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TORONTO, FEBRUARY, 1882.

Original Communications.

THE CAUSES OF THE PRESENT EPIDEMIC OF TYPHOID FEVER.

Read by Mr. W. H. Montague, at the Inaugural Meeting of the "Toronto School of Medicine Medical Society," January 14th, 1882.

MR. PRESIDENT AND GENTLEMEN,—As you are aware, the medical world has never been unanimously agreed upon the exciting cause of this disease. At the present day we meet with two principal theories which in altogether different ways account for its rise and spread. The first of these, whose most illustrious advocate is Dr. Murchison, declares the source of the affection to be a poison derived from the decomposition of either organic or inorganic substances. The product of this decomposition by various means gaining entrance into the body of its victim, and there performing its characteristic work. In defending this, which he names the "Pythogenic" theory, Dr. Murchison refers to the outbreak of the disease at Westminster School in 1857. In that case he tells us that the disease followed very exactly in its course the line of a foul and long neglected private sewer or immense cess-pool, in which fecal matters had been for years collecting without means of exit. This sewer communicated directly with the drains of all of those who were stricken with the epidemic, and from this fact Dr. Murchison concludes that the cause of the disease is the poison of ordinary decomposition. With regard to this, however, Dr. Collic, of the Homerton Fever Hospital, has pointed out that although the contents of this cess-pool had been accumulating for years and emitting its horrid stench,

yet the outbreak did not occur until immediately after several minor cess-pools had been opened into the larger one.

Had the typhoid appeared comparatively early in the history of this cess-pool and continued during its existence, it certainly would be admissible as evidence of the probability of ordinary decomposition being able to produce the disease. I might refer you to the records of numerous instances where epidemics are supposed to have had a similar origin. Indeed I do not doubt that we ourselves have most of us seen occasions when, to say the least, it would be very convenient to adopt this view of the matter; but let us understand that not only do such instances not establish the correctness of the theory but that positive evidence is at hand to prove that from the very worst forms of ordinary decomposition no typhoid has arisen. Dr. W. Budd records a most remarkable case of sewage decomposition unattended by any outbreak of disease, viz., that of the Thames, in 1858 and '59, "When," to use his own words, "the sewage of nearly three million of people had been allowed to seethe and ferment beneath a burning summer sun. So horrid was the stench that the river steamers lost their accustomed traffic, and even hurried travellers passed miles around rather than cross London bridge," and yet with all this the city was remarkably healthy. Another argument, which may be justly urged against the pythogenic theory of the disease, is the fact of its exhibiting no choice of those who in the meanest and lowest walks of life are in the midst of continued filth, who are no more liable to the disease (beyond the fact of want, dissipation, and consequent low vitality rendering

them more liable to the occurrence of any disease) than are their more fortunate brethren in the higher walks of social life.

We are, therefore, I think impelled to the conclusion, notwithstanding the opinions of the eminent Dr. Murchison and his supporters, that to the rise of typhoid fever something more than ordinary decomposition is indispensable.

I need hardly say that the theory most commonly received now is that which was first favorably promulgated by Dr. VonGietl, on the continent, and which Dr. Buld has so strongly advocated in England, and which makes the fever-producing principle the existence of a specific poison, an organized germ,—a *contagium vivum*,—derived from a previous case of the disease introduced into the body multiplying itself indefinitely in its new position, producing symptoms of an exactly similar or slightly modified type to those of the primary disease, passing from the patient's body in the alvine discharges meeting with destruction, or more frequently finding a reception in some situation favorable to a continuance of its life and development. It is an unmistakable fact, that there are numberless instances upon record where the disease has been conveyed from the sick to others who were not under any of the unhealthy conditions to which the original patient might have been subjected previous to his illness, and which, therefore, could be accounted for on no other hypothesis than the existence of a specific poison. Dr. Austin Flint, in his "Practice of Medicine," lays particular stress upon the North Boston epidemic, as proving the contagious nature of the disease.

A traveller is ill. He stops at the tavern in North Boston, a small village of nine families, a few miles from Buffalo. His case proves to be a well marked one of typhoid fever, and he dies in a very few days. Up to that time no traces of the disease had ever been known in the village. The neighbours, all but one, who, being at variance with the rest of the village, remained within his own home, visited the sick man, and used the water from the tavern well, and it is a remarkable fact that all the families in the village were afflicted subsequently save Stearns, who had had no communication

with the others, and who used water from a well of his own. In forty-three of a population there was no less a percentage than ten deaths.

As Dr. Flint concludes, the laws of probabilities would not authorize the supposition that the peculiarity of the events depended upon a strange coincidence, and nothing more.

Trousseau narrates the circumstances of a number of outbreaks in different parts of France, which are not less strong proof of the existence of a contagium than that to which Dr. Flint gives prominence. Liebermeister, in his exhaustive article in Ziemssen's "Cyclopædia of Medicine," defines typhoid to be a miasmatic contagious disease, and after a lengthened discussion of the matter, concludes decidedly the poison of typhoid fever does not originate in decomposing substances but is a specific poison of itself; and in dealing with some of the objections made against the theory, he refers to some German village where decomposition, to no small extent, had been going on for ages, and yet no typhoid had occurred until the introduction of the specific poison. Nor do I think that any of us, even though our fields of opportunities have been of the most limited area, are unable to recall instances where the rise of the disease was explainable on no other ground than that which Liebermeister defends. Accepting then, as I think we must, that every case of typhoid has its origin in the poison from a previous case, there remains but a moment for us to consider the nature of that contagium, after which we shall be in a position to discuss particularly the epidemic so prevalent in this city.

That contagion is a living entity, I suppose is accepted as proven by the manner in which it conducts itself both outside and inside the persons of its victims. That it is discharged with the matters from the bowels, few will doubt, whilst some have contended that it is also discharged with the other excretions of the patient, an idea that seems to be open to very serious doubt.

That it multiplies itself has been clearly proven, a fact which as we shall see hereafter, is of great importance, and that finding its way into favourable situations, its existence may be

much prolonged, and that it remains suspended in fluids or mingled with atmospheric air, in both of which situations it retains its inherent activity.

