

*Uneasiness after Meals.*—Not unfrequent, but commonly soon merged in actual pain.

*Flatulence.*—Comparatively unfrequent. Some of the worst cases, in which pain after food and other symptoms are particularly severe, are entirely free from flatus. The tendency is to lactic, butyric, and, perhaps, other forms of fermenta-

tion, in which gases are not evolved.

*Gastric Pain.*—Unfrequent; but occurs occasionally as a result of flatulence, and is peculiar in kind.

*Constipation.*—Almost always a marked symptom.

*Gastric Pain.*—Variously described as sharp, shooting, dull, or dragging, is the most characteristic symptom of defective secretion of gastric juice.

*Constipation.*—Not generally present; and the bowels are in many cases relaxed.

Although the great importance of gastric peristalsis has not been hitherto recognized as a cause of dyspepsia, due weight has long been attached to peristalsis of the intestines. Diminished intestinal peristalsis is a recognized cause of constipation, for which remedies are daily prescribed. It is precisely in such cases of dyspepsia that constipation might be theoretically expected, from the probable existence of a common condition throughout the intestinal tube. In the case of imperfect secretion, on the other hand, digestion is not merely sluggish, but the gastric juice being unable to effect the necessary changes in the aliment, the ill prepared chyme is unsuited for contact with the intestines. The consequent irritation not only prevents constipation, but sometimes causes diarrhæa.

In some cases, the symptoms which accompany impaired gastric movements are of so general a nature, that the question arises whether the gastric affection may not be incidental to a state of relaxation and want of power in the whole system. The circulation is slow and weak, indicating a relaxation of the vaso-motor nerves, and febleness of the heart. But the organ is easily excited, and its action is often intermittent. For the latter, there are two causes, namely, mechanical pressure of the

distended stomach on the diaphragm, and irritation reflected from the stomach through the pneumogastric nerves to the heart. Sometimes this irritation affects the lungs, when dyspnea and cough are produced. The tongue, large and flabby, is deeply indented by the teeth, while the muscular structures of the throat, like those of the stomach, are so relaxed, that the part is often a source of constant trouble. There is a general sluggishness of the whole man. The tendency to sleep after meals is, in some cases, irresistible. The mind participates in the torpor of the body, and yet, like the circulation, is subject to be morbidly excited. It is in this form of dyspepsia that the pains of indecision, depression, and apprehensiveness, are most fully experienced. Such is an outline of the symptoms caused by, or perhaps sometimes only coincident with, impaired gastric peristalsis. Mixed cases, in which the effects of defective secretion are combined with those of impaired movements, are to be met with. But, in general, the affections are distinct.

The distinction between their causes is also well marked. The causes of impaired peristalsis may be summed up as those by which nervous energy in general is impaired. Such causes are, hard study, mental strain, depressing passions, prolonged bodily fatigue—in a word, whatever uses up nerve-force in such a way as to leave an insufficient amount of it for an organ, the action of which, although intermittent, requires a large share.

But, in order to maintain its vigour, the stomach requires absolute rest at regular intervals, and, for this purpose, must be empty. When at rest, the organ hangs motionless and nearly perpendicular in the abdomen. The practice of eating too frequently or at irregular intervals is, therefore, a common cause of dyspepsia from impaired motion.

Tea-drinking is a very common cause of impaired gastric peristalsis. This is mainly due to a specific effect on the nerves, and partly to the practice of taking the infusion as warm as possible, by which the tonicity of the muscular coat of the stomach is lowered.

The proximate cause of defective secretion is congestion and consequent gastritis. A primary

affection of the vaso-motor centres is probably a frequent cause of congestion; but local irritation, such as from strong alcoholic drinks, hard indigestible food, and food taken in excess of the gastric juice secreted is the ordinary cause.

In the treatment of all forms of dyspepsia, attention to diet claims a prominent place. Articles known to be slow of digestion must be avoided, and a lessened amount of food must be taken only at proper times. But, as a rule, absolute strictness in diet is more necessary in dyspepsia from defective secretion than in that from impaired motion; for, as already said, in the latter affection, digestion is sluggish rather than imperfect. One dietetic rule is, however, of the greatest importance in the present case. The principal meal should be taken early in the day, before the nervous system has been exhausted either by mental or by bodily exertion. In some instances, the power of digestion seems to diminish in proportion as the day advances. A distinguished literary lady consulted me who had, by incessant brain-work, fallen into a state of great suffering from gastric oppression and flatulence after meals. At my suggestion, she dined early instead of late in the day. This change was beneficial, but was not effectual in affording relief. I then advised that she should eat meat at breakfast only, and that no writing should be done before the meal. This plan succeeded perfectly.

From its well-known power in causing muscular contraction, strychnia suggests itself as the remedy for impaired gastric peristalsis. It affords the most powerful means we possess of restoring the gastric functions. I may, perhaps, take some credit for having helped to make known its value. So long ago as 1869, I wrote: "Speaking from extensive experience, I know no single medicine of more value. It acts by increasing the tone of the muscular coats of the stomach and intestines. When these coats are relaxed, gases are generated, mainly owing to retardation of the aliment in the cavities. No remedy has in my hands proved so permanently effective as strychnia against this inconvenience." (*Imperfect Digestion*, 1st ed., p. 186.) In 1864, the late Dr.

Brinton, following Chomel, condemned the use of strychnia in stomach-diseases as unnecessary and dangerous. (*Diseases of the Stomach*, p. 334.) But, notwithstanding the condemnation of these authorities, strychnia has held its place in these affections, because, although too often given without discrimination, it proves beneficial in many instances. The secret of its successful administration lies in the recognition of the cases. It is suited for cases characterized by the symptoms of impaired motion; namely, uneasiness, but not actual pain, after food, and flatulence. It is not suited for cases of impaired secretion, characterised by pain after food and little or no flatulency.

Some precautions are of course necessary, and more so because the patients are seldom under daily observation. A dose of one-twentieth of a grain should rarely be exceeded. It should never be given in pills, on account of the difficulty of exact subdivision in that form. The susceptibility of the alkaloid to precipitation by alkalis and some other substances must be kept in view. If so precipitated, the whole of the drug would, of course, be contained in the last dose in the bottle. For the rest, the pharmacist must be responsible. But, after having prescribed strychnia some thousand times, I never knew any harm to arise from its use.

It might be supposed that electricity would prove useful for lesions of peristalsis; but, after many trials of faradisation and a few of the direct current, I am compelled to say that I do not regard it as an useful agent in this affection.

It is sometimes desirable to check flatulence by some agent which hinders fermentation. Formerly, I prescribed carbolic acid for this purpose; but its unpleasant taste is a great drawback. Of late, I have used thymol with, I think, better results; and the taste is far less objectionable.

Many cases are met with in which the stomach is unable to expel flatus in consequence of temporary paralysis from over-distension. Various drugs given to promote contraction of the organ—carminatives as they are called—sometimes fail in their purpose. It is in such cases that charcoal proves useful. Charcoal

possesses a remarkable power of absorbing gases; but this power, as I have elsewhere shown, is very much lessened by long keeping and by wetting. This led me to the plan of giving, in hermetically sealed gelatin capsules, charcoal prepared from vegetable ivory, which kind was proved by experiment to possess the best absorbing power. If in cases of obstinate gastric distension, three or four such charcoal-capsules be swallowed, a few cubic inches of carbonic acid gas will be speedily absorbed. Tension being now removed, the muscular coat of the stomach generally resumes its power, and flatus is freely expelled.\* In a few obstinate cases, however, chiefly when the stomach-affection is secondary to diseases of the liver or kidneys, the muscular paralysis is so complete that, as happens in case of the over-distended *rumen* in cud-chewing animals, mechanical interference is the most effective mode of treatment. For this purpose, I have had made a small India-rubber tube (tube shown) two feet in length, having one extremity closed, and perforated like a drainage-tube to the distance of four inches from the end. Such a tube can be safely and easily introduced into the stomach, and will prove effectual in relieving the distended organ.

I am convinced that certain symptoms, described as a sinking sensation in the gastric region, craving for food soon after meals, etc., are generally to be attributed to hyperperistalsis or exaggerated movements of the stomach. But this constitutes a distinct disease, to be separately discussed. The same remark applies to dyspepsia of liquids and the flaccid state of the stomach which exists in that affection.—*Brit. Med. Journal.*

**ATROPIA FOR URTICARIA.**—In three cases of severe and stubborn urticaria, after everything else had failed, Frænkel (*Berliner Klin. Wochenschrift*) found that the internal use of atropia succeeded in promptly allaying the annoying itching. It will not, however, prevent relapse.

\* Perhaps the best proof of the utility of this charcoal so administered is to be found in the fact, that the capsules are manufactured on a very large scale, and are exported largely.

## A CASE OF SPASTIC SPINAL PARALYSIS ENDING IN RECOVERY.

One of the many undetermined points connected with the disease described by Erb under the name of spastic spinal paralysis (*tabes spasmodica*, Charcot) relates to the prognosis. Erb believes recovery to be extremely rare, though less so than in other forms of chronic spinal paralysis. Charcot refused to believe in the possibility of recovery from the disease. Westphal has published one case in which complete recovery took place. In Dr. Kussmaul's Klinik at Strasbourg, Dr. Reinhard von der Velden observed the present case (*Berliner Klinische Wochenschrift*, September 23, 1878); it is distinguished from Westphal's by the acute onset of the disease, and the rapidity with which all the characteristic symptoms were developed.

E. P., aged 27, clerk, had a good family history, and had enjoyed good health, with the exception of a short indefinite illness at seven years of age. No traces of syphilitic infection could be discovered. Slight kypho-scoliosis was present, which, the patient said, dated from birth. Two days before admission, he attempted suicide by jumping into a river; after being rescued, he walked several miles home in his wet clothes, exposed to a wind, and went to bed. Next day he complained of pains in the abdomen, and gastric troubles.

On admission, on May 13th, the tongue was coated, and the abdomen somewhat hard and full. There were no other objective symptoms. He had no appetite. There was no constipation. Temperature, 100.9; pulse, 82; respiration, 14. Castor-oil was ordered.

May 14th. He had excessive perspiration during the night; no abdominal pain, but a feeling of pressure on the chest. There were no other physical signs, no fever.

17th. He had pains in the region of the bladder, and dragging pains in the testicles. His appetite was good; the alvine secretions were natural. He looked pale and anxious, and refused to get up.

18th. The patient was small and anæmic, with weak muscular development, but was moderately fat. He complained of a peculiar stiffness in the legs, which he first noticed the preceding evening. He had no pain, and slept

well. No disturbance of circulation, respiration, or digestion were present. On being lifted out of bed he was unable to walk; he could hardly move one leg before the other, and could not flex either knee or ankle. Both legs were stiffly extended by a spastic contraction of all the muscles. A slight tremour was also observable in them. The spasms became more intense while the patient stood, and he was thrown more and more forward upon his toes. When supported on both sides and taken along the ward, he either let both his legs drag stiffly after him, or attempted by means of the pelvic muscles, to swing them round alternately.

On being replaced in bed, the muscles of both lower extremities were seen to be strongly contracted, and in a state of constant tremour; the latter, however, gradually passed off when the patient was left quiet and became warm in bed. All movements could be performed, but only very slowly. Passive movement of the limbs met with moderate resistance. After about half an hour the spasm also became less severe; movement was easier, but weakness was still evident. No pain was caused by pressure on the spine. There was no disturbance of sensation; neither trophic nor vasomotor symptoms could be discovered; the sphincters were unaffected; the intellect was clear; there was no vertigo nor inequality of the pupils. There was neither albumen nor sugar in the urine.

23rd. The patient stated that when he was warm in bed, his legs neither trembled nor were stiff, but that he could only lift them a very slight distance; he could not cross one over the other. The attacks of rigidity and tremour occurred two or three times daily, sometimes spontaneously, and sometimes in consequence of external causes. During a strong attack the patient would perspire freely, and afterwards feel quite exhausted. Strong pressure upon the crural nerve during an attack caused the muscular spasm to cease in the leg of the same side, but to become more powerful in the other. By dint of great exertion the patient was able very slowly to flex either of his legs during the period of spasm; as soon, however, as the leg and thigh were inclined to one another at an angle of about 45°, the muscular resistance of the movement sud-

denly ceased, and the heel was brought with considerable force against the nates. The whole phenomenon very much resembled the sudden closure of a pen-knife after the resistance of the back-spring has been overcome. The limb was now spasmodically fixed in the position of extreme flexion. The spasm could be at once relaxed by exerting pressure upon the crural nerve. If this were not done, and the patient were directed to extend the leg, he was able to do so slowly and with great exertion until it had slightly passed the right angle, when it was suddenly and violently brought into the position of extension.

The tendon-reflexes were greatly increased; sensation was diminished; electric contractility showed no qualitative abnormality, but was somewhat diminished in degree.

Until the middle of June the disease continued to progress; the lower limbs became paralyzed. Attacks of spasm and tremour occurred several times daily; occasionally they were spontaneous, but generally they were due to the legs being touched, or too cold; sometimes also to psychic impressions. The patient showed marked emotional disturbance, being sometimes very cheerful and happy, and at others melancholy, despairing, and excited. While in the latter condition, he attempted to divide his radial artery with a piece of broken glass, and twice stealthily obtained half a litre of brandy, which he drank neat. During the drunkenness which followed, he had the most violent spasmodic attacks.

In July the symptoms somewhat abated, and the patient could walk a little with two sticks.