From what we have seen then, of the nature of this contagion, we can readily understand how a single case of the disease, under circumstances favorable to the spread of the poison, might be justly regarded as the starting point of even a more severe epidemic than that it has been the misfortune of Toronto to have felt during the past summer and autumn. Nor do I think it an extravagant supposition that, in a city of nearly a hundred thousand inhabitants, there should always exist one or more cases of a disease peculiar to the country. Dr. Wilson, indeed, in his work on the Specific Febrile Diseases, declares that no city of the temperate zones is ever free from the disease. But it is not even necessary to suppose a single case actually in existence at the time of the outbreak of an epidemic. From what I have said regarding the contagium, we can readily conceive of an outbreak finding its origin in poison, which, arising from a case long past, has been disturbed and found its way into channels, through which it infects. In adopting this idea of a contagium, and rejecting the "filth and dirt" theory, I do not wish to be understood as desiring to detract from the glory of those to whose tender mercies the sanitary matters of our city are committed. Were it possible typhoid fever could arise, as Dr. Murchison contends it does from "filth and dirt," be it said to the credit of those particularly interested this would have been a potent factor in bringing about the epidemic we discuss to-night.

Supposing, then, one or more cases of the disease have existed in Toronto at some previous time, I wish to point out a number of circumstances which have assisted greatly in rendering the disease sufficiently prevalent as to be justly entitled an epidemic.

The summer and autumn just past have been seasons of unusual drouth, and more than once has it been pointed out that drouth and heat are favorable to the spread of the malady.

In England the summers of 1865, 1866, 1868, and 1870, were remarkable alike for

their great heat and prolonged drouth, the early rise and rapid and extensive spread of enteric fever. Whilst the summer of 1860 was noted for its cold and wet, and likewise for its unusual freedom from the disease. Indeed the records of the London Hospital show that in the year just mentioned, typhoid patients were only 50 per cent. as numerous as the average for the twelve years previous. It might be as well to notice in passing that the City Commissioner is not in any way responsible for any influence which the drouth of the past summer may have had over the epidemic.

Drs. Bristowe and Collie differ as to when the discharges from the sick are capable of infecting. The former says "not until decomposition has set in." I am inclined to think with the latter, that fresh stools are capable of infecting; and should we accept Dr. Collie's opinion upon this point, we have at once an important means by which the disease may spread. Attendants, members of the same family, and visitors are liable to be the agents by which typhoid may be carried to other parts. However this may be, I do not doubt that this epidemic, as all other epidemics of the same kind, has been mostly caused by the careless and improper disposal of the discharges from the bowels of the sick. These discharges not receiving proper disinfection, and being thoughtlessly disposed of, the germ is allowed to live, and ultimately finds itself a way into sources whence it contaminates all of the population. In the first place it may do this through the medium of the atmosphere. I believe there can be no doubt that these germs may float about in the air, gain entrance to the mouth in the inspirations, and afterwards become swallowed. Some one has suggested that they even enter the lungs and there mingle directly with the blood.

Liebermeister states, that in the hospital at Basle, he often saw cases arise, which as far as could possibly be seen, excluded every other means than propagation by the atmosphere; and Dr. Von. Gietl cites a very interesting case of the village girl, who had contracted typhoid fever in Ulms, and returned to her native village, where typhoid fever had not been known for a long period of time, to remain

during her illness. The discharges from the bowels were thrown upon a dunghill. Several weeks later, five persons were employed in removing the dunghill, when four became stricken with the disease. The excrement of these four patients being buried deep in the dunghill. Nine months later, two persons were employed in completely removing the dunghill, when one of them sickened with typhoid and died. Granting, then, that air is capable of being instrumental in this way, there can be little difficulty, I think, in seeing how it has assisted in spreading the present epidemic. In many cases, no doubt, the fœces have been thrown upon yards, or neighbouring vacant lots, or into out privies used by a number of people, and have filled the air with the typhoid product. In other cases these fœces have been cast into privies connected with the sewers, and the contents of the sewers have by this and other means been made bearers of the germ, which has escaped from them together with other matters (not necessarily gaseous) on account of defective traps, badly constructed privy vaults, local stoppages of the drain, and other means.

But unfortunately air is not the only medium through which the disease has in all likelihood spread.

Very many instances are upon record where contaminated drinking water has been a fruitful cause. Stuttgart was afflicted with an epidemic in 1872. In 1881, the meadows from which a portion of Stuttgart aqueduct is supplied, had been thickly manured with matters taken from the city sewers. In January, 1872, a thaw occurred, and on February following typhoid became prevalent in that portion of the city supplied by this means, although in other parts the disease was no more prevalent than at ordinary times.

The epidemic, too, which occurred in the valley village of Lausanne, Switzerland, in the same year, and in which one hundred and forty persons were attacked, is even better evidence on this point.

A mountain stood beside this village, and beyond the mountain a valley, in which a few farm houses were situated. From the foot of the mountain Lausanne received its water supply. A case of typhoid occurred in the valley

beyond. The dejections were thrown into a small stream, and immediately upon the meadows of the valley being irrigated for a second hay crop, an epidemic occurred in Lausanne, which had always been peculiarly healthy and free from disease. It was believed that water from beyond the mountain could find its way into the spring whence Lausanne received its water supply.

This was established by salt being put into the stream beyond the mountain, salt appearing on the day following in the Lausanne stream. Thus the poisoned water from the neighbouring valley had found its way by a long underground course into the spring at the base of the mountain, and had borne disease and death into the homes of Lausanne. I need say nothing regarding city water. The source of supply has been condemned by competent authority. But well water is even worse than city water. Numerous families are supplied by wells, whose contents are rendered anything but pure by the soakage which they receive from yard and privy, the latter convenience being in many cases their nearest neighbour.

Again, a great deal of milk is consumed in Toronto, or rather a small amount of milk mingled with a very large proportion of water. It has been shown that only a very small percentage of the vendors deal out unadulterated milk, and the fact of their watering the article is in itself enough to make us sincerely doubtful whether they are scrupulously careful regarding the quality of the water which they employ. Indeed, the appearance of man and outfit in many cases would lead us to suspect that the water thus used had been intended for, and certainly badly needed, in a cause more respectable but decidedly less profitable.

After all, however, it is perhaps as well that the individual does not employ that amount of ablution which we would deem necessary, as in any case he would not be likely to be disposed to waste the water.

In Southport, one case after another was occurring, until in two weeks a total of 28 was reached. The health officer found, to his surprise, that with two trifling exceptions the sanitary condition of the houses was excellent. At last it was discovered that all the families

afflicted were supplied with milk by a certain dairyman. A visit to this dairyman's premises led to the discovery of a well horribly polluted with soakage from a filthy cesspit near it. This milk supply was stopped, and the epidemic ceased to spread.

I do not doubt that similar causes have operated here; but the successful means which Southport adopted to search them out are seemingly not at hand, and they probably operate still, in not only assisting typhoid to spread, but in being the direct cause of many of those disorders to which the infantile portion of our population is especially liable.

Those who believe that animals are subject to typhoid, of course point to unwholesome meat being a means by which the affection may spread. I do not think that we would be justified in supposing this to have had an influence in the present case.