In the autumn, the attacks again became more violent; occasionally slight muscular tremour was observed in the arms, and once the speech was affected during an attack. At the beginning of the winter the patient was again confined to bed; the attacks were accompanied by burning pains in the knees, and formication in the legs. In January, 1878, he was again up for a time, but became worse towards the end of the month, and after lying in bed again for some weeks, slight atrophy of the muscles of the legs was noticed. During March and April the patient was usually able to get up, and only had occasional attacks; in the beginning of

May he had his last attack; after that he daily improved; at the end of the month he could walk well with a stick, and only complained of some stiffness in his knees, and of being easily fatigued. On June 24th he was discharged completely cured, the only symptom remaining being some increase in the patella tendon-reflex.

Two days after his discharge he attempted suicide by drinking a solution containing morphia and ergotin. After the use of the stomach-pump he recovered, but had an attack of acute gastritis. He also had delirium tremens for eight days, brought on by excessive drinking after his discharge. He has since remained quite well.

The treatment of the case was chiefly symptomatic, and directed to diminish the increased reflex irritability. Bromide of potassium, extract of belladonna, warm baths, and galvanization over the spinal column, had absolutely no effect. The administration of morphia appeared to increase the number and intensity of the attacks. When the spasmodic attacks were at their worst, 30 to 60 grains of chloral, administered *per rectum*, proved useful.

From the middle of April the patient took chloride of gold and sodium, in doses of about one-third gr. (!) three times daily. Altogether, before his discharge, he had taken nearly 90 grains of the drug. The palliative effect of chloral seems to be established, and the fact of recovery having taken place during the administration of the double chloride of gold and sodium would justify a prolonged trial of this drug in future cases.

As to the pathological anatomy of the disease, it is clear that in this case there could have been no severe anatomical lesion in the nervous system, certainly no definite sclerosis in the lateral columns of the cord. The disease in the present case was developed in a man with an abnormal nervous constitution.

The prognosis does not seem to depend at all upon the mode of commencement of the disease, for in Westphal's case of recovery the affection commenced most gradually, while, in the present case, the essential symptoms of the disease were unmistakably developed within seven days of the severe wettings and cold.

which must undoubtedly be regarded as its immediate cause.

The author speaks of the peculiar appearances noticed during the efforts of the patient to flex and extend his legs while they were affected by muscular spasm, as the "pen-knife phenomenon" (*Taschenmesserphänomen*); its explanation is difficult, but the cessation of the spasm when the limb reaches a certain position may be due to mechanical pressure or tension being exercised in that position upon some nerve. The fact that the spasm could always be checked by pressing upon the crural nerve below Poupert's ligament, favours this view.—*London Med. Record.*

### CHRONIC ARTICULAR RHEUMATISM AND RHEUMATOID ARTHRITIS.

A lecture delivered before the Medical Class of the University of Pennsylvania.

BY ALFRED STILLE, M.D., LL.D.

Professor of the Theory and Practice of Medicine and of Clinical Medicine.

Chronic articular rheumatism may follow the acute form of the disease if it is not treated promptly and effectually, or it may occur as a distinct disease occurring in damp weather and characterized by stiffness and pain in the joints.

If the disease appears originally in its chronic form the joints do not usually undergo any change, but the chronic stage follows an acute attack the joints are quite stiff. The pain in these cases often extends to the muscles, fasciæ, and long bones, and in syphilitic rheumatism the bones of the sternum and cranium are affected and covered with nodules. In this condition the moral conduct of the patient is, of course, not involved as in hereditary and acquired syphilis.

To go somewhat more into details the symptoms may be divided into the habitual symptoms and those which may arise during the exacerbations. (The chronic form of rheumatism is sometimes called "cold" rheumatism.) In these cases the sensibility to cold and dampness is rendered morbidly acute. When exacerbations occur the disease assumes a sub-acute type and all the joints become red,

swollen, and warm. The pain is aggravated by heat. These exacerbations are of indefinite duration.

If the joints have not become positively deformed you may be moderately sure of a cure, at least, a cure may be hoped for. If a cure is not established the functions of the joints will never be re-established. These deformities of the joints are, of reality, lesions of the soft parts.

The treatment of the febrile or sub-acute form of chronic articular rheumatism demands the same internal remedies as in the acute form—the local application of heat, the use of the alkalies, moisture, local stimulants, narcotics, and sudorifics. In the chronic form, local stimulus and alteratives are especially indicated. Among the best of the local stimulants may be mentioned camphor, turpentine, ammonia, and chloroform and the more active stimulants, or counter irritants—iodine, cantharides, mustard, croton oil, moxas, and blisters.

In the treatment of chronic rheumatism of the more superficial joints blisters are the best application; for the deeper joints, such as the hip, I prefer moxas.

In the case of the elbow, knee, and ankle—joints a very excellent form of local alterative is sulphur in fine powder laid between the folds of linen and applied to the joints. Other remedies of value for the protection of the part from the air, and the maintenance at the same time of a gentle stimulating action, are the burgundy pitch plaster and the ammoniacal plaster with mercury. Croton oil and tartar emetic are but very rarely used. Where the shoulder is the joint affected a series of local blisters should be employed.

In all cases of rheumatism of the joints passive motions should be practised to prevent permanent stiffness of the parts, and the induced current of electricity should be frequently passed through the affected parts.

In passing, I must not forget to dwell upon the great efficacy of local hot baths. This I consider a most important therapeutical agent in chronic articular rheumatism. These baths may consist of hot, or warm water, air, or steam; and in this connection some of the saline, alkaline, or sulphuretted mineral waters

may be employed. Sulphuretted waters are very widely used in this country and in Europe in the treatment of this affection. It is this virtue which has given a reputation to most of the familiar springs on the continent of Europe.

Another curative agent of great usefulness in hot baths is the diaphoresis set up and this should be supplemented by horseback-riding and by walking. If the reaction which follows it is vigorous, sea-bathing is sometimes excellent. So too with regard to the cold, heat and sweating produced by the hydropathic packing.

The principal medicinal agents employed with good effect in chronic articular rheumatism are guaiacum, oil of turpentine, iodide of potassium, cod-liver oil, alkalies, and sulphur. It was in the treatment of this disease that cod-liver oil first gained its repute as a remedial agent. Guaiacum has been extravagantly lauded by some. The usual forms in which guaiacum is best administered are the tincture and the ammoniated tincture in doses of ʒi-ij., three times a day, or the *mistura guaiaci composita* may be given in doses varying from ℥ ʒ ss.—℥, every four hours. The ammoniacal tincture is employed where additional stimulus is needed and the compound mixture where no stimulation is wanted.

There is a prescription used in England which has a great reputation in this disease and which I really think does a great deal of good, viz, the so-called "Chelsea Pensioner," from the fact of its first being used among the rheumatic old pensioners in the Chelsea Home.

Its ingredients are as follows :

- R. Of the flowers of sulphur, two ounces.  
 " cream of tartar, one ounce.  
 " powdered rhubarb, two drachms.  
 " guaiacum (resin), one drachm.  
 " clarified honey, one pound.  
 " powdered nutmeg, two drachms.

M. S. Take two large teaspoonfuls at night and morning for three days in honey or mulled wine.

Of other medicines the oil of turpentine may be given in doses varying from ℥ ʒ ss.—℥ ʒ j. thrice daily. Mention may also be made of the balsam of copaiba and the oil of cajuput. The latter in particular is said to be of great service by some.

Where the fibrous investments of the joints are swollen the iodine of potassium is a very valuable remedy. In those cases which are of syphilitic taint in addition to iodide of potassium, mercury is very valuable, but it should only be pushed to a slight extent. The best form of mercury is the bichloride, and it is best administered in the compound syrup of sarsaparilla. This mixture is most efficacious. All general systemic disorders should at the same

time be sedulously treated with iron, quinia and other general tonics. If there is any biliousness purges should be judiciously administered.

In conclusion, I may say that if all of the forms of treatment which I have mentioned prove of no avail and if the patient can afford it, he or she should at once be sent to some tropical climate to spend their winters.—*Hospital Gazette*.

## THE REMEDIAL AND FATAL EFFECTS OF CHLORATE OF POTASSA.

BY A. JACOBI, M.D.

\* \* \* \* \*

After all the previous remarks, the practical point I wish to make is this, that chlorate of potassa is by no means an indifferent remedy ; that it can prove, and has proved, dangerous and fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis. We are not very careful in regard to the doses of alkalies in general, but in regard to the chlorate we ought to be very particular. The more so as the drug, from its well-known either authentic or alleged effects, has risen, or descended, into the ranks of popular medicines. Chlorate of potassa or soda is used perhaps more than any other drug I am aware of. Its doses in domestic administration are not weighed but estimated ; it is not bought by the drachm or ounce, but the ten or twenty cents worth. It is given indiscriminately to young and old, for days or even weeks, for the public are more given to *taking hold* of a remedy than to *heed warnings*, and the profession are no better in many respects. Besides, it has appeared to me, acute nephritis is a much more frequent occurrence now than it was twenty years ago. Chronic nephritis is certainly met with much oftener than formerly, and I know that many a death certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary oedema. Why is that? Partly, assuredly, because for twenty years past diphtheria has given rise to numerous cases of nephritis ; partly, however, I am afraid, because of the recklessness with which chlorate of potassa has become a popular remedy. Having often met medical men unaware of the possible dangers connected with the indiscriminate use of chlorate of potassa or soda, I thought this Society would excuse my bringing up this subject. It may appear trifling, but you who deal with individual lives, which often are lost or recovered by trifles, will understand that I was anxious to impress the dangers of an important and popular drug on my colleagues, and through them on the public at large.—*N. Y. Record*.

## Surgery.

### ABSTRACT OF A CLINICAL LECTURE ON A REMARKABLE CASE OF AB- CESS OF THE DURA MATER AND BRAIN, FOLLOWING A BLOW ON THE HEAD.

BY I. B. YEO, M.D., F.R.C.P.

The patient, a well built healthy looking young man, at twenty-one, came into the out patient room of King's College Hospital, November 5th, 1878, complaining of sore throat, thirst, anorexia, headache and dizziness. He occasionally drank hard; got drunk four days before; been ill three days; had vomited. Ten days before had, as he stated, been struck on the head by a brick. Tongue coated, skin hot and moist, faced flushed, pulse 100, temperature 102, bowels confined. In the evening, temperature 105; fell to 102 during night, and remained at 102 for the rest of the next day (November 6th). November 7th, temperature 99.6, a.m. 102.6. November 8th, temperature normal a.m., 101 p.m. On the 9th the morning temperature was 97.2, and remained between this and normal for two days. He had perspired profusely, and his back was covered with an unusually dark and spotty sudamual eruption. Had also at times been a little drowsy. At the end of first week appeared convalescent; no headache, tongue clean, pulse 68, temperature normal. Nov. 12th, p.m., temperature 101.6. Nov. 13th, a.m., 98.2; p.m., 103. Nov. 14th, a.m., 102; p.m., 102.8. Nov. 15th, a.m., 101; p.m., 103. Nov. 16th, a.m., 100.4; p.m., 103.2; Nov. 17th, a.m., 100.6; p.m., 104.2.

This was the culminating point of a second febrile paroxysm. Then followed a second remission or intermission, and during the next three days the temperature fell steadily.

Nov. 18th, temperature, a.m., 98.8; p.m., 102.4. Nov. 19th, temperature, a.m., 100.8; p.m., 102. Nov. 20th, temperature, a.m., 98.2; p.m., 99.

During this second paroxysm of fever he slept well, but sweated very freely at night. Pulse from 80 to 112, rising and falling with temperature. Tongue moist, and but slightly coated.

Nov. 21st, temperature, a.m., 98.2; p.m., 100.6. Nov. 22nd, temperature, a.m., 97.4; p.m., 98. Remission of three days. Nov. 23rd, temperature, a.m., 98.8; p.m., 101.2. Pain in left elbow-joint, which soon became swollen. It could not have been pyæmic. It disappeared completely with warm fomentations, and subsequently blistering two inches above the joint, which, at the autopsy, was found perfectly healthy. The temperature from Nov. 24th to Dec. 20th ranged as follows:—Nov. 24th, a.m., 98; p.m., 100.6. Nov. 25th, a.m., 100.2; p.m., 100.2. Nov. 26th, a.m., 100.2; p.m., 100.6. Prescribed quinine, three grains *ter die*. Nov. 27th, a.m., 99.2; p.m., 101.4. Nov. 28th, a.m., 99.2; p.m., 100.4. Nov. 29th, a.m., 99.4; p.m., 99.4. Nov. 30th, a.m., 100; p.m., 101.8. Quinine to be taken four times a day. Dec. 1st, a.m., 98.4; p.m., 98.4. Dec. 2nd, a.m., 98.2; p.m., 97.4. Dec. 3rd, a.m., 98.4; p.m., 98.8. Dec. 4th, a.m., 98.2; p.m., 98.4. During the last four days patient felt well; tongue clean, appetite good, elbow less swollen and painful, slept well. No headache for three weeks. Much emaciated. Dec. 5th, a.m., 99.6; p.m., 100; pulse 120. Dec. 6th, a.m., 100; p.m., 99.8. Dec. 7th, a.m., 99.6; p.m., 99.8. Dec. 8th, a.m., 99; p.m., 99.6. Dec. 9th, a.m., 98; p.m., 97.6. Now occurred another sudden rise of temperature, although he was taking quinine fifteen grains a day. Dec. 10th, a.m., 102.2; p.m., 102.6; complained of headache; quinine stopped; ordered salicylate of soda, twenty grains, three times a day. Dec. 11th, a.m., 99.6; p.m., 102. Dec. 12th, a.m., 101; p.m., 102.6. Dec. 13th, a.m., 97.6; p.m., 102.4. Dec. 14th, a.m., 100.4; p.m., 103.4. Dec. 15th, a.m., 101.4; p.m., 103.2. Dec. 16th, a.m., 104.2; p.m., 102.6. During last three days the rise of temperature accompanied by occipital headache and anorexia. Dec. 17th, a.m., 101.2; p.m., 103.6. Dec. 18th, a.m., 100.6; p.m., 101.4. The evening of this day he complained a little of intolerance of light. Dec. 19th, a.m., 100.2; p.m., 99.6. Pain in right side of head and right eye. Dec. 20th, a.m., 100; p.m., 98.8. Here the pyrexial stage ended. The temperature had been going

steadily down since the 16th, when he was ordered quinine, five grains every six hours. This was omitted on the 19th; great emaciation. It was not until Dec. 21st, forty-six days after admission, that he manifested unmistakable cerebral symptoms; and whereas the latent stage had been marked by acute paroxysmal pyrexia, with well-marked intermission, the cerebral stage commenced with a fall of temperature to 96.6, and this was associated with vomiting and profuse perspiration. At this time he became very drowsy, with a heavy expression of countenance, and complained of great pain in the right side of his head. It was now noted that the mouth was drawn a little to the right side. Pupils equal, marked photophobia. No anaesthesia or loss of power of motion. Abdomen retracted; pulse 116; respiration 32. Ice to the head relieved pain. From December 21st to 28th, less pain in head; there was drowsiness, vomiting, facial paralysis (lower half.) Temperature ranging from 95.2 a.m. to 99.6 p.m., there being slight variations between the temperatures in the right and left axillae.

	RIGHT.		LEFT.	
	a.m.	p.m.	a.m.	p.m.
Dec. 21.	97.6	99	98.6	98.4
" 22.	98.1	99.2	98.2	...
" 23.	99	99.4	97.6	99.2
" 24.	97	98.8	97.8	99
" 25.	...	...	...	...
" 26.	97.2	98.4	97	99
" 27.	95.2	97	95.6	96.2
" 28.	96.6	96.6	96.8	96.6

It was now discovered that the story of a brick falling on his head was a fabrication. He had been struck a heavy blow by his wife with a heavy quart pewter pot. Dec. 29th, more headache, and about 9 a.m. he had a general convulsion, became rigid and insensible, and, during convulsion, mouth drawn to left. At noon mouth drawn to right. He was heavy and drowsy; pulse 64; pupils equal and reacting. Right eye well marked, showed signs of neuro-retainitis. Left eye, signs much less marked. There was little change during the next few days. He lay in a heavy, drowsy, apathetic state, answering slowly and hesitatingly, never incoherence or delirium. Every

now and then he would cry out with pain in the head.

January 1st, temporary loss of power in left hand and arm; 3rd, weaker; tongue thickly coated; pulse 56; urine passed unconsciously; very drowsy; faced flushed; frequent sighing. On the 5th, rigor lasting three or four minutes; 7th, restless, yawning; 8th, better; less drowsy; 10th, very restless. Died suddenly at 5 p.m. At 4 he was talking, and answered questions clearly, though slowly. Temperature during last twelve days of his life ranged from 94 to 97, differing slightly on the two sides, very irregularly. Throughout the case the temperature ranged from 94 to 105. During high temperatures, no brain symptoms. During low temperatures, brain symptoms.

*Post mort.* Cicatrix  $1\frac{1}{2}$  inch long over frontal prominence, bone beneath redder than the corresponding portion on other side, also decidedly more prominent and a little rougher. Shallow abscess in dura mater,  $1-1\frac{1}{2}$  inch in diameter beneath the external scar. It extended about 1 inch to right,  $1\frac{1}{2}$  to left, of anterior portion of superior longitudinal sinus. Sac of abscess adherent to the bone, which was white and smooth, but red, rough and thickened around; no trace of fracture. Thrombosis of anterior portion of superior longitudinal sinus. Portion of dura mater containing a round venous cord connected with the longitudinal sinus adherent to frontal lobe. Cerebral convolutions flattened; brain dry and anæmic; membranes adherent to brain in right middle fossa. A small abscess, size of a filbert, in lower third of ascending frontal convolution above and in front of fissure of Sylvius. Right temporo-sphenoidal lobe much distended, soft and fluctuating; when opened a considerable quantity of thin, yellowish, puriform liquid escaped. The cavity extended as far as posterior extremity of optic thalamus. No communication with ventricles, which appeared healthy; cavity, size of hen's egg; contained also a small amount of blood clot. Cavities of both abscesses lined by a distinct membrane. No trace of suppuration in the bone which presented, microscopically, characters of osteitis.

Let us, then, consider what bearing this case has, first, on the causes, the symptoms, and the

diagnosis of cerebral abscess; secondly, on the latency of cerebral abscess (this will lead us to consider the probable period at which the cerebral abscess in this case was formed). In the third place, we must dwell for a moment on the remarkable temperature we encountered in the course of this case, simulating as it did an anomalous kind of intermittent fever. Fourthly, we may attempt to answer the question, Was surgical interference called for at any period in its course? Fifthly: Had the affection of the elbow-joint anything to do with the cerebral mischief; and, finally, does the case throw any light on the question of cerebral localisation?

Of the causes of abscess of the brain, one of the commonest is inflammation of the middle ear, leading to caries of the petrous portion of the temporal bone; and in this disease the suppurative inflammation often extends, as it appears to have done in the case before us, by exciting phlebitis of one or more of the cerebral sinuses and their tributary veins, which become occluded by purulent thrombi. Injuries of the skull attended with fracture also not infrequently lead to the formation of cerebral abscess, as may readily be understood; but abscess of the brain arising from a blow on the head without fracture is a comparatively rare occurrence. It is, however, well known that this may occur, as Sir William Gull long ago pointed out. "In such cases," he says, "the injury excites inflammation and suppuration of the diploë of the bone, and the suppuration extends and involves the brain." But it was not exactly so that the abscess of the brain arose in this case, for examination of the bone reveals no evidence of suppuration in its substance. It would seem that the primary seat of suppuration was that part of the dura mater lying immediately under the injured and inflamed bone. Here a small, distinct, circumscribed, and encysted collection of pus was formed; the suppurative inflammation extended to the portion of the longitudinal sinus beneath it, which became plugged by a thrombus; and thence it further extended into a large collateral tributary vein, and excited suppurative foci in the two portions of the cerebral substance which I have described before.

The symptoms of cerebral abscess are by no

means characteristic; they must necessarily be dependent on the situation of the abscess. They may, as we shall presently see, be entirely absent. Pain in the head, continuous and severe, is generally regarded as one of the most constant, and sometimes is the only, symptom present for months. In this case, pain was by no means prominent until the appearance of other cerebral symptoms. Rapid emaciation has also been pointed to as a striking feature in many cases, and we remarked the great emaciation in this case even when the patient protested that he felt quite well; but, since it was coincident with the occurrence of sharp febrile paroxysms, they seemed sufficient to account for it.

The mental symptoms in this case were precisely those which have been described by Sir William Gull. "Now and then," he says, "the only (mental) symptoms were a heavy expression, a disinclination to speak, and indifference to surrounding objects."

I have already said that the symptoms of cerebral abscess, especially those connected with sensation and motion, must necessarily depend on the locality it occupies; and from this point of view it has been pointed out by Huguënin, in the twelfth volume of Ziemssen's *Cyclopaedia*, that, in the case of abscess of the temporal lobe, where our patient's largest collection was situated, "the difficulty of diagnosis is increased by the circumstance that no bands of fibres, which are direct conductors of sensibility or motion," pass through this lobe; and therefore an abscess in that lobe "may attain a considerable size, and may cause general symptoms of compression before any distinct symptom of local disease arouses the suspicion of a localised affection of the brain; and for this reason the acute abscesses belonging to this category, in the great majority of cases, have not been positively diagnosed."

But the diagnosis of cerebral abscess is proverbially difficult, and chiefly on account of the latency of its symptoms, of which I must now say a few words. Sir William Gull says that "abscess" following injury to the head "may remain latent for months or even longer"; and, again, "an abscess may lie latent in the brain for many months, and then acute symp-

toms may suddenly set in and the patient die in a few days." The writer in Ziemssen whom I have already quoted is equally emphatic on this head. "An acute encephalitis following a non-perforating injury of the head can run its course without one having a suspicion of its existence"; and, again: "Cerebral abscesses have been found, especially in the temporal lobes, the existence of which had not been betrayed during life by a single symptom."

So it is certain—and I wish particularly to call your attention to this—that, with the history of the recorded observations of cerebral abscess before us, it is impossible to form any positive opinion as to the period at which the abscesses were formed, which we discovered at the autopsy of the case we are discussing. They may have existed when he first came into the hospital. They were undoubtedly not very recent, for they were both encysted. If, however, as Dr. Ferrier believes, the smaller abscess in the ascending frontal convolution occupied the seat of the facial centre, and so gave rise to the partial facial paralysis which was observed, the formation of this abscess and the occurrence of the facial paralysis ought to have coincided in point of time; and the facial paralysis was first noticed on December 21st, i.e., forty-six days after his admission, and twenty days before his death.

Next let us consider the question of temperature, which ran such a remarkable course in the case before us, simulating an anomalous kind of intermittent fever. The fact that the course of cerebral abscess may simulate that of some forms of fever had not escaped the notice of Sir William Gull, for he says: "Patients suffering from cerebral abscess may have symptoms so closely resembling continued fever, that it is extremely difficult, if not impossible, with any degree of certainty to say whether it is a case of fever or of organic disease of the brain." Huguenin, in the twelfth volume of Ziemssen, says: "Two cases occurred to us which, in consequence of our total ignorance of etiological factors and the entire coincidence of the symptoms with intermittent fever, were regarded as such." One of these cases he reports in full, and it bears some resemblance to this case. The case began with a high

temperature (105 deg.) and sweating; then freedom from fever for four days. No head-symptoms. Then again a rise of temperature extending over three days, and reaching 103.2 deg.; and "energetic treatment with quinine." Then seven days of freedom from fever, but occasional vomiting, "attributed to quinine"; and frequent complaint of headache. But there was no further rise of temperature, and the resemblance to an intermittent or remittent form of fever was by no means so complete as in this case. Moreover, the case ran its course (as reported) in twenty days. Now, in the case before us, for twenty days no medicine was given; for we were anxious to discover the natural type of the fever, and it was not until the commencement of the third paroxysm that we began to give quinine. In Huguenin's case, an abscess was found in the left frontal, and another in the right temporal lobe. "This case,"\* the author adds, "shows that abscess of the brain may be mistaken for intermittent fever, especially for one of irregular form; and the error is hardly to be avoided."

The occurrence, however, of a continued range of subnormal temperatures coincidently with the development of cerebral symptoms, and after a prolonged intermittent pyrexia, seems to be now recorded for probably the first time. Sometimes the left side would give the higher temperature, sometimes the right; so that these variations, though interesting to observe in themselves, were of no diagnostic value.

I cannot think the patient's life would have been saved by surgical interference, unless this had been had recourse to long before the symptoms appeared which seemed to justify it.

Then, again, what was the meaning of that curious affection of the left elbow-joint? It was not pyæmic; it disappeared completely after blistering, and no trace of mischief was found in the joint after death. Had it any relation to the brain-mischief? I do not know.

It must be admitted that the seat of the lesion in this case tended to confirm the theory of localisation; for the abscess in the ascending frontal convolution was situated in that

\* The full report of this case will be found in Ziemssen's *Cyclopædia*, vol. xii, page 765.

portion of the surface of the brain which has been termed by Ferrier and others the facial centre: the portion which appears to preside over the movements of the lower facial region. This centre—*i.e.*, the facial—is in juxtaposition to the centre for the arm and hand; and this again is consistent with the temporary loss of power observed in the left hand and arm in this case. It is important also to notice that speech was unaffected in this case; and this affords a further confirmation of the almost universal association of aphasia with disease of the left hemisphere. "Had the lesion been in the corresponding part of the left hemisphere," as Dr. Ferrier observes in a note to me, "some affection of speech would certainly have been observed."—*British Medical Journal*.

AN OPERATIVE METHOD TO COMBAT COMMENCING PYÆMIA.—H. Kraussold in v. Langenbeck's Archives, xxii, page 965, says: In a man 29 years of age at the Erlangen clinic amputation was performed just above the knee-joint on account of a badly united fracture complicated with an aneurism of the posterior tibial artery. Repeated and alarming hæmorrhage followed, and the manipulations necessary to control it in a manner destroyed the antiseptic precautions, so that on the fourth day pyæmia supervened with a chill. As the cause of the same was supposed to be a commencing suppurative thrombus of the vein, the latter was opened, and a discoloured fluid, along with the contents of a thrombus, escaped. Immediately after this the vein was exposed at Poupart's ligament, ligated at two points, and the intervening part, from two to three centimetres in length, removed. The femoral artery was also ligated in order to guard against further hæmorrhage. The temperature of the body sank at once to the normal, and the patient recovered without further untoward symptoms. Ligation of the vein, under similar circumstances, has been performed before with good results, and as soon as the diagnosis is established one should not hesitate to resort to it.—*Centralblatt*, No. 3, 1879.—*Cincinnati Lancet and Clinic*.

Dr. Roberts Bartholow has in press a large work on the "Practice of Medicine."

## Original Communications.

### SMALL-POX IN ONTARIO.

FROM 25TH OCT. LAST TO DATE.

BY A. A. RIDDEL, M.D.

[Read before the Toronto Medical Society, June 26th, 1879.]