HOSPITAL NOTES.

BY L. M. SWEETNAM, M.D., C.M.

The following are notes on cases at present in the General Hospital, under the care of Dr. I. H. Cameron; the treatment mentioned was adopted at his request.

Ammoniacal Inhalations.—It is an old idea that the atmosphere of stables and cow-houses, which contains the carbonate of ammonia in considerable quantity, is beneficial to those suffering from pulmonary phthisis. Recently Melsens conceived the idea that the moderate, but continuous inhalation of this salt might be useful in many affections of the respiratory organs. In order to prove the value of this form of treatment, he caused several patients, suffering from bronchitis, to wear outside their shirts, and over the upper part of the sternum, a bag containing some pieces of carbonate of ammonia, the almost invariable result was relief from the first day of wearing it. He also successfully tested the remedy in his own person, when suffering from bronchitis, as did also a Belgian physician in Brussels.

This treatment we adopted a few weeks ago in the case of two patients tormented with a distressing cough, one due to tubercular, the other to simple chronic bronchitis. During the

first night one of the patients complained of a sense of suffocation, and fullness of the head; on the day following, however, the cough appeared less troublesome in both cases, and at the end of ten days their sleep, which had previously been much broken by the cough, became comparatively undisturbed; the feeling of lassitude consequent upon the broken rest to a great extent disappeared, the expectoration became diminished in quantity, and instead of being greenish in colour, became almost white, and frothy in one, and disappeared in the other.

In ten or twelve days, the carbonate of ammonia—about ʒ iv.—had become entirely volatilized, the bags were not then refilled, and before a week had elapsed both patients were anxious to resume the treatment, one on account of a nasal catarrh, which had been much relieved by the ammonia, and both for the relief of the cough, which had increased while the treatment was omitted. The ammoniacal inhalation has since been resumed with the usual improvement.

We are inclined to believe that in this form of inhalation, we have a remedy calculated to palliate—in the majority of cases—that most distressing symptom of a disease so constantly fatal, and over whose course we have so little control.

Whilst special attention has been paid to its usefulness in the treatment of cough, due to tubercular bronchitis, we expect to hear of its success in the treatment of coughs due to chronic bronchitis, even when complicated by dilatation of the bronchi; it may also prove useful in the treatment of acute laryngitis, as narrated of a case in the *London Medical Record*.

Alcoholism and Pneumonia.—There appears to be a pretty widespread opinion that pneumonia in an alcoholic patient is a disease necessarily attended with a fatal result. This impression is, no doubt, true in the main; but the following is a brief history of a case which had a more fortunate termination, probably due to the patient's youth:—

W. W., aged 20, was admitted into the Hospital on Thursday night, the 29th December. As ascertained from himself, after convalescence, he had been given to drinking for three

or four years, but heavily only at intervals during the past year. He was a tuck-pointer by trade, and lately much exposed to wet and damp. On the Saturday preceding his admission he had been on a heavy spree, and on Sunday felt greatly out of sorts. He soon developed pain in the right side and cough, and on medical advice being sought it was ascertained, he said, that he was threatened with inflammation of the right lung, which, however, the doctor hoped to avert. Instead of improving, however, he grew worse, and on Thursday he was so delirious and unruly that his mother had him removed to the Hospital. He was admitted in a semi-conscious state with pain in right side and difficulty in breathing. During the night active *delirium tremens* developed; he talked incessantly in a rambling fashion, suffered from hallucinations of sight, and could with difficulty be kept in bed. Examination of the chest on the following day revealed the physical signs of pneumonia (crepitation in some parts, tubular breathing, dullness, and increased vocal fremitus), over the greater part of the right lung; the expectoration resembled a thick bloody jelly and was copious. He was ordered:—Ammon. carb. ʒijss., tr. cinchon. co. ʒj., tr. capsici, ʒij., syrupi, ʒj., aquæ ad. ʒviiij. Sig. ʒss. o. h. 3. sum. The pulse was small, soft, and feeble, and the skin perspiring. He was allowed milk *ad libitum*, but no stimulants. On admission he had been given half drachm doses of bromide of potash and chloral hydrate; but notwithstanding their repetition at a few hours' interval, he got no sleep for the first two or three days, and then only momentary snatches, waking up as delirious as ever, so that he had to be constantly watched for five or six days and nights, but ultimately fell asleep and woke up rational. The lung symptoms remained *in statu quo* for several days, except that the sputa assumed the prune juice type, and resolution then set in and progressed with fair rapidity. An attack of diarrhœa came on which proved rebellious to the ward mixture (catechu, paregoric, and lime water) for a couple of days, but was soon controlled by the following:—R. Argenti nitratis gr. xvj.; acidi nitrici diluti, ʒijj.; tincturæ opii deodoratæ, ʒij; tincturæ cardamomi compositæ,

ʒj; mucilaginis acaciæ ad, ʒviiij; misce. Sig. ʒss., exaquâ o. h. 4. sumat. Convalescence was speedily established and he went out on January 18th cured.

PUERPERAL ECLAMPSIA.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P., EDIN.
Assistant Demonstrator of Anatomy, Toronto School of Medicine.

Recently this subject has been attracting a good deal of attention in the columns of the CANADIAN JOURNAL OF MEDICAL SCIENCE. The variety of treatment, which has been proposed from time to time, is sufficient proof of the importance of the disease. In this article I purpose making a few remarks that may lead others to give the results of their observations and experiments in its management. I wish to say in the beginning that my opinion is that eclampsia may be due to different causes; but the great factor is the reflex excitability of the nervous system, found at or about the time of confinement.

1. Cases may arise from congestion or hyperæmia of the nerve centres. These occur generally in plethoric persons of short stature, and thick neck. During labor the lungs are filled with air, the diaphragm fixed, the glottis closed, and violent efforts made to effect the expulsion of the uterine contents. There is powerful muscular action during a long interval that the same air is retained in the lungs. In other words violent expiratory efforts without expiration being accomplished. These are just the circumstances that favour cerebral congestion, and especially when they occur in persons such as we have supposed. In this condition the blood becomes highly venous and loaded with carbon dioxide. Now it is well known that carbon dioxide in the blood acts as a powerful stimulant to the respiratory centres, and causes convulsive efforts to breathe. Here we have a cause, which acting at this irritable period of the nerve system, is sufficient to diffuse itself over wide areas of the motor tracts. Should eclampsia take place in such a patient, I would certainly advocate the use of the lancet, and then give morphia hypodermically to calm the system and lower reflex excitability, which it

beyond all doubt does. Moderate doses of morphia are quite sufficient in such cases.