MR. PRESIDENT AND GENTLEMEN,—In preparing a statement of small-pox in this province since October last to date, I have had necessarily to obtain whatever information I could respecting other localities from medical men residing there, or from some private friend or public official. Medical practitioners, in the neighbourhoods where I had heard or seen it stated in the papers that small-pox had existed, were written to. Some of them kindly replied to my inquiries, and furnished what particulars they could. A few have not been so accommodating. To the former, I wish to express my most grateful acknowledgments; to the latter, I would say, that I regret they have not found it convenient to reply. To those non-professionals who have supplied what details they could, I feel truly thankful. As, however, this paper will be sufficiently long to test the patience of the members this evening, and there is good reason to expect that some of those to whom letters of inquiry have been sent may yet furnish the required information, I will, with the permission of the Society, defer giving the returns from other parts of the province till a future occasion, when some of the anomalous cases that have come under my observation will also be referred to.

The cases occurring in this city will be noted in as near the order of their occurrence as could be ascertained. Those in private practice will be distinguished from those admitted into hospital. Among the latter will be given, however, three from other municipalities. Those that I have been called upon to visit in other places will follow. In order not to remind people of their recent affliction, and for other prudential reasons, no names will be given; but locality, age and sex, where ascertainable, will be noted.

No. 1. Oct. 25, 1878. This was an English male immigrant, aged 26, who had contracted the disease on board of the steamer on the way to Quebec. He was admitted to the Small-Pox Hospital from King St. West, and had a pretty full crop of healthy-looking pustules in the fourth day of the eruption. Varioloid. He had belonged to an anti-vaccination club in Yorkshire, to which he subscribed two-pence a month, and had been fined for not having had a child vaccinated. What he saw during the

time he was in hospital, cured him, he said, of his anti-vaccination views. Vaccinated.

2. On the 28th of the same month a little Italian girl, aged thirty months, was admitted from Chesnut Street. She was but a few days from Montreal; had confluent; was very low; could partake of no nourishment; and died in a few days. Not vaccinated.

3. On same day a brother of above, aged 18 months, with discrete. Not vaccinated.

These children had contracted the disease in Montreal. As far as known, no one was infected by them.

4. Immigrant referred to in No. 16.

5. Boarding-house keeper, spoken of in No. 16.

6. Boarder with above.

The reason for these cases not being given more fully here will appear presently.

7. On 4th Nov., a robust man, aged 27, was admitted from Duke Street. He was a street-car conductor. When first seen he had the usual symptoms of small-pox, with some miliary vesicles on the forehead. From the darkish redness of his skin, and the anxious countenance seen in the early stages of fatal cases, an unfavourable prognosis was pronounced. He was insomnolent, and soon became delirious. The pulse was 104, and fair in volume; but it shortly became small, irregular, and varying from 85 to 100. He could take but little nourishment. Sedatives were given to procure sleep, but with little effect till the 15th, on the night of which he slept well. Stimulants were freely employed from the outset. A symptom to be dreaded in confluent cases set in—obstinate constipation; upon which ordinary purgatives produced no result; and it was not till an enema of about 4 oz. of glycerine and three pints of water was given, that the bowels were relieved on the 14th. As they had not acted again up to the 20th, another enema was given, with a like result. Warm baths of 104° were employed; and, as he complained of the water being cold, it was raised to 110°. On removal from the bath he was wrapped in warm sheets, placed in bed, hot irons were laid about him, and he was well covered with blankets. A glass of strong hot toddy was then given. He became one disgusting mass of corruption; delirium, which had been absent for a few days, returned, and with it jactitation; and bed-sores formed on the nates. On the 21st the pulse was 120, barely perceptible, and flickering. The thermometer, used for the first time, gave 104.2 in the fork. Nourishing enemata were administered, as the stomach could retain nothing. On the 22nd he vomited dark biliary matter. Pulse 130, and very small. Thermometer 103°. He died the same

day. This case is given more fully than the subsequent ones can be, as a typical one of the worst form of confluent in a robust, non-vaccinated adult. Sulpho-carbolate of sodium in 20 gr. doses, with tincture card. co., glycerine and water, was at first exhibited; but soon carbonate of ammonia in 10 gr. doses, with the same tincture, glycerine and water, was resorted to; injections of milk and whisky; six oz. whisky by the mouth per diem, with milk *ad libitum*.

8. Same day. A young man of 18, from Richmond Street West, with varioloid in fifth day of eruption. Vaccinated.

9. About this time a young man who had boarded in same house with No. 1, was taken with varioloid, and went to his parents just outside the city limits. Vaccinated.

10. Nov. 7. A married woman, aged 22, admitted from Spadina Avenue. She had a severe form of confluent, and narrowly escaped death. She had no idea where she had been exposed, but thought she must have caught the disease in a street-car or in some store, and it was not till she had been a month in hospital that I learnt where she had been infected. Said to have been vaccinated when young, but no cicatrix could be seen. She had visited the house of No. 5.

11. A girl of 11, fully referred to after No. 18.

12. Nov. 10. A young woman of 18, with semi-confluent varioloid, from William Street. Vaccinated.

13. Same day. A driver of a milk-waggon, aged 25, in first day of semi-confluent varioloid, from University Street. Vaccinated. When convalescent he was kind and obliging to those who were very ill. This is the only tribute I can pay him.

14. Nov. 11. A middle-aged woman, mistress of the house where Nos. 1 and 9 had boarded, with varioloid. Stayed at home. Vaccinated.

15. Nov. 12. A lad of fourteen, boarding at same house as Nos. 4, 6, and 8, admitted. He had confluent of a bad type. Numerous abscesses formed in different parts of the body, and the legs became so contracted that it was by main force they were ultimately straightened. He had a hard struggle for life, but ultimately recovered. Not vaccinated.

16. Nov. 13. A young man of 21, admitted from Queen Street West, in second day of confluent. He was an epileptic, and had led a rather loose life. He had been visited by No. 13, from whom he had contracted the disease. The pustules at an early day coalesced, flattened, and assumed the ashy colour so frequently seen in fatal cases of confluent. There were some symptoms in this case that are not infrequent, but which it may be well to point out. On

the 17th and 19th he had diarrhoea, with a pulse of 100, but fair in volume, was exceedingly thirsty; could swallow but little fluid, the greater part of that taken into the mouth returning by the nostrils—the last symptom being, as far as I have seen, a premonitory one of an early fatal issue, and was probably caused by ulceration of the fauces and larynx. The neck became greatly swollen—inflated, this being apparently caused by emphysema. Delirium was present, and, if not closely watched, he would be out of bed in a minute. On the evening of the 19th passive (lypstatic) congestion of a great part of the lungs was noticed, and he died early next morning. Vaccinated when young, but the cicatrix was exceedingly faint.

17. Nov. 15. A young man, aged 20, from same house at No. 7, and a street-car conductor also, admitted in second day of confluent. He had been a frequent visitor at the boarding-house of No. 5, Richmond Street West. He had been vaccinated on the 5th, on account of the illness of No. 8, as up to that time he had not been vaccinated, and the crusts (three) were well formed and characteristic. He nevertheless had a most serious attack of confluent; which, as he was for days in a highly critical state, could not have been greatly modified by the vaccination. A few years ago it was insisted upon by some eminent members of the profession in Europe, that if persons infected with small-pox were vaccinated early in the disease, the vaccination would greatly modify or ameliorate the attack. It may, probably, have aided in saving this man's life; but certainly, beyond the fact that he did not die, there is nothing to show that it was of the least service.

About six years ago a negro was admitted into the hospital, suffering from confluent of the worst type. On his left arm he had three as characteristic crusts as I have ever seen, having been vaccinated in Stratford some fifteen days before. As he died, it would be hardly right to infer that the recent and perfect vaccination had been of any benefit to him.

Patient No. 17 had gonorrhoea, which disappeared as the eruption progressed, but returned with severity when desquamation was nearly completed. This is a common occurrence. The other occupants of the ward and the attendant stated that he was "subject to fits," which, according to their description, seemed to be of a hystero-epileptiform character.

Up to this time, notwithstanding every effort had been made, it could not be ascertained how the disease had been introduced into the house in which Nos. 7, 8, 10 and 17 had become infected; but the landlord and boarders very generally

insisted that No. 8 had introduced it. It proved in this case, however, that circumstantial evidence is not always to be relied upon. Not being satisfied with the evidence adduced against the unfortunate No. 8, I examined the remaining inmates of the place, and found marks of recent pustules on the bodies of the landlord and a boarder. They could then remember that a sick immigrant, by the same steamer as No. 1, with a slight eruption on his face, arms, &c., and who said he had a bad cold, had boarded there for upwards of a week, that after he left they were poorly, and had some "pimples and spots;" and that No. 8 took ill as they were getting better. In the face of these facts, this obstinate jury absolutely refused to bring in a verdict of acquittal in favour of No. 8. They acted like some members of our own profession, who, not observing that a man they had been examining was minus an eye, might obstinately assert that therefore he had two eyes—a curious application of deductive philosophy. With your permission, I will place the immigrant first spoken of as No. 4, the boarding-house keeper as No. 5, and the boarder as No. 6, that seeming to be their proper order. It will be seen in the sequel that several persons were contaminated, directly and indirectly, by this immigrant, and that some of them lost their lives. It will be observed, too, that a great proportion of the cases in this city was traced to immigrants by the same vessel, and it is not altogether improbable that many of those whose history could not be elicited originated from the same source. But it was not in Toronto alone that the immigrants disseminated disease and death; but around London, in West Zorra, away in the North Riding of Victoria, and most likely in other places where they may have travelled or settled. It says little for the lax system observed in the inspection of vessels at Grosse Isle, when passengers, from vessels on board of which such a contagious disease existed, should have been allowed to scatter all over the country without having first passed through a regular quarantine.

18. About the same time it was learnt that a brother of No. 16, aged 9 years, had been taken ill with small-pox. His father, thinking that because his elder son had died in the hospital, patients were not properly treated there, sent him to a pious old lady about a mile beyond the city limits. Her recommendations were—denunciation of hospital treatment, of which she knew absolutely nothing; her professions of knowing how to treat the disease better than all the doctors in the country; and an assurance that she would cure the lad in a few days. The second or third day after he had been taken to her house he died.

a medical man being called in when he was dying, to save appearances, and take the responsibility off her shoulders. Vaccinated.

It also came to my knowledge that a girl, aged 11, a passenger by the steamer so often referred to, and living next door to the house from which No. 12 had been removed, had been ill for some time with an eruptive disease. On calling, I found her recovering from confluent. The people of the adjoining houses had intermingled, and hence No. 12's illness. No. 21 had visited the house while the girl was sick, and doubtless had been then infected. I have placed this patient as No. 11, the nearest I could conjecture as to her proper position. Girl not vaccinated.

19. Nov. 16. A married man, aged 25, admitted from Clyde Street, in the third day of confluent. He was a passenger in the same steamer as Nos. 1, 4, and 11. By the 21st the eruption assumed the dark purple colour so indicative of the malignant form. The pulse was bounding, and 112. Next day fluids returned by the nostrils. The thermometer in the fork gave 102.5. He died on the 23rd. Said to have been vaccinated when young, but the cicatrix was barely visible.

20. Nov. 18. A man, aged 40, admitted from the boarding-house of No. 5. When seen before admission there was one peculiarity that I do not remember having observed in any other case. There were numerous miliary vesicles on the forehead, but in continuous transverse lines, not in patches, or dotted irregularly, as they usually are. He had semi-confluent varioloid. Vaccinated.

21. Nov. 20. A married man of 28, admitted from Grog Lane, with varioloid. Vaccinated.

22. Nov. 22. A married man, aged 30, admitted from Yonge Street, in second day of semi-confluent varioloid. On the 24th the pulse was 80 and very small. On the 25th 100, but not quite so feeble, and next day 104. The thermometer gave 100.6 in the fork. On 27th the pulse was 108: thermometer 100. These particulars are given to show how variable the pulse is in cases of severe varioloid; and that, too, notwithstanding stimulants may be freely employed, as they were in this instance. Vaccinated.

23. Nov. 28. A boy, aged 4 years, son of the caretaker of the hospital, and residing there, was feverish during the preceding two days, and had most offensive diarrhoea. This morning I detected one single small vesicle on his forehead, but during the day a plentiful crop, denoting confluent, made its appearance. He had been vaccinated two and a-half years before by one of the public vaccinators, and had two shallow and imperfect-looking cicatrices

on the left arm. From the severity of the attack after so recent a vaccination, I think he must have been vaccinated from a crust of a re-vaccinated person, as the crust and lymph from a re-vaccinated party seldom afford more than an ephemeral protection. On the 29th his pulse was 130, and fair, and the same on the 30th. On 1st Dec. it was 128; 2nd, 124; 3rd, 130; 4th, same in number but smaller, it having been pretty fair up to that day. On 5th it was 144, and scarcely perceptible, with delirium, jactitation, painful and difficult deglutition, and short, catching respiration. Owing to his restlessness, a proper examination of the chest could not be made; but, from what little could be learnt, I felt satisfied that the case was complicated with broncho-pneumonia. Mucous râles were present throughout the upper part of the lungs; the smaller bronchi seemed impervious, and the lower and posterior portions occluded.

Here permit me to observe that where passive congestion sets in previous to the appearance of the eruption in perfectly confluent cases, I have found that they invariably terminate fatally. I do not know whether this has been the experience of others who have had much to do with the disease. From what I have seen, I feel disposed to put them down as truly malignant, and think I would not be altogether unwarranted in so doing. A fatal issue has generally supervened when this form of congestion has followed the appearance of the eruption in badly confluent cases. The blood, highly charged with the virus, seems to course very slowly through the vessels, and gradually to fill up the capillaries of the lungs. Position has little, if anything, to do with the production of this condition. I trust I may be excused if prominence is given to a case like this, it being typical of the worst form of confluent, complicated with broncho-pneumonia, and in all probability ulceration of the pharynx and the superior border of the larynx. This pharyngo-laryngeal trouble, however, may be thought somewhat hypothetical. Dry statistical details are not always interesting; and, in a subject like that treated of in this paper, would not be highly entertaining or instructive.

The treatment adopted in this case was: T. catechu and T. opii camph. with syrup and water, to check the diarrhoea; brandy; potass. chloras, with T. Card Co., glycerine and water. Later on, carbonate of ammonia with glycerine and water; and grains 1½ Dover's powder to procure rest. Hot baths, with carbolic acid. The room was kept at 70° Fah.; the upper sashes of the windows lowered, so that as much of the impure air as could be got rid of might escape and its place be supplied by pure. No window-curtains are used in the hospital. In

most cases it is found necessary, however, to hang dark quilts on clothes-horses to protect the patient's eyes from the light. The rooms are therefore not so gloomy as they would be if curtains kept out the light, nor is the air as impure as it would be if the curtains were hung inside the open window. During the pulmonary symptoms hot bricks in pails of hot water were placed under the edges of the bed for days together, in order to maintain a warm, moist atmosphere about the patient. As much milk as he could take was given. Ophthalmia, of a threatening character set in; but this was gradually subdued after a long-continued application of atropine gr. j, zinci sulph. gr. ij, to the ounce of water. As a consequence of this affection of the eyes, the boy has now a "speck" at the lower border of the cornea of one of them, the nature of which I must leave Dr. Reeve to describe, as I understand he has seen him. He ultimately recovered, pretty badly marked, it is true; the strictest watch, and the tying up the hands in socks, could not prevent his tearing the scabs off his face as fast as they were formed.

(To be continued.)

We have received the following letter in reference to our review of Dr. McSherry's book in the July number of the JOURNAL:

GENTLEMEN,—Please accept my thanks for your favourable notice of my work on *Health*, &c., in the July number of your excellent journal.

Upon two points where issue is made, I imagine our opinions after all are not very much at variance.

A boy in his fifteenth year, having the elements of a good English education, may have his attention directed to his probable pursuit, and begin directly or indirectly, as may be, to prepare for it. If to be a physician, e.g., I would not send him to the dissecting room—but he should learn, with languages, elementary chemistry, physics, and physiology.

If to be a merchant, he should learn book-keeping; if to be a builder, contractor or engineer, mathematics, drawing, mechanical forces, &c.

A protracted education—a long course at school or college—without special aim, often seems to *unfit* a youth for the practical work of life.

As to water-filters, I recommend their use;

but the manner and kind must be learned experimentally. All, probably, require frequent cleaning or renewal.

You see altogether my design in the work, and evidently appreciate it. I wished to write something for the general reader for family use, in fact, that would convey instruction, in a style to invite unprofessional readers. I proposed rather suggestion than didactic teaching; for I fully understand that, in detail, the physician will usually be, or ought to be, the guide of families in all minutiae of domestic hygiene.

I am, yours, with great respect,

RICHARD McSHERRY, M.D.

Baltimore, July 8th.

### Formularies.

MISTURA GUAIACI IN CLEAR SOLUTION.—Mix half a drachm to a drachm of a rectified spirit tincture of guaiacum with one or two drachms of glycerine for a dose.

UNGUENTUM VASELINI PLUMBICUM.—Made by melting and stirring together equal parts of emplastrum diachyli and vaseline is a good substitute for the unguentum diachyli of Hebra. It is not so liable to become rancid, and is more easily prepared.

#### COMPOUND TINCTURE OF IODOFORM.

R. Iodoform .....	gr. 15
Potass. Iodid .....	ʒii.
Glycerine .....	ʒii.
Alcohol fortius .....	ʒvi.

M.

Rub up the iodoform and potass. iodid, then add the glycerine, and rub it up to the consistence of thin cream, then add the alcohol and stir briskly. Dose, fifteen drops three times a day on sugar or in syrup.

#### ROSEN'S LINIMENT.

Nigier makes a communication upon the preparation of Rosen's liniment, used with success in the chorea of children. The formula, according to the codes, is the following:—Spirits of juniper, 90 grammes, (ʒxxii-iii), essence of cloves, and oil of musk, each five grammes (ʒi¼). Nigier proposes to add one gramme (15 m.) of castor oil, which will make an excellent liniment.—*Le Experimentale*.

A GOOD FORMULA FOR ADMINISTERING  
PODOPHYLLIN.

R. Podophylli . . . . . gr. ij.  
Essentiæ zingiberis . . . . . ʒij.  
Spts. vini rectific. ad . . . . . ʒij.

Fiant guttæ.

A teaspoonful to be taken in a wineglassful of water at bedtime every night, or every second, third, or fourth night, as required.—

*Horace Dobell, in Brit. Med. Journal.*

FOR TYMPANITES.

R. Tinct. colocynth . . . . . m. x.  
Aque ad . . . . . ʒiv.  
M. Sig.

A teaspoonful every three or four hours for an adult.

LOTIONS FOR ACNE ROSACEA—(SCATLIFF.)

No. I.

Bathe the face six times a day with very hot soap and water. If any irritation result, spread the oil of sweet almonds on the skin. This treatment has proved promptly efficacious in several patients. Dr. Hendry recommends the bisulphite of soda in doses of fifteen to twenty grains three times a day, or the hypo sulphite in somewhat larger quantity. He administers, previously, small doses of calomel and jalap. Finally, when the acne begins to disappear, he prescribes nux vomica three times a day, before meals.—*L'Union Médicale.*

No. II.

Hydrochloric acid,  $\frac{1}{2}$  drachm; rectified spirit,  $1\frac{1}{2}$ –5 drachms. Mix. Solution No. 1.

Chlorate of potash, 1 drachm; distilled water, 3 ounces. Mix. Solution No. 2.

By means of a brush dipped in solution No. 1, the acne pustules are rapidly touched, and wiped by a pledget of cotton wool; the cauterised point is then moistened with a bit of charpie dipped in the chlorate of potash solution. This second application has the effect of mitigating the irritation produced by the acid, and of preventing any inflammatory reaction. Repeated every two or three days this application withers and dries up the pustules, which finally become detached.—*L'Union Médicale.*

Translations.

From his experiments on the influence of artificial respiration upon the arterial blood-pressure, Kowalesky concludes, in a general way, that artificial respiration, regarded from a purely mechanical point of view, instead of facilitating the circulation, rather acts as an obstacle to it.—*Lo Sperimentale.*

IODIDE OF POTASSIUM IN SMALL DOSES FOR  
PERSISTENT VOMITING.

Dr. Corsi says that he has found this means succeed in cases which had resisted all the ordinary remedies. Dr. Formica also cites a case in which the usual means had been exhausted. He administered iodide of potash in the proportion of two centigrammes ( $\frac{3}{10}$ th grains) in 100 grammes (ʒij) of water, to be taken in teaspoonful doses every hour and a half.

Dr. Giné has confirmed this anti-emetic property of the iodide of potash, and recognises in this medicine given in the dose of one to five centigrammes ( $\frac{3}{10}$ ths to  $\frac{1}{4}$ ths of a grain) per day, a laxative virtue which may be utilized in constipation.—*Gazzetta Medica Italiana.*

TETANUS CURED BY SALICYLATE OF SODA.

The *Revista de Medicina of Cirugia Prácticas*, published in Madrid on 23rd of March last, contains the report of a case of this kind taken from the *Gaceta Médica de Cataluña*. A young and robust labourer got a splinter in his left foot, beneath the little toe; it was not extracted, but suppuration occurred, and the wound cicatrised. Sometime afterwards trismus set in, and subsequently tetanus attacked all the extremities, except the right arm. Chloral hydrate was administered internally, and opiate frictions employed externally. The symptoms gradually grew worse, and on the fifth day two grammes (ʒss) of salicylate of soda were administered in three doses. The following day the spasms had considerably abated, and the patient got two hour's sleep. The dose of the salicylate was increased to a gramma (15 grains). From this moment the suffering was mitigated, and motion gradually became possible, so that on the twenty-fifth day he returned to his occupation without any trouble.

## A SIMPLE METHOD OF TREATING OZÆNA.

Dr. Gottstein, adopting the view of Michel that in ozæna there is enlargement of the nasal cavity from atrophy of the turbinated bones, and that of Wendt, that there occurs an atrophy of the mucous membrane, whence results a quantitative and qualitative alteration of the secretion, with consequent desiccation, putrefaction, and fœtor, recommends the following mode of treatment. He first frees the nose of all secretion by means of the douche, and then introduces into the nasal cavity a tampon of plain cotton wool of the thickness of a finger, and 3 to 5 centimetres long, in such a way that in the normal position of the head and its usual movements, it is quite invisible. The introduction is easily effected, especially in the numerous cases in which the lower and middle passages are converted into a single wide canal by atrophy of the anterior turbinated bone. The tampon is ordinarily left in for 24 hours, and after a couple of hours patients say that they feel the nose to be moist and in its natural condition. The wool acts both as a mild stimulant, favouring secretion, and as an absorbent of the secretion, hence preventing its desiccation. If there be need to remove the secretion it may be drawn into the throat through the posterior nares without disturbing the tampon. If after twenty-four hours the wool be removed, the mucous membrane will be found moist, free from crusts, and devoid of any trace of fœtor. The tampon should be renewed every twenty-four hours. With this means of treatment there is great relief to the sensation of frontal oppression and dryness of the throat. If, along with the atrophy, hyperæmia exist, then make use of insufflations of one part of salicylic acid with two of burnt magnesia. This method has been tried by its author in fifteen cases of ozæna, and in all with prompt benefit.—*Gazetta Médica Italiana*.

Dr. A. M. Lyles (*American Practitioner*, May, 1871) has found that ten drops of nitromuriatic acid in a wine-glassful of water, one hour before eating, is an almost unfailing remedy for urticaria.

## DRY SUTURE WITH LINEN BANDS ARMED WITH HOOKS AND FIXED BY MEANS OF COLLODION.

M. Horteloup read a communication from Dr. Dubreuil, of Montpellier, on a process of dry suture which that surgeon seeks to withdraw from the oblivion into which it has fallen, and which, moreover, has often given him good results, either to obtain immediate union or to unite the borders of a wound which is suppurating, and to hasten its cicatrisation. It consists in attaching to the skin of each lip of the wound a small linen band by means of a layer of collodion. To each of these bands are fastened a certain number of hooks, exactly like those used by dressmakers. The two linen bands being fixed to the skin, previously washed and dried, caoutchouc threads are passed once or twice alternately from the hooks of one side to those of the other, and the thread is knotted. After an amputation of the breast, in which the wound was 10 c.m. wide, M. Dubreuil found only 5 c.m., after having employed his process of suture without needles, and the following days, on account of the elasticity of the caoutchouc, the wound closed still more.

POISONING BY IODOFORM.—Not much is at present known of the toxic effects of iodoform, and considerable interest therefore attaches to two cases which have been published by Oberlander. The maximum dose given was .8 gram in a pill. The symptoms of poisoning occurred in one case (a woman twenty-six years of age) after forty-two grams of iodoform had been taken in eighty days; in the other case (a woman sixty-nine years of age) after five grams had been taken in the course of seven days. The symptoms produced were giddiness, vomiting, and deep sleep, from which the patient could be roused with difficulty. This somnolence was interrupted by periods of excitement, each lasting several hours, and was followed by delirium, intense headache, sense of impending death, spasmodic contractions of the facial muscles, and in the case of the younger patient, diplopia. The functions of the other sensory organs were not disturbed, and the pupils presented a normal reaction. Deep inspirations alternated with apnea of about a minute's duration. After five or six days the toxic symptoms gradually lessened and passed away.—*London Lancet*.

## THE CANADIAN

*Journal of Medical Science,*

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending reports of the proceedings of their Associations to the corresponding editor.*

TORONTO, AUGUST, 1879.

CANADA MEDICAL ASSOCIATION  
POSTPONEMENT.

The meeting of the Canada Medical Association is postponed from the first to the second Wednesday in September.

Arrangements will be made with the different Railroad and Steamboat Companies for the usual reduction in the fare of members, certificates for which can be obtained from the Local Secretaries, Drs. L. Allison, St. John, N.B.; Lawson, Halifax, N.S.; Burgess, London, Ont.; and Osler, Montreal; and from the General Secretary, A. H. David, M.D., Montreal.