2. Cases of the second class arise from some poison in the blood. They are toxæmic. What the true nature of this poison is we do not know; but it acts as an irritant, and causes spasmodic action of the muscular system, as is seen in anæmia. Here morphia is likely to achieve its greatest conquests. It will most assuredly blunt the nerve centres and lessen the reflex action of both cord and brain. In such cases, it must be pushed with no timid hand, and given in at least gr. i. to gr. iss. doses hypodermically, and followed, if required by sufficient injections to keep the nervous system quiet. It should be followed with diuretics and purgatives. Examples of this kind may occur from an early date in gestation onward.

3. The third class of cases to be noticed is the anæmic. I am inclined to regard these as by far the most frequent. The anæmic state of the nerve centres may exist in many persons who escape convulsions, owing to a less excitable state of the nervous system or the anæmia not being so marked. The impoverished and hydræmic state of the blood has existed for some time previous to labor. The nerve centres have, for some time, been poorly nourished, and have become irritable, in fact they are in a fit condition for reflex action. When great muscular efforts are being made, large amounts of oxygen are demanded, but this latter is just what the watery blood and enfeebled circulation cannot give. We have seen that carbon dioxide is a powerful excitant to muscular action when it comes in contact with the nerve centres. Just so is the want of oxygen. This lack of oxygen in an excitable state is a sufficient cause for severe convulsive efforts. What will morphia do in such a case? If given in suitable quantities, say gr. ss. hypodermically, it acts as a tonic to the heart's action, the beats become slower, fuller, and steadier. But this is not all. It greatly increases arterial tension, and thus improves the circulation through the nerve centres, and gives them more oxygen. At the same time it lessens the reflex irritability of the cord and brain as we have already seen. The hypodermic injection of digitalis has already yielded

good results, and may be combined with the morphia. When thus administered it acts speedily as a heart tonic.

4. A fourth set of cases arises from irritation in the digestive system. After a full meal of rich articles of diet, the woman has a convulsion. Here the pneumo-gastric and sympathetic nerves carry information of the state of matters to the centres, and there follows convulsive action of a reflex character. In such a case an emetic, enough morphia to soothe and a purgative are all that are required.

5. In a fifth class of cases the uterine system is the cause. Here the trouble is purely reflex. The sympathetic and sensory filaments of the cerebro-spinal nerves carry the stimulus to the centres, and there is reflected along the motor nerves to spend itself in a convulsion. Morphia is again useful on scientific grounds; for by it we have complete control over such cases. It is in this group that we mainly meet with true eclampsia at a very early period of pregnancy.

RARE DISLOCATION OF THE UPPER EXTREMITY OF ULNA INWARDS, THE RADIUS REMAINING IN ITS NORMAL POSITION.

BY GEORGE WRIGHT, M.A., M.B.,

Demonstrator of Anatomy, and Associate Lecturer in Materia Medica, Toronto School of Medicine. Surgeon to the Hospital for Sick Children and Home for Incurables.

Miss A. B., æt. 9, met with the accident on Tuesday, August 24th, 1881. Supposed to have fallen about three feet on the elbow. Saw her at my office the following morning. Diagnosed dislocation of upper extremity of ulna inwards, and attempted to reduce it, but without success. On same afternoon was seen at Hospital for Sick Children, by Drs. A. H. Wright and Machell, in conjunction with myself. As some doubt was expressed about the correctness of my diagnosis, I decided to keep limb quiet a few days, and on leaving the city for ten days the case was under the charge of Dr. A. H. Wright. During this time Dr. Cameron also saw the case. As soon as the swelling subsided it was evident that there was a dislocation, and I directed the friends, on my return, to bring the child again to the hospital;

but a delay ensued on account of the objections of the mother to have "anything done" to hurt the girl. At length, after urgent solicitations on my part, they brought her to the hospital on the 21st September, twenty-eight days after the accident. A careful examination was made by almost all the members of the staff, and accurate measurements between the bony prominences were taken, and all agreed that there was dislocation inwards of the olecranon process upon the inner condyle of the humerus, the head of the radius remaining in its normal position. There was no pain nor swelling; all the motions of the arm were perfect; but the patient was unable to sustain any weight upon the arm in extension by reason of the tendency to rotate inwards, and the "carrying power" was lost. I attempted reduction under anaesthetics, but after an hour and a half's effort by myself and all the gentlemen present, and by every means suggested by the best authorities, we failed to reduce the dislocation. The arm was put in an elevated easy position, with patient in bed, cold water applied, and not a single bad symptom followed this somewhat violent manipulation. The friends refused to allow any further attempts at reduction.

I have given this brief report, in the first place, on account of the great rarity of the accident. I can find no report of a case exactly like it. Dr. Frank Hamilton simply mentions the possibility of such a dislocation. In the second place, the fact that we were utterly unable to reduce the dislocation after such a prolonged trial was to me a matter of great surprise as well as disappointment, because the joint was exceedingly lax and the olecranon was freely movable, the tip gliding very readily up and down the posterior surface of the internal condyle. In fact, from all the indications, I expected it would be a comparatively easy matter to place the bone in its proper position. The laxity alluded to was not, however, confined to the elbow, but existed in all her joints, and the fingers especially were all "double-jointed." When the child was two years of age she received an injury to this same elbow which caused the separation of this epiphysis, the external condyle being broken off, and it may be that this accident left a condition in the joint which favoured the possibility of the inward displacement of the upper extremity of the ulna without carrying the radius with it.

A RARE CASE OF CALCULUS.

UNDER THE CARE OF L. M'FARLANE, M.B.,
Surgeon to the Toronto General Hospital and to the Home for
Incurables. Adjunct to the Chair of Anatomy, and De-
monstrator in the Toronto School of Medicine.

For the notes of this interesting case we are indebted to Mr. W. H. Macdonald of the Resident Staff.

W. B., aged 19, was admitted into the Hospital, from the Home of Incurables where he had been two weeks, on — Dec., 1881. He was very low, and no history was obtainable, except that he had been suffering for 6 or 7 years. He was very much emaciated and ill-developed, and presented the appearance of a boy 10 or 12 years old. A hard, brawny, red and tumid condition of the perineum was found; and a little to the left of the median line, about an inch in front of the anus, a small urinary fistula was seen to open. Catheterism was impracticable. An incision was made through the centre of the swelling, and the knife struck upon a stone. On introducing the finger, it was found that a large calcareous mass occupied the whole space between the pubic arch and rectum. In view of its size and the low condition of the patient, no attempt was then made to remove it. Per rectum a stony mass within the bladder could be detected. Urine dribbled away freely enough, and no uræmic nervous symptoms were presented; but the boy shortly succumbed to an incoercible diarrhoea and asthenia.