## COUNTER PRESCRIBING.

*"Quousque tandem abutere patientia."*

In the February number of the *Canadian Pharmaceutical Journal*, is an extract from the *London Daily Telegraph* on counter prescribing. The writer of the article endeavours to show that the poorer classes derive great benefit from the cheap and ready help (?) of the chemist, and the usual arguments are brought forward in support of this position. It is urged that the druggist does not charge much, and that his patients are not humiliated or pauperized by consulting him, as they pay full price for what they have. This is, indeed, too often the case, though not in the sense that is intended. Full price is only too often paid for such treatment and advice. Our experience, like that of many others in this city, has shown us the disastrous results of such cheap and ready help. How often have we seen, both in private and dispensary practice, children who

have been in perfect health, brought to death's door by exhausting diarrhoea that has its starting point in the worm powders or mixture obtained from the druggist, because the child either picks its nose or grinds its teeth! How many children die annually, or have their nervous systems completely deranged and their constitutions perhaps ruined for life, by the soothing (?) syrups of the Mrs. Winslow class, mixtures which, as has been proved by analysis, often contain poisonous doses of morphia. If there are ailments "that simply require a little medicine promptly given," in nine cases out of ten it is far better for the patients if they cannot obtain the expensive (?) treatment of a qualified physician, that they should obtain no treatment, than have to depend upon the diagnostic skill and therapeutical knowledge of the druggist, no matter how thoroughly qualified he may be in his own line of business. The pride that will deter a poor man from accepting gratuitous medical advice and attendance is too often a pride that brings death or a shattered constitution to his child, and frequently entails the expense of a long attendance by a physician, who, in the end, has to be consulted for the results of an ailment that might have been checked by a timely resort to a qualified medical man. This we have seen over and over again. How can a druggist, no matter how skilled he may be, devote the time necessary or acquire the requisite knowledge for the thorough investigation of a case—an investigation that should always be made, no matter how trivial the symptoms may seem on the surface? It is absurd, and is a evidence of great ignorance to say, that "no man or woman really ill could or would come out of doors to be treated;" dangerous or even fatal illness is due to this very fact, and too often the chemist presumes that the sick are well enough to be safely and beneficially treated by him, because they seem well enough to be out. The evils that ensue are, it is true, often due to errors of omission rather than to errors of commission, but they are none the less grave evils, even if, as is sometimes the case, the medicines given are powerless for either good or harm. We hope that the Medical Council, when it prosecutes unregistered practitioners, will turn its atten-

tion to the unlicensed practitioners of the counter prescribing class. It is no injustice to the druggist to compel him to mind his own business, and, if any one loses pecuniarily, it will be the physician, who often profits by being called in to repair the damage done by the prescribing druggist, while the public will be the gainers by being protected from such mischievous meddling.

#### CANADA MEDICAL ASSOCIATION.

This Association meets this year in London, on the first Wednesday in September. It is to be hoped that a large number of the profession, and especially those in Western Ontario, will attend. County and Territorial Medical Societies should at once appoint delegates. It should be remembered that all that is necessary for any one in good standing to become a member is to be duly proposed and seconded.

The following are the committees appointed last year, the first name mentioned of each committee being the chairman, from whom a report will be expected. We trust that many papers will be prepared. It may be as well to remind those intending to read papers, that half an hour is the time allowed by the rules of the Association.

Committee of Arrangements—Drs. Bucke, Fraser, Stevenson, Payne and Cattermole.

Committee of Publication—Drs. Osler, F. W. Campbell and Fenwick.

Committee on Medicine—Drs. I. H. Cameron, Toronto; George Ross, Montreal, and R. Zimmerman, Toronto.

Committee on Surgery—Drs. Canniff and McFarlane, Toronto; and Roddick, Montreal.

Committee on Obstetrics—Dr. McCallum, Montreal; Dr. Fraser, London; and Dr. Robillard, Montreal.

Committee on Therapeutics—Dr. Parker, Halifax; Dr. Kollmyer, Montreal; and Dr. Fraser, Sarnia.

Committee on Medical Education—Drs. C. Covernton, Workman, and Marsden.

Committee on Climatology—Drs. Botsford, Larocque, Kerr, and Oldright.

Committee on Ethics—Drs. Howard, McDonald, Hingston, Robillard, Parker, Grant, Botsford, Marsden, Bucke, and Clarke.

#### INGLUVIN.

During the past few years so many new remedies have been discovered or manufactured, that have proved utter failures in the hands of careful practitioners, that many have come to look with an eye of disfavour and suspicion upon any new medicine, and hold themselves aloof from it until convinced by frequent reports from reliable sources that it is worth a trial. We are glad to give whatever recommendation our experience may be worth in favour of "Ingluvin," a preparation made from the gizzard of the domestic fowl, prescribed in the same manner and doses, and for similar diseases, as pepsin, which has often failed in our hands to produce the beneficial effects that have been claimed for it. We have not tried "Ingluvin" in the vomiting of pregnancy, though ample testimony from the highest authorities is given as to its remarkable efficacy in removing this troublesome and sometimes dangerous symptom. It is highly extolled, too, in sea-sickness, in diarrhoeas depending on indigestion, and in cholera infantum, and from the benefit that in our experience has followed its use in indigestion, we shall, as opportunity offers, prescribe it in these affections. It is manufactured by a reliable firm, Messrs. Wm. Warner & Co., of Philadelphia, so well known for their elegant sugar-coated pills. This firm have also lately introduced sugar-coated "Parvules" minute pills, containing minimum doses for children and others. We have received two samples, one containing arsenious acid  $\frac{1}{100}$  of a grain, the other quinine sulphate  $\frac{1}{10}$  of a grain. If they are (and from their source we have no doubt they are) as reliable in composition as they are elegant in appearance, they will prove a valuable addition to the means of giving nauseous medicines to children. Dr. Leroy M. Yale, of New York, in a communication to *New Remedies*, for March, 1877, gives the results of his tests of the solubility of different kinds of quinine pills, his experiments proving the ready solubility of the pills of Warner & Co., and their superiority in this respect.

The Report of July meeting of Hamilton Medical and Surgical Society is held over for the September number.

### ILLICIT PRACTICE AND UNHOLY ALLIANCES.

—We make the following excerpt from a recent leader in the *British Medical Journal*, not only because the remarks are in themselves worthy of attention, but also, because the evil which called them forth is as loudly crying in our midst as amongst those for whom they were more especially intended. "Lawyers and barristers have their own mode of protection against unlicensed and uncalled practitioners, and also against unholy alliances. A solicitor offending in this respect would be struck off the rolls; a barrister would be disbarred. Hence, the opinion of lawyers is, as might be expected, that the medical profession, as a body, should protect itself from the swarm of pretenders who are too readily believed in by the public. On the other hand, it may be urged by members of our profession that, as the public gain by the suppression of these men, their prosecution should be undertaken by the local authorities. It cannot be urged that the profession benefit, since too often the patients are suffering from purely fanciful ailments; while sums are obtained by quacks, which would never be demanded by orthodox practitioners, and would certainly never be paid. Local authorities do not acknowledge it as their business to prosecute these offenders, unless their proceedings become so scandalous as to bring them within reach of the law. Medical alliance and protection societies are not viewed favourably by the general public, who look upon them as trade-unions; and local medical societies are very averse to taking upon themselves such invidious duties, if, indeed, they can be considered as such. Hence, there are many strong reasons for urging that the Medical Council should, in future, take action to protect both the profession and the public from this crying evil, (and not, as here, delegate the responsibility of prosecution or non-prosecution to a detective who is answerable neither to the profession nor to the public.—Ed.) This is the more imperative from the recent action of some quacks. They have induced some members of the profession, who, from intemperance, impecuniosity, or other cause, have sunk to the lowest level, to act as their partners, and allow their names to appear on their doors. This is notoriously the case in Liverpool, and, we fear, in other large towns. Surely this is a matter of which the Council might be expected to take notice, involving, as it must, such a blot on the profession. Such conduct is surely 'infamous' in the fullest sense of the word, and the names of such offenders ought, without any delay, to be removed from the *Register*. Moreover, means should be adopted to render the practice of medicine by unqualified men much more difficult and dangerous than it at present is."

### Book Notices.

*Montreal Veterinary College Annual Announcement.* Session, 1879-80.

*Tenth Annual Announcement of the Woman's Medical College of Chicago.* Session 1879-80.

*Annual Announcement of the Medical Department of the University of Buffalo, for the Session of 1879-80.*

*The Future Influence of the John Hopkins' Hospital on the Medical Profession of Baltimore.* By JOHN VAN BIBBER, M.D.

*Twenty-First Annual Announcement of the Chicago Medical College for the Session of 1879-80.*

*On Spasmodic Stricture of the Urethra.* A reply to Dr. F. N. Otis. By HENRY B. SANDS, M.D.

*Announcement of the Medical Department of the University of Pennsylvania for the 114th Session, 1879-80.* Philadelphia, 1879.

*University of Bishop's College 9th Annual Announcement of the Faculty of Medicine, Montreal, Session 1879-80.*

*University of the City of New York, Medical Department.—Annual announcement of Lectures and Catalogue.* Session 1879-80.

*Other Symptoms of Nervous Exhaustion, (Neurasthenia.)* By GEORGE M. BEARD, A.M., M.D., New York.

*Bibliotheca Dermatologica.* A Catalogue of Cutaneous Literature in the Library of Henry G. Piffard, M.D., New York.

*Observations on Amphoric Respiration and Amphoric Respiratory Echo.* By M. L. JAMES, M.D., Pres. Richmond Academy of Medicine.

*Pendulum Leverage of the Obstetric Forceps.* By ALBERT H. SMITH, M.D., Philadelphia: Reprint from Vol. III. Gynecological Transactions.

*Posture as a means of Relief in Strangulated and Incarcerated Hernia.* By FRANK H. HAMILTON, A.M., M.D. Reprint from the *Hospital Gazette*, June 7th.

*The Detroit Medical College, (member of American Medical College Association) Detroit, Michigan, 12th Annual Announcement and Catalogue, 1879-80.*

*The Radical Cure of Hernia* by the antiseptic use of the carbolized cat-gut ligature. By HENRY O. MARCY, A.M., M.D., Cambridge, Mass. Printed at the Riverside Press, 1878.

*The Hand as a Curette in Post-partum Haemorrhage.* By HENRY P. C. WILSON, M.D., Baltimore, U.S. Reprint from Vol. II., *Gynecological Transactions*, 1879.

*Conclusions from the Study of One Hundred and Twenty-Five Cases of Writer's Cramp and Allied Affections.* By GEORGE M. BEARD, A.M., M.D., New York.

*The Demand for a Woman's Medical College.*—An address delivered at the commencement of the 7th Annual Course of Lectures and Dedication of the Woman's Medical College, Chicago, U.S. By CHARLES WARRINGTON EARLE, M.D.

*Pernicorrhaphy, with special reference to its benefit in slight Lacerations, and a description of a new mode of Operating.* By EDWARD W. JENKS, M.D., Chicago. New York: William Wood & Co.

*An Account of the Perineosinuexereinator.* A new instrument for the exploration of sinuses. By JACQUES ROBINSON, A.M., M.D., surgeon to the hospital for ruptured vesicles, member of the Anteversion Society and the Round Ligament Club, &c., &c. Reprint from *Louisville Medical News*.

If Josh Billings' had written this article he would have added N.B., "this is sarcastic." It is intended as a satire on the tendency for new names and new instruments.

*Posological Table*, including all the official and the most frequently employed unofficial preparations. By CHARLES RICE, Chemist Department Public Charities and Corrections. New York: William Wood & Co, 1879. pp. 96.

The title sufficiently indicates the scope of this little work. It is well got up and will prove useful to either physician or druggist as a reference.

*The Transactions of the American Medical Association.* Instituted 1847. Vol. XXIX. Philadelphia, printed for the Association, Collins, Printer, 705 Jayne Street, 1878.

This volume contains the Minutes of the 29th Annual Meeting, Reports of Committees, Catalogue of Library, List of Members, Addresses, Minutes of the Various Sections, Papers, Code of Ethics, By-Laws, &c., &c., and the Prize Essay, by John A. Wyeth, M.D., on the Surgical Anatomy and Operative Surgery of the Innominate, and Subclavian Arteries and their branches. The book is a credit to the Association, contains much interesting matter, and is well printed. We hope to see similar transactions annually printed by the Canada Medical Association. To do this the membership fee should be increased.

*Lectures on Electricity in its Relations to Medicine and Surgery.* By A. D. ROCKWELL, A.M., M.D. New York: William Wood & Co., 1879.

This is a useful little book of 99 pages, containing seven lectures, originally published in the *Virginia Medical Monthly*. The lectures are Electro-Physics, Electro-Physiology, Electro-Diagnosis, Method of Application, Apparatus, Treatment of Special Diseases, and Electro-Surgery. Dr. Rockwell is well known in America as one of the authors of Beard & Rockwell's work on the Medical and Surgical Uses of Electricity. The subject is briefly but clearly discussed, the author's method of general faradization and central galvanization being described. Some points not taken up in the last edition of Beard & Rockwell's work are inserted. Practitioners wishing to obtain a knowledge of the methods of applying and

indications for using electricity in the treatment of disease cannot find more useful information in a small compass than is contained in these lectures. We take pleasure in commending it to their notice.

*An Atlas of Human Anatomy*, illustrating most of the ordinary dissections and many not usually practised by the student, accompanied by an explanatory text. By RICKMAN JOHN GODLEE, M.S., F.R.C.S. Philadelphia: Lindsay and Blakiston, 1878. Part III.

This third part of Godlee's Atlas repeats the excellence, elegance, and accuracy which characterized parts one and two. Plate nine shows the dissections of the pterygo-maxillary region and the surgical anatomy of the common carotid. Plate ten illustrates, by five figures, the anatomy of the nose and the parts in relation, both externally and internally. Plate eleven represents the dissection usually made to expose Meckel's ganglion (fig. 1) and the otic ganglion (fig. 2). In plate twelve are five figures showing the interior of the skull (fig. 1) and the various dissections of the orbit (2, 3, 4, and 5). To the busy practitioner who has neither time nor opportunity for refreshing his memory by dissections, these plates will prove an invaluable substitute, and to the student, either as an aid in his dissecting, or as a reference in the intervals, they will be a reliable guide. Their study will afford genuine pleasure and profit.

*Tablets of Anatomy and Physiology*.—By THOMAS COOK, F.R.C.S. With an appendix containing most of the new discoveries of importance made known up to the date of publication. Second edition. Longmans, Green & Co., London. Toronto: Willing & Williamson.

The author in his title page quotes from Isaac Watts, D.D., on "The Improvement of the mind." \* \* \* \* The frequent review of these abstracts and epitomes would tend much to imprint them on the brain, *when they have been once well learned,*" (the italics are ours). This apt quotation exactly expresses our opinion of the position these tablets should occupy. We are glad that the author says they are not intended for the idle student

or absolute beginners. For those who have carefully dissected, carefully read their text books, and attentively listened to lectures on anatomy and physiology, they will prove of great service in revising their work, completing their preparation for an examination, or referring to in the busy times of active practice. The author has done his work well and has given us two books that will greatly assist students in mastering the standard authors.

*Demonstrations of Anatomy*, being a guide to the knowledge of the Human Body by Dissection. By GEORGE VINIER ELLIS; from Eighth and revised English edition. Philadelphia: Henry C. Lea. Toronto: Hart & Rawlinson.

We have just received a copy of the American edition of this most valuable work from the publisher, Mr. Lea, of Philadelphia. Its entire arrangement and mechanical execution is highly creditable. As a work in the hands of a practical anatomist, it supplies every want. The general method observed in the description of the various structures and organs of the human body is at once complete and judicious. It possesses the merit of great comprehensiveness with marked exactitude of description. This we regard as a most important desideratum. Some of the larger works on anatomy are wanting in that systematic arrangement of the various parts which constitutes so marked a characteristic of Ellis' *Demonstrations*. Each part, as it comes under consideration, is disposed of regularly, commencing with the most superficial structures and proceeding through each successive step until the entire part is fully and accurately described. The student is also materially aided in his dissections by a set of illustrations which, for mechanical precision, are not excelled by any work that has come under our observation.

The author of this book has displayed an amount of painstaking labour in the execution of a task involving the necessity for an enormous amount of patience, such as lays the student of anatomy under lasting obligations to him. No one who has undertaken the mastery of this most important and comprehensive branch of professional study will fail to appreciate

the vastness of the undertaking which has culminated in so excellent a book as Mr. Ellis' last edition of his *Demonstrations*. We bespeak for it the same large share of support from all students of anatomy that it has hitherto enjoyed. Few men of science have set before them a more worthy object of intellectual effort, and fewer have completed their work with like fidelity and ability.

*The Laws of Therapeutics; or, the Science and Art of Medicine.* By JOSEPH KIDD, M.D. Philadelphia: Lindsay & Blackiston, 1879. Toronto: Hart & Rawlinson.

This is a small book, written, apparently, to glorify Dr. Joseph Kidd, who discusses the laws of therapeutics as embodied in the doctrines of "similia similibus" and "contraria contraria." He is a believer in the former, though he does not go in for infinitesimal doses. An interesting chapter on the history of therapeutics from the time of Hippocrates down to the present day occupies the first fifty-four pages. The book is so full of quoted sentences from all sources, both professional and non-professional, that it requires attentive perusal to know when one is reading Dr. Kidd's words, or when those of Hippocrates, Hahnemann, Helmholtz, the *Quarterly Review*, Niemeyer, Plato, Prof. Houghton, Paget, Comte, Buckle, Carlyle, *Cornhill Magazine*, *The Mill on the Floss*, Tyndall, *Westminster Review*, &c., &c. Originality, however, is found in the chapter on "Ars Medica," where numerous cases are related that Dr. Kidd cured by treating on the similia similibus plan, after such men as Dr. Burrows, Dr. Budd, Dr. Marshall Hall, Dr. George Johnson, Sir B. Brodie, Dr. C. J. B. Williams, Dr. Garrod, and Dr. John Harley, had either failed, or aggravated the disease. It is, to say the least, exceedingly bad taste to mention names in this way, and spoils a chapter containing short accounts of interesting cases successfully treated. Dr. Kidd appears to be a well-educated and successful physician, and should have been above trying to make capital out of the apparent failures of his professional brethren. Such a course is apt to cast discredit on the author's veracity, while it cannot harm the characters of men

whose reputations as skilful and scientific practitioners are well established. It is rather surprising that so extensively a read man as the author should confound the *cicuta* that was given to Socrates, with the *conium* of the *Pharmacopœia*, as he does when speaking of the large doses of *succus conii* given by Dr. John Harley, in chorea. Among the startling cures recorded in this book, in support of the author's hobby, is one of a lunatic with a mania for eating grass, cured by a vegetable diet. A tailor (also a lunatic) in the habit of tearing his clothes to shreds, cured by having a bran new suit of clothes put on him. Exophthalmic goitre cured by belladonna, whose physiological action resembles the symptoms produced by the disease. The book is well printed, the paper good, and the binding neat.

*Elementary Anatomy, Physiology, and Hygiene.* For the use of Schools and Families. By EDWARD PLAYTER, M.D., Editor of the *Sanitary Journal*. Toronto: Hart & Rawlinson.

We welcome this little book as a useful addition to our school literature. We feel it to be our duty to point out the fact that there exist certain inaccuracies in logical, syntactical, and etymological forms, which, especially in a book for school children, ought to be corrected in a future edition. As samples we may allude to such expressions as "rocks and other metals," p. 7; "volo to will," "the air near marshes... contains the above-mentioned gases as emanating from sewers," p. 93 (intending, evidently, "contains the gases mentioned above as emanating"); "more injurious than it *otherways* would be," p. 99; "stratas," p. 102; "the mineral constituents of foods are water and various inorganic salts," p. 109; "eggs consist chiefly of albumen, with *considerable salts*," p. 112; "those who... perspire considerable," p. 136.

Then there is another class of expressions which we would like to see amended, even though a lame defence might be set up for them: e.g. on p. 20, "the blood-vessels, especially the heart."

As to the matter of the book: the First Part takes up the Anatomy and Physiology

This part is well illustrated by plates and cuts ; and a very judicious selection has been made of what is likely to be useful to, and absorbed by, the non-professional reader.

In the Second Part, after a few introductory remarks, we come to Chapter XII., "Air as Regards Health." In this chapter the author enters into the consideration of pure air, impurities in air, their effects, air space, ventilation, warming, and disinfection. After speaking of carbonic acid, and some other gases found in sewers, and "*an* organic compound" to which the fetid smell is due, he says : "These poisonous gases are very light, and, therefore, tend to the highest points." They are, of course, lighter than water or sewage, and are displaced upwards by these fluids, but our scholars would, we fear, suppose they were light as compared with their natural standard, air. In speaking of the removal of filth, our author omits all mention of the "*ventilation of drains*," as one of the requirements of good sewerage. This, we are sure, is an oversight. We would like to have seen a little more detail in the consideration of plans of ventilation. We do not think the general direction, "the more directly the [incoming] current strikes the ceiling, remember, the better it will be diffused," always holds good. If in winter our incoming cold air could be led (as for example by tubes), into the immediate vicinity of the stove, and we could have our outlets at or near the base board, we could then have pure air, warmed, rising to the ceiling, and falling, fountain-like, through the room, before escaping. Our author says, "A stove of highly polished metal is better for warming than one of ordinary cast iron. A stove of sheet iron, or other iron which is not porous, is certainly less injurious than one of cast iron," and we are glad to see this point alluded to.

We would draw attention to the fact that in speaking under the head of spring and well waters being purified by being trickled through the soil, our author does not mean Toronto wells, for he, in a less conspicuous place, condemns wells of towns and cities as being in the vicinity of sewers. We think it would have been better not to have given any chemical tests for water, unless those addressed could

have worked out those which are more correct and decisive. We are glad to see that the author lays great stress on the inefficiency of filters, unless frequently renewed.

The hint about ventilating cisterns is one which ought to be more universally adopted. In speaking of pork and other meats, no allusion is made to parasites.

As to the temperature of a sick room, we think it would have been better to have said that it ought "to be kept about 65°." It need not always be "not more ;" in fact, cases do occur where it ought to be a little more ; and, on the other hand, the wording does not put any check on the descending scale. When giving oil after irritant poisons, we must make an exception in the case of phosphorus ; and we must give no water after oil of vitriol, unless we deluge the stomach with it—that is, unless we can add plenty of alkali. After strong alkalies have been swallowed, the "abundance of water" should be acidulated. In giving directions for using what appears like Silvester's method of restoring the apparently drowned, the author is rather obscure.

The book contains much valuable information for young folk, and we wish it success. The author in his preface desires critics to bear in mind that the book has been written amid the usual duties and interruptions of a practising physician and editor of a health magazine. It must also be borne in mind that the class of readers for whom it is written require a book accurate in matters of fact, and as faultless as possible in grammar and diction. In a second edition we trust to see our friendly hints acted upon.

*A Guide to Therapeutics and Materia Medica.*  
By ROBERT FARQUHARSON, M.D., Edin., F.R.C.P. London, England, and adapted to the use of U.S. Pharmacopœia, by Frank Woodbury, M.D. Philadelphia, Henry C. Lea ; Toronto, Hart & Rawlinson.

The second American edition, by Frank Woodbury, M.D., of this very excellent little work has come to hand. The fact that it appears so soon after the first edition is in itself a most gratifying return to the author for the labour bestowed upon its preparation, as well as an un-

mistakable evidence of the popularity of the work.

In the arrangement of the work the author has fairly accomplished one most important object in the matter of rendering it an acceptable and most valuable book for the student. He has succeeded most admirably, in our judgment, in collecting within the smallest possible compass all the important facts relating to the various remedies under consideration, and has so arranged them as to render the acquisition of an accurate knowledge of them comparatively easy. One noticeable feature in most of the large works upon therapeutics is the introduction of much matter of no practical value to the student, and rendering the task of familiarizing himself with the subject next to an impossibility within the limit assigned him for the pursuit of medical studies. In a work like this the student wants accurate views of the nature, properties, and uses of medicinal remedies, put in the form in which they can be most readily acquired. The author has pretty fully met these ends. The last revised edition also contains descriptions of a number of new remedies omitted from the former one; suggestions received in various directions from reviewers upon other parts of the work have been taken advantage of. In Part I., sections on acids, anæsthetics, astringents, narcotics and anodynes, stimulants, sedatives and tonics have been added. Some of the errors in the first edition have been corrected; others still exist, e.g., under benzoin, the dose of the compound tincture is given as ʒi-ʒii. Under aloes it is stated to be mx-xxx. The dose of tinct. humuli is given ʒss-ʒii. Ammonia carb. is written instead of ammonii carb., &c., &c.

We commend this book to the hearty support of all who desire conciseness combined with a rare degree of completeness in the discussion of the subject.

The American editor has again done justice to the author, and earned high praise for himself in preparing the work to meet the requirements of the American student.

**JOURNALISTIC.**—*The Medical Herald* is the title of a new monthly published in Louisville, Ky. It presents a good appearance, and contains good matter.

## Meetings of Medical Societies.

### MEETING OF THE NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The second meeting of the above Association was held at the North American Hotel, Cobourg, on June 4th.

Dr. Herriman, of Port Hope, President, acted as Chairman, and Dr. Waters, as Secretary. After the minutes of the previous meeting had been read and approved, the committee appointed to draft a Constitution submitted the result of their labours for consideration, and after the clauses had been discussed in the usual manner, it was moved by Dr. Boucher, and seconded by Dr. Burnet, "That the Constitution, as read and amended, be adopted." Carried.

After the usual routine business had been disposed of, Dr. Hamilton, of Port Hope, exhibited a specimen of *Tricocephalus Dispar*, and made some appropriate remarks thereon.

Dr. Boucher, of Peterboro', described the process of operating for the removal of a cartilage from the interior of the knee-joint, reported after-treatment, and exhibited a cartilage he had abstracted.

Dr. Frazer, of Peterboro', then described a case of malignant tumour of the frænum, which he removed by amputation, for the benefit of the patient as well as the Association, to which it was presented. This case provoked some useful discussion on the subject of malignant diseases in general. Cases of epithelial cancer, epulis, and syphilitic ulceration were reported, and their distinguishing characteristics and appropriate treatment discussed.

Dr. Ruttan, of Napanee, then gave the history of twin sisters who were both affected with multilocular ovarian disease, one of whom died, as is usual in such cases, while the other got better by spontaneous cure in the manner explained. Several other matters of importance to the Association were also considered.

It was determined to submit a tariff of charges for consideration at next meeting, at which time Dr. Waters will read a paper on Fracture of the Astragalus, and illustrate by cases; other gentlemen also promise to bring cases or pathological specimens.

Notice was given by Dr. Hamilton that a motion will be made at next meeting to allow gentlemen outside of the profession to become honorary members.

Moved by Dr. Hamilton, seconded by Dr. Thorburn, "That this Association meet three times a year, on the first Wednesday in the months of February, June, and October.

The Executive Committee shall consist of three members, to be appointed at each meeting.

Moved by Dr. Boucher, and seconded by Dr. Riddell, "That the Committee consist of Drs. Waters, Hamilton, and Thorburn."

It was then moved by Dr. Boucher, and seconded by Dr. Ruttan, "That the next meeting be held at Colborne, on the first Wednesday in October."

#### APPOINTMENTS.

J. L. Brown, Esq., M.D., to be an Associate Coroner in and for the County of Oxford.

Andrew McKay, of the Village of Underwood, Esquire, M.D., to be an Associate Coroner, in and for the County of Bruce.

Alexander Robinson, of the town of Clifton, Esq., M.D., to be an Associate Coroner, in and for the County of Welland.

Dr. A. R. Robinson, a graduate of Toronto University, has recently been appointed physician to the skin department, Demilt Dispensary, New York.

#### OBITUARIES.

Dr. Tilbury Fox, the celebrated dermatologist, died in Paris on June 7th, aged forty-three. He had suffered for some years from angina pectoris and aortic disease.

Dr. Luther Owen Fox, father of the late Dr. Tilbury Fox, died on June 17th.