The autopsy, made a few hours after death, revealed: thoracic organs, normal; liver, slightly enlarged and fatty. The left kidney was represented by a small mass of fat and fibrous connective tissue, reniform in outline, but devoid of kidney structure, with a shrunken and impervious ureter. The right kidney was a large, purulent sac, with very little renal structure remaining. Its ureter was dilated. The bladder was thickened and contracted, closely enveloping a phosphatic calculus, one-half ounce in weight. The lower bladder wall was defective, so that the calculus it contained articulated by a faceted surface with the extra-vesical calcareous mass which occupied all the space beneath the arch of the pubes, measuring 2 by 2½ by 1½ inches, and weighing

2½ ounces. The urethra seemed to be obliterated at its pubic end, as nothing could be passed along it, and no connection traced between it and the bladder. The spleen, stomach, and intestines, appeared normal.

CASE OF EMPYEMA.

(Under the care of Dr. L. McFarlane, reported by Mr. W. H. Montague.)

Wm. K., English farm hand. Family history as follows:—Father living and healthy, mother died at 52 years of age from enteritis. Sisters healthy. Three brothers dead, two of whom died in infancy, the other in early manhood, of what disease he does not know. Has been temperate in his habits, and remembers being sick but once in his life until very recently. At that time which was in his childhood, had some form of fever. Dates rise of present illness to February, 1881. At that time caught a heavy cold. Noticed very severe pain in his left side. This pain lasted about twenty-four hours. After this attack was very weak, had a slight cough and very great difficulty in breathing.

In May following had an attack of rheumatism. Patient "felt miserable" and was slowly losing flesh until middle of June. At that time was seized with a sudden and violent fit of coughing which lasted for about an hour. It came on again the following day, when he spat up a large amount of purulent matter. Continued in this condition until admitted to the Hospital, at which time he was weak and very much emaciated. His appetite very poor, his cough very troublesome. He lay constantly on his left side. On changing to his back or right side, or on rising a distressing cough came on. Had very marked hectic. Bowels regular and urine normal.

Physical examination revealed very slight respiratory movement on left side. Left chest measured 1½ inches more than the right, bulging of intercostal spaces. Dullness on percussion over the whole of left lung. Absence of tactile fremitus and suppression of respiratory sounds. Apex beat of heart heard near the centre of chest.

Dr. McFarlane operated on October 10th, by introducing a ¼ inch trocar and canula between the 6th and 7th ribs. The trocar was withdrawn and a rubber tube inserted through the canula and left in the chest, being secured by means of adhesive plaster. An exceedingly large quantity of thick pus was drawn off, and subsequently the cavity was washed out with a weak antiseptic solution. The washings were continued twice a day for about ten days, afterwards once a day till the 3rd of November, when the tube was removed. The cough ceased and the appetite improved almost immediately after the operation. The patient left the Hospital about the 15th of November, quite recovered and in good general health.

TOXIC EFFECTS OF NITRO-GLYCERINE.

BY R. BARRINGTON NEVITT, B.A., M.B.,

Surgeon to the Hospital for Sick Children, the House of Providence, and the Toronto Dispensary.

A. B., a florid healthy-looking man of about 40, by occupation a contractor, having a great deal to do in constructing drains, makes use of dynamite cartridges. He frequently carries one of the cartridges about with him in his bare hand for the purpose of warming it. The cartridges are made of paper, and the nitro-glycerine often leaks through, staining the paper. He has noticed on one or two occasions a stinging sensation when he had a cut or crack on his hand. After this within a few minutes he would be seized with an intense headache, flushing of the face, ringing in the ears, and a feeling as though the head were enormously enlarged and swollen, together with a palpitation of the heart. At other times the headache would not come on until night, after his return from work. It would then occur, accompanied by the same symptoms as during the day, and was traced to his usual custom, after washing his hands as thoroughly as possible, of touching his tongue with the fingers, to see if all the dynamite was washed off. It was only when he tasted a peculiar sweetish taste that the headaches were found to supervene. After being advised of the probable cause of these symptoms he used gloves when handling the cartridges, and did not taste his fingers, and has since had no sensations of the above character.

Selections: Medicine.

SAUNDBY ON THE TREATMENT OF CONSUMPTION.

Dr. Robert Saundby, in the *Practitioner*, October, 1881, p. 249, gives a very valuable *résumé* of this subject. Cod-liver oil and quinine are Dr. Saundby's sheet anchors, the hypophosphites having disappointed his expectations. Good nourishment and attention to the digestive functions form the best treatment of cough. If a consumptive patient want to take a short cut to the next world, he has only to take an opiate, paregoric for example. Codeia is most valuable. Camphor inhaled, a lump under the pillow, or some powder in a jug of boiling water, forms an effectual anodyne. To prevent dryness of the mouth, a compressed tablet of chlorate of potash and borax in the cheek remains all night, and causes sufficient salivary secretion to keep the air-passages moist. The bronchitic attacks are to be met by the use of turpentine vapour and counter-irritation, and sulphur internally. Nothing controls the profuse secretion of the bronchial mucous membrane so readily as fifteen to twenty grains of sulphate of iron, given in pills or mixture during the day. The use of oro-nasal inhalers, charged with carbolic acid or eucalyptus oil, is strongly advocated. For anorexia, quinine does more than any other drug; while the peptones, Hoff's malt extract, and such like preparations, are, in many cases, most valuable. Cod-liver oil, in doses of one teaspoonful, after meals, thrice a day, Dr. Saundby believes to be quite sufficient, larger doses not being assimilated. The diarrhoea is always controlled by two drachms of dilute sulphuric acid to the pint of sugared orange-water, drunk *ad libitum*, unless ulceration be present; and then starch and laudanum enemata, or an enema of half an ounce of liquid extract of ergot, will, in most cases, give relief. The sweating is generally controlled by the same means as are used for the diarrhoea; but if not, then atropine or picrotoxine must be used. Hæmoptysis Dr. Saundby treats with ergot internally or subcutaneously. In conclusion, a tabulated view

is given of the different remedies. Specific: quinine, cod-liver oil; Cough: liquorice, camphor, codeia lozenges; Bronchitis: turpentine inhalations and epithems; Purulent expectoration: eucalyptus inhalation, sulphate of iron; Anorexia: quinine, peptonised food, malt extracts, cod-liver oil, ether, alcohol; Diarrhoea: sulphuric acid, ergot, ergotine. A good prescription in many cases is the following: R Quinæ sulphatis, gr. j; specific, tonic; Ferri sulphatis, gr. v; for profuse expectoration; Acidi sulphurici diluti, *mxxv*; for sweating, diarrhoea, and hæmoptysis; Aquæ, ad ζj . M. To be taken thrice daily. If the sweating be not hereby checked, a minim of solution of sulphate of atropine may be added, and codeia lozenges may be given, with cod-liver oil in addition, if need be.—Richard Neale, M.D.—*London Medical Record*.