"Oh! would some power the giftie gie us."

The *Medical Press and Circular of London, England*, in referring to gluttony, says that the half-breed voyageurs of Canada, are very discontented when put on short short allowance of eight pounds of meat a-day, their usual consumption being from twelve to twenty pounds!!!

#### Miscellaneous.

Never give alcohol in chloral poisoning: it is most sure to intensify the symptoms, and make recovery more difficult.—*J. Crichton Browne.*

It is rumoured that Dr. B. W. Richardson has been offered £5000 for a lecturing tour in the United States.

Mr. Annadale reports a case in which he successfully excised sixteen inches of a varicose vein of the leg with antiseptic precautions.

OPIUM HABIT.—Nitrite of amyl is said to remove the insomnia following discontinuance of the opium habit.

CANADIANS IN ENGLAND.—Andrew Murray Gibson, of Perth, has been admitted L.R.C.P., Edin., and L.R.C.S., Edin.

The Russian Society of Hygiene propose to print school books in white letters on a black ground, in order to check the increase of myopia in scholars.

CANADIANS ABROAD.—Dr. Ralph Leslie, of this city, has been appointed surgeon to Sir Garnet Wolesley's staff.

COCKROACH POISON.—Equal parts of borax, Persian insect powder, and powdered colocynth is said, by the *Druggist's Circular*, to be infallible.

ERROR IN FOWNES' CHEMISTRY (1878).—Page 159, the third line from the top should read,  $(\text{NH}_3)_2 \text{H}_2 \text{SO}_4 = (\text{NH}_4)_2 \text{SO}_4$ , instead of  $(\text{NH})_2 \text{H}_2 \text{SO}_4 = (\text{NH}_4)_2 \text{SO}_4$ .

TREATMENT OF SHOCK.—Dr. Charles Hunter of Philadelphia, places the patient at once in a bath at 98° F. and raises the temperature rapidly to 110. Reaction quickly follows.

CORNS.—Soften by an ointment of turpentine (one part), white resin (two parts), and yellow wax, (four parts). Then remove the corn, taking care to go deeply, and touch the bed with sulphuric acid to prevent return.

**LARGE URINARY CALCULUS.**—At a recent meeting of the Society of German Surgeons in Berlin, Dr. Von Langenbeck showed a calculus removed, *post mortem*, weighing 600 grammes (more than 21 ounces).

**APHASIA FROM ANÆMIA.**—Dr. Robert Koch describes a form of aphasia which is not dependent upon lesion of the brain, but is of a transitory nature and without sequelæ. It occurs in anæmia, and is immediately dependent upon cerebral hyperæmia.

**KOUMYSS.**—A good preparation should have a homogenous appearance of the consistence of thin cream, should be effervescent, of an acidulous, agreeably vinous odour and taste, and should not be full of lumps or taste like butter-milk.

**FORMULA FOR GIVING ALCOHOL IN DISGUISE.**

℞ Syr. calcis lactophosph . . . . ʒii.  
Spts. frumenti . . . . . ʒviiss.  
Glycerine . . . . . ʒvj.  
Tincture cinchonæ co . . . . ʒiiss.

Dose : according to indications.

**MCGILL MEDICAL COLLEGE.**—This school is to have a new Physiological Laboratory next session. Dr. Osler, Professor of Institutes of Medicine, has raised \$1,000 for apparatus, and has ordered a complete set from Leipzig and London. Let our Ontario schools go and do likewise.

**TEMPERATURE OF THE NEW BORN.**—M. Prouff.—The temperature, according to M. Prouff, falls after birth from 37°c to 34°c (98°-6 Fahr. to 93°-2). The temperature falls for two hours, it then remains stationary and afterward rises. M. Prouff thinks that this fact may be utilized in the diagnosis of real death.—*La France Médicale*.

**STRANGULATED HERNIA — REDUCTION BY ESMARCH'S BAND.**—M. Denis-Dumont (de Caen) publishes in the *Année Médicale du Calvados*, two observations—one of inguinal, the other of crural hernia—in which reduction was accomplished by means of the elastic band with remarkable facility (one and two hours application of the bandage).—*Gaz. des Hôpitaux*.

**RICKETY PELVIS.**—Prof. Depaul points out that in the rickety pelvis, at certain points of the upper aperture, beside a contraction, there are some sharp bony lamellæ cutting sometimes like the blade of a bistoury—corresponding in position to certain muscular insertions at the symphysis pubis or the ileo-pectineal eminence. These cause most serious mischief, and cannot be detected during labour.

**CREASOTE POISONING.**—A child three and a half years old took between half a drachm and a drachm of creasote. In ten minutes the child became insensible; feet and hands cold, pupils dilated, eyes turned up, pulse soft and frequent. These symptoms lasted three hours, when it became sensible for a few moments. It then became insensible, and died six hours after taking the poison. Treatment: Oil, white of egg, and milk.—*Ohio Medical and Surgical Journal*.

**LENGTH OF THE FŒTUS.**—For the first six months of intra-uterine life, the length at different ages is indicated in centimetres by the square of the numerical figure of the corresponding month. First month, one centimetre; second, four centimetres; third, nine; fourth, sixteen, &c. For the last three months, the increase is from four to five centimetres a month. Seventh month, forty centimetres; eighth, forty-five; ninth, fifty centimetres.

**RECOVERY AFTER TAKING THREE DRACHMS OF PULV. GUM-OPIMUM.**—A case is reported in the *British Medical Journal*, of June 21st, of a woman who took three drachms of gum-opium, which she had previously pounded in small pieces and mixed in a cup of sweet-oil. Five hours elapsed before medical assistance reached her. She recovered under the usual remedies. Doubtless, the oil by suspending the undissolved opium prevented absorption and saved her life.

**EXTIRPATION OF SUBSTERNAL GOITRE.—E. ROSE.**—Patient, countryman, æt. 22, four years previous had noticed a swelling in the throat which had increased until was as large as an apple and interfered so seriously with respiration that its removal became necessary. The

tumor extended so far behind the sternum that not only the trachea but the great vessels were exposed and the finger pushed into the bottom of the wound rested upon the arch of the aorta, between the innominata and left carotid. 52 ligatures were applied. One secondary hæmorrhage followed—wound treated openly—Recovery complete.

**GLOSSOPHYTIS.**—Dessois is of opinion (*Thèse de Paris*, 1878): 1. That the black hue of the tongue and hypertrophy of the papillæ of the tongue are always connected with the presence of a vegetable parasite. 2. That this colouring must be ascribed to the fungus, from which it spreads to the long epithelial sheaths of the papillæ. 3. That the hypertrophy of the papillæ, which exists more or less before the affection breaks out on the tongue, and which proves a fertile soil for the parasite, is principally due, at a later period, to the irritation caused by this cryptogam.—*Lond. Med. Record*, April 15, 1879.

**ANTIPYRETIC METHODS OF TREATMENT.**—At a meeting of the Glasgow Medico-Chirurgical Society, Prof. Gairdner, after reviewing the history of cold-water bathing in fevers from the time of Currie down, criticising in detail the methods of Liebermeister, Brand, and others, closed with the following words: "I am myself perfectly open to conviction on the whole subject, only I confess I am not yet convinced that it is absolutely necessary to keep a fever patient suspended between pyrexia and collapse by means of cold baths, and still less that it is necessary to half poison him with digitalis and veratria, and then restore him with stimulants, in order to secure his safe passage through an attack of typhoid fever."—*Boston Med. Jour.*

**HISTOLOGY OF TUBERCLE.**—Baumgarten (*Centr. bl. f. die Med. Wissenschaft.*, March 30, 1878,) has already drawn attention to the constant presence of a granulation tissue, containing epithelioid and giant cells, around ligatures placed on vessels, but he could not recognize nodules analogous to those of tubercle. More recently, he has observed around foreign bodies such as bits of hair, cotton fibres, and the dust

which settles in all operative wounds, true tubercular giant cells; there is the same typical disposition of the nuclei at the periphery, the same protoplasm with its dark granules; the cells are sometimes isolated, sometimes surrounded by round or oval collection of lymphoid cells, often surrounded by a reticulum; no vessel could be recognized. No distinction could be drawn between their appearances and those of tubercle, but the growth showed no tendency to caseation or dissemination.—*Lond. Med. Record.*

**STUDIES ON THE PHYSIOLOGY OF CONCEPTION.**—Some interesting observations on this subject were communicated last year to the Berlin Medical Society, by Dr. L. Löwe. He has discovered that a single spermatozoon is sufficient to impregnate an ovum; indeed, that in nearly every case only one gains admittance, and that as soon as this one penetrates the walls, an immediate deposit, something in the nature of a chemical precipitate, takes place on the walls of the ovum, which prevents any further access of spermatozoa. Occasionally, however, two spermatozoa do gain admittance, either owing to their penetration being simultaneous or the animal being in ill health. When this is the case, the result is a double monster, or a malformation of some kind. The transparent eggs of certain fish are best suited to exhibit these processes.—*Med. and Surg. Reporter.*

**HEART AND BRAIN.**—At the fifty-first meeting of German Naturalists, in Cassel, Dr. Weidemeister made some remarks on the connection between heart-disease and mental diseases. Practitioners who are not exclusively psychologists are much inclined to consider cardiac affections as one of the causes of madness, while psychologists are of a totally different opinion. If his memory did not fail him, Bazin had found, in making *post mortem* examinations of lunatics, that in one per cent. of the cases there was disease of the heart. Witkowsky had found this in more than seven per cent., and Karrer of Erlangen in thirty per cent. Wishing to find some more definite numbers, he had for some years past carefully measured the hearts of lunatics, especially the left ventricle, and had found that in 75 per cent. of the cases there was thickening of the wall of the left ventricle, and that the latter was hypertrophic.—*British Medical Journal.*

**LACTOPEPTINE.**—In the early part of the present year we received a large package of lactopeptine from the N. Y. Pharmacal Association, asking us to give it a fair trial and report the results. As it may interest those who have never used this agent in their practice, we answer through the *Clinic*. We have given it a full and fair trial, both in private practice and in the hospital department of an asylum, which is under our care. As a digestive it comes nearer the gastric juice (particularly when combined with a little extra hydrochloric acid) than anything we have ever used. Its formula shows it to be a strictly scientific preparation. Dyspeptics are generally greatly benefitted by its use. In vomiting in pregnancy it has relieved three-fourths of the cases in which we have tried it, and in cholera infantum (chronic) it has been of inestimable service in our hands.—*The Southern Clinic*, Richmond, Va.

**ON THE DURATION OF THE LIFE OF THE FŒTUS IN UTERO AFTER THE MOTHER'S DEATH.**—This question has been carefully investigated by C. Garezky, in his inaugural dissertation, St. Petersburg, 1878 (and *Wien. Med. Woch.*, No. 22; 1879). He has collected 379 cases, in which the Cesarean operation was performed after death; 308 infants were extracted dead, 37 showed signs of life, 34 were born alive; but of these, only five remained alive for some time. The author then gives a sketch of Breslau's experiments on animals, and sums his conclusions up as follows: 1. The fœtus undoubtedly survives the sudden death of the mother. 2. If it can be extracted in the course of the first six minutes, it may be born alive. 3. Six to ten minutes after the mother's death, the child may still be alive, though slightly asphyxiated. 4. Ten to twenty-six minutes after death, the infant is highly asphyxiated. 5. In a great many cases, the infants are either highly asphyxiated or dead after the first minute. 6. The shorter the time is which elapses between the cause of the mother's death and the ceasing of the cardiac action, the longer the fœtus remains alive. 7. If the mother's death has been caused by some quickly acting poison, the chances for the child's life are greater than when it has been brought on by some other cause.—*British Medical Journal*.

**THE PERMEABILITY OF A STONE WALL.** We have before referred to the experiment of Pettenkofer and others, showing the readiness with which gases permeate walls of stone and brick. A Buffalo paper gives the following account of a recent illustration of the fact: "Yesterday Professor Doremus, of Buffalo Medical College, performed a very interesting and instructive experiment before class. A block of sandstone, such as is usually employed for window-caps and sills, and about twelve inches square and four or five inches thick, had a panel one half an inch thick set in each side. In each panel was fitted a block of wood which was perforated by a piece of common gas-pipe, and this was cemented about the edges. The whole was then coated with impervious varnish. Air now entering through the pipe on either side had access to the entire surface of the stone beneath the panel, and it was found that if the mouth be applied to the protruding pipe on one side, and a candle placed in front of the opposite one, it could very readily be blown out by the air, which, with very little effort, was forced through the stone. When a rubber tube was connected with the house gas-pipe on one side of the stone, and a burner was attached on the opposite side, the simple pressure from the mains was sufficient to force the gas through the stone till it was lit at the burner on the opposite side. When by any means the pressure was increased, a very large flame was thus produced. This shows the permeability of building stone. Brick walls and the paving of rooms are much more porous, and are readily seen that unglazed tile, or stone and brick sewers afford but little security against the escape of sewer gas.—*Boston Journal of Chemistry*."

## Births, Marriages, and Deaths

### BIRTHS.

At Enniskillen, on June 30th, the wife of Mitchell, of a son.

In Brantford, on June 12th, the wife of F. T. Kins, A.M., M.D., of a son.

At Hamilton, July 22nd, the wife of A. E. Mallory, M.D., of a son.

In Belmont, on June 6th, the wife of Dr. G. Marlatt, of a son.

### DEATHS.

At Richmond Hill, on June 21st, Mary Ann Mills, beloved wife of James L. ngstaff, M.D.

On July 20th, at Thornhill, Percy Norman Powell, infant son of Dr. J. McConnell, aged 1 year and 5 days.