MYOEDEMA.

Idio-muscular contraction or myoedema is the name given to the phenomenon produced in a muscle when a sudden local stimulus is applied to it, as the tap of the index finger, causing a small quickly-vanishing nodule to appear at the part struck. M. D. Labbé has lately been investigating the semeiological value of this phenomenon in certain morbid conditions.

Its seat of predilection is the front of the thorax, where it may best be produced by a sharp, sudden stroke of the index finger. After four or five shocks, the muscle becomes exhausted, and requires 15 or 30 minutes' rest before it will again respond to the stimulus. Physiologically, its volume is that of a lentil or coffee bean, its duration two or three seconds, and it is produced equally upon either side of the thorax. Pathologically, its duration is exaggerated to 5 or 15 seconds, its size increased to that of a nutmeg, an olive, or an almond, and it is unequal upon the two sides of the thorax.

Lawson Tait describes two varieties—1st, the most common, the instantaneous production of the nodule upon the part struck; 2nd, Storr's nodule, produced by the meeting of two contractile muscular currents, which set out from opposite extremities of the muscular fibres.

Lawson Tait considers that myœdema is a certain sign of pulmonary tuberculosis, both in its fully developed and latent forms. He also considers that it is a certain indication of a softening tubercle deposit, and that its intensity bears a direct ratio to the rapidity and to the amount of pulmonary destruction. The phenomenon is always more marked upon the side which is the more diseased. M. Labbé's researches have not led him to agree with these views *in toto*. He believes that myœdema ought to attract attention to the chest and lungs—he states that this sign was the first that drew his attention to the lungs in many cases, but that in many others the sign was coincident with advanced lesions.

He concludes that it is not the exclusive appanage of pulmonary tuberculosis, nor still less of tubercular softening, having been observed in pleurisy, pneumonia, and enteric fever; and that, without being a decisive sign, it ought to be admonitory and may be confirmatory.

POISONING BY ACÓNITE.

Dr. E. T. Reichert (*Philadelphia Medical Times*, November 19th, 1881) gives an analysis of the treatment of forty-one cases of aconite poisoning. Evacuation of the stomach, the administration of large doses of stimulants, and the use of external stimuli, was the system of treatment pursued in the majority of cases. Opium and its preparations were used in four cases, all of which terminated favourably. In one case, five and a half drachms of laudanum were administered in four hours without causing narcotism. Digitalis was administered in two cases, in connection with other stimulants. One died, and one recovered. The latter, who had taken an ounce of Fleming's tincture of aconite, received three hypodermic injections, each of twenty minims of tincture of digitalis, within an hour. Amylnitrite was used with very marked results in one case, and certainly deserves an extended trial in poisoning by aconite as it is a marked cardiac stimulant. Tincture of nux vomica was used in one case, with marked benefit to the heart and respiration.—*British Medical Journal*.

FAT IN THE URINE.—Rassman (*Allgemeine Medicinische Central Zeitung*, August 3rd, 1881), claims that fat is found in the urine in three classes of affections:—First. True chyluria, parasitic, and non-parasitic. In these cases the urine generally contains albumen also, and not infrequently fibrin. Second. Fatty degeneration at some point of the urinary apparatus. To this class belong all those cases where the pus of an old abscess finds its way into the urinary passages. Third. Constitutional affections, associated with marked cachexia or systemic intoxication, as phthisis, cancer, long-continued suppuration, pyæmia yellow fever, phosphorus or carbonic oxide gas poisoning, chronic poisoning by turpentine, and severe injuries of the bones. In these cases the blood contains an abnormal amount of fat, which passes off by the kidneys. As a proof of the correctness of this theory, Rassman cites a series of experiments on dogs, cats, rabbits, and frogs. After injections of oily emulsions into the blood or peritoneal cavity, fat was demonstrable in the urine on microscopic examination. At the same time the animals became somnolent, the blood-pressure temporarily sank, and the pulse became less frequent. When fat was injected in large quantities, death ensued in a short time, the heart becoming arrested in the state of diastole. Similar results were obtained after injections of emulsified oleic acid and oleate of soda in one to ten per cent. solutions. Rassman agrees with Olshausen, in believing that these phenomena furnish an explanation of the retardation of the pulse during the first few days following childbirth; in other words, this retardation is due to fatty degeneration of the uterus and abundant absorption of fat into the blood.—*Chicago Medical Review*.

PRIOR ON THE TREATMENT OF DIABETES INSIPIDUS.—Dr. Prior, in the *Lancet*, October, 1881, p. 662, reports a case of this disease in which large doses of valerianate of zinc (ten to twelve grains three times a day), given in combination with tincture of valerian in two-drachm doses was, after two months' perseverance, followed by a perfect cure.—*London Medical Record*.

TREATMENT OF TONSILLITIS AND HYPERTROPHY OF THE TONSILS BY BICARBONATE OF SODA.

—Dr. Armangué reports in *Revue de Thérapeutique* seven cases of tonsillitis cured in less than twenty-four hours by the bicarbonate of soda. This method of treatment was introduced by Dr. Giné, Professor of Clinical Surgery, who employed bicarbonate of soda locally either by insufflation, or directly applied by the finger of the patient. The applications should be frequently repeated until the disease disappears. Dr. Giné relates dozens of cases in which a cure was accomplished in less than twenty-four hours, and has never seen this method fail to produce a good effect. The alleviation is almost always immediate, and is never long delayed. Its efficacy is especially marked in the prodromic period of tonsillitis, when it will invariably abort the disease. According to Dr. Giné, bicarbonate of soda does not diminish the predisposition to anginas, but only arrests their development. Excision of the tonsils is a useless operation in cases of hypertrophy of the tonsils, since the hypertrophy can be rapidly removed by frequent application of the salt of soda.—*L'Union Méd. du Canada*, Dec., 1881.—*Medical News*.

WILLIAMS ON TANNIN IN DIPHTHERIA.—

Dr. A. Wynn Williams, in the *British Medical Journal*, October, 1881, p. 654, claims for the local application of tannin all the value that he maintained this drug possessed in 1867, when, before the Obstetrical Society, Dr. Williams read a paper on the treatment of diphtheria. The deposit, characteristic of the disease, is almost instantaneously removed by the free application of a solution of tannic acid, two drachms; rectified spirits of wine, two drachms; and of water, six drachms.—*London Medical Record*.

ETHER HYPODERMICALLY IN ADYNAMIC

PNEUMONIA.—Dr. Barth, of LaPitié Hospital, Paris, recommends the hypodermic use of ether in all adynamic cases of pneumonia, typhoid fever, puerperal fever, &c. He injects 2 grammes (3ss) *per diem*. Of 14 cases of adynamic pneumonia under his care, 11 recovered.

KLEUDGEN ON ALBUMINURIA IN EPILEPSY.

—The author's conclusions are these. There are traces of albumen in all urine which presents a certain degree of concentration (an increased specific gravity). Slight increases in the quantity of albumen may occur periodically without a corresponding rise in the specific gravity, and without the existence of renal disease. The urine secreted after an epileptic attack does not present any peculiarity, either in reaction or in specific gravity. It is very rare that an attack of epilepsy determines an augmentation of the quantity of albumen in the urine; when this occurs it is only very slight; moreover, in males it is generally due to the presence of semen in the urine. Renal casts are not found in the urine of epileptics unless kidney-disease be present.—*London Medical Record*.

FILATOFF ON THE ETIOLOGY AND DIAGNOSIS OF ACUTE PERITONITIS OF CHILDREN.—

The diagnosis of acute peritonitis offers no difficulty, so characteristic are the symptoms; but the explanation of a cause is not always so easy, and in many cases is quite unknown, or included in the vague term rheumatic. Dr. Filatoff, after pointing this out, proceeds to recount a case in which all the marked symptoms of the disease were present, and which he considered was due primarily to a straining of the abdominal muscles by excessive gymnastic exercise, followed by improper diet. He refers to another case, in which the symptoms of acute peritonitis were closely simulated by an affection of the recti abdominis, also brought on by excessive gymnastics.—*London Medical Record*.

ATKINSON ON NITRITE OF AMYL AND NITROGLYCERINE IN THE TREATMENT OF TOOTHACHE.

—Dr. Atkinson finds (*Practitioner*, October, 1881, p. 263) that cotton-wool, steeped in a one per cent. solution of nitro-glycerine, applied to a decayed tooth, will give instant relief; if, so soon as the pain has ceased, laudanum be applied by means of fresh cotton-wool, the pain may be kept off regularly for four hours or more at a time.—*London Medical Record*.

CHLORAL POISONING.—Dr Cameron reported at Montreal Medico-Chirurgical Society a case of a lady who took one hundred and sixty grains of chloral hydrate at a single dose, for suicidal purpose. When seen three hours after, the pulse was eighteen, the pupils contracted, features pale. Believing that the chief indication was to support the failing heart, chloric æther, *Mxxx.*, was injected subcutaneously every half hour for four doses, with marked improvement of the pulse and general symptoms. Emetics were employed, but very little came up in the vomiting. The patient made a good recovery. Dr. Proudfoot mentioned that in Boston, when chloral first came into use, he gave sixty grains an hour, for six hours, to a man with delirium tremens. No dangerous symptoms followed; so far as he knew, the drug was good, having been imported from Germany.—*Medical News.*

SOREL ON TREATMENT OF ŒDEMA OF THE GLOTTIS BY PILOCARPINE.—M. Sorel, who is a military Surgeon at Setif, Algeria, sent to the Societe de Therapeutique in Paris (*Jour. de Méd. de Paris*), a case of œdema of the glottis consecutive on typhoid fever, and cured by pilocarpine. A previous application of fifteen leeches had not given any relief. Ipecacuanha had no effect whatever, and subcutaneous injections of morphia had only given temporary relief. Almost in despair, M. Sorel tried an injection of a centigramme of nitrate of pilocarpine. A slight perspiration appeared, and the troublesome symptoms were removed. On the same evening a fresh injection of a centigramme was made, and on the next day two centigrammes. The patient soon recovered his strength, and became convalescent.

KIDNEY TUMOURS.—At the Pathological Society of London, in November, Mr. Eve showed a striped muscle tumour of the kidney. This is said to be the sixth on record, but the enumeration does not appear to include one of Osler's, of Montreal.

At the same meeting Dr. Dawson Williams showed a tumour, which he had removed from a child 13 months old, occupying the place of the right kidney. It weighed 1 lb. 13½ oz., or nearly 1/10th of the total body weight. On examination, it, too, was proved to contain striated muscular fibres.

Surgery.

SELECTIONS FROM CLINICAL LECTURES, DELIVERED AT THE LONDON HOSPITAL.

BY JONATHAN HUTCHINSON, F.R.C.S.

THE PRE-CANCEROUS STAGE OF CANCER, AND THE IMPORTANCE OF EARLY OPERATIONS.

GENTLEMEN,—The patient who has just left the theatre is the subject of cancer of the tongue in an advanced stage. As I demonstrated to you, the lymphatic glands are already enlarged. It is hopeless to think of an operation, and there is nothing before him but death, preceded and produced by a few months of great and continuous suffering. His case, I am sorry to say, is but an example, of what is very common. Not a month passes but a case of cancer of the tongue presents itself in this condition. The cases which come whilst the disease is still restricted to the tongue itself are comparatively few; nor does this remark apply only to the tongue. "Too late! Too late!" is the sentence written but too legibly on three-fourths of the cases of external cancer concerning which the operating surgeon is consulted. It is a most lamentable pity that it should be so; and the bitterest reflection of all is, that usually a considerable part of the precious time which has been wasted has been passed under professional observation and illusory treatment. In the present instance, the poor fellow has been three months in a large hospital, and a month under private care. I feel free, gentlemen, to speak openly on this matter, because my conscience is clear that I have never failed when opportunity offered, both here and elsewhere, to enforce the doctrine of the local origin of most forms of external or surgical cancer, and the paramount importance of early operation. I have tried every form of phraseology that I could devise, as likely to impress this lesson. Nearly twenty years ago, I spoke to your predecessors in this theatre concerning the "successful cultivation of cancer;" telling them how, if they wished their patients to die miserably of this disease, they could easily bring it about. The sugges-

tion was, that all suspicious sores should be considered to be syphilitic, and treated internally by iodide of potassium, and locally by caustics, until the diagnosis became clear. More recently, I have often explained and enforced the doctrine of a pre-cancerous stage of cancer, in the hope that, by its aid, a better comprehension of the importance of adequate and early treatment might be obtained. According to this doctrine, in most cases of cancer of the penis, lip, tongue, skin, etc., there is a stage—often a long one—during which a condition of chronic inflammation only is present, and upon this the cancerous process becomes engrafted. I feel quite sure that the fact is so. Phimosis and the consequent balanitis lead to cancer of the penis; the sootwart becomes cancer of the scrotum; the pipe-sore passes into cancer of the lip; and the syphilitic leucoma of the tongue, which has existed in a quiet state for years, at length, in more advanced life, takes on cancerous growth. The frequency with which old syphilitic sores become cancerous is very remarkable; on the tongue, in particular, cancer is almost always preceded by syphilis, and hence one of the commonest causes of error in diagnosis and procrastination in treatment. The surgeon diagnoses syphilis, the patient admits the charge, and iodide of potassium seems to do good; and thus months are allowed to slip by in a state of fools' paradise. The diagnosis, which was right at first, becomes in the end a fatal blunder, for the disease which was its subject has changed its nature. I repeat that it is not possible to exaggerate the clinical and social importance of this doctrine. A general acceptance of the belief that cancer usually has a pre-cancerous stage, and that this stage is the one in which operations ought to be performed, would save many hundreds of lives every year. It would lead to the excision of all portions of epithelial or epidermic structure which have passed into a suspicious condition. Instead of looking on whilst the fire smouldered, and waiting till it blazed up, we should stamp it out on the first suspicion. What is a man the worse if you have cut away a warty sore on his lip, and, when you come to put sections under the microscope, you find no

nested cells? If you have removed a painful, hard based ulcer of the tongue, and with it perhaps an eighth part of the organ; and, when all is done, and the sore healed, a zealous pathological friend demonstrates to you that the ulcer is not cancerous, need your conscience be troubled? You have operated in the pre-cancerous stage, and you have probably effected a permanent cure of what would soon have become an incurable disease. I do not wish to offer any apology for carelessness, but I have not in this matter any fear of it.

PROMPT AMPUTATION IN TRAUMATIC GANGRENE :
IMPORTANCE OF AMPUTATION HIGH UP.

In cases of traumatic gangrene, ought amputation to be performed without waiting for a line of demarcation to be formed? I believe that the reply of most surgeons to this question will be an unhesitating affirmative. Such certainly would be my own. We have recently had a very instructive case. A man aged more than 50, but of good constitution, was admitted with a compound fracture of the lower third of the leg. We tried to save it, and the limb was put up in antiseptic dressings. The foot, however, became gangrenous, and, about the sixth day after admission, Mr. Tay amputated the limb below the knee, the man being at the time very ill. The amputation was done through perfectly sound parts—but it was presently followed by gangrene of the stump. The flaps became livid, and the man was in a most urgent condition. Mr. Tay and myself, in consultation, determined at once to perform a second amputation; and, within twenty-four hours of the first, this was done in the lower third of the thigh. The man did well, and the stump on the second occasion has made, as you saw the other day, a very good one. The main reason for prompt amputation in such cases is, that the gangrenous process is a very dangerous one. Whilst soft parts are dying, and the circulation still going on to some extent through them, the blood becomes poisoned by the absorption of gases and fluids from the putrescent parts, and a most dangerous condition of septicæmia results. Of this state, a rapid pulse, a sunken countenance, high temperature,

and vomiting, are the most constant signs. It is remarkable how quickly they are sometimes relieved by the removal of the dying part. It may be that the process of mortification is also attended by shock to the nervous system, but I suspect that the chief part of the mischief is done through the blood. In the pyæmia which results from phlebitis, it is of no use to amputate after once the poisonous emboli have been shed from the inflamed vein into the blood. It is then too late, for the secondary abscesses will form, whether you remove the original focus or not. In the septicæmia from gangrene, however, the case is different. Here it seems to be easily possible for the blood to rid itself of the contamination. I well remember the case of a young soldier who was under treatment some years ago for a damaged foot, the consequence of a Canadian frost-bite. He had also obliteration of his femoral artery. My junior colleague at the time amputated through the tarsus. The stump never healed, and, some time later, I amputated in the upper third of the leg at a great distance from the disease, for the whole of his leg looked at the time as healthy as yours or mine. I went high up, because I knew that the femoral artery was occluded. The result, however, was, that the stump passed into gangrene, and very soon we had all the symptoms of the most severe form of that malady. The patient had frequent vomiting, a very rapid pulse, and was indeed in such a critical state when on the third day I decided to amputate again, that I did not dare to have him taken from his bed. The second amputation, performed high up in the thigh, saved his life. No ill symptoms occurred after it, and the stump healed well. I am inclined to believe that the usefulness of amputation in gangrene will become more widely appreciated, and that this measure will be resorted to, not exclusively in traumatic gangrene, but in all forms which are attended by serious constitutional symptoms. If a part be simply passing quietly into a mummified condition, and the patient's health not suffering, then there is no reason for interfering until you see where nature is going to make the separation. There is, indeed, no reason for interfering at all, for you must let nature

finish the work. If you amputate near to the line of demarcation, your stump is almost certain to slough, and all that you must dare do in the way of help in such cases is just to saw through the bones when they are laid bare. The explanation of disappointment in amputating for gangrene, whether traumatic or otherwise, is, I feel sure, almost always from amputating too near to the disease. In all such cases, we ought always to go high up. If the foot be concerned, go above the knee; if the upper extremity, near to the shoulder. You must think rather of the patient's life than of the length of his stump. Adopting this rule, I have of late years more than once amputated for severe forms of senile gangrene with very excellent results.

CAN A MAN HAVE SYPHILIS TWICE ?

The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and makes no doubt that this sore was the result of contagion. Yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that a man may have an indurated sore on the penis within a year of a former one, but it is not proof that he may have syphilis twice, for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare, perhaps, as examples of second attacks of small-pox—but they do occur. I am at present attending a gentleman who has a terrible phagedenic chancre and rupial eruption, and who unquestionably had complete syphilis, chancre, sore-throat, and rash, seven years ago. I have also a second case under care, very much milder, but illustrating exactly the same fact, with almost precisely similar dates. Second chancres are, however, far more common than second attacks of constitutional syphilis. Many

of them are the result of fresh contagion, but seem to have no power to produce constitutional symptoms; but others are not from contagion at all, but form in connection with a taint still remaining from the first attack. It is a most important fact that indurations may form in the penis in every respect like Hunterian chancres, not distinguishable in any way, and yet that they may be merely recurred sores, and the products of constitutional taint. I have seen this over and over again; and M. Alfred Fournier, of the St. Louis Hospital, has written a very instructive paper on this form of sore. In the case of our patient, it is obviously impossible to say, after the statement which I have just made, whether or not his present sore is the result of fresh contagion. It may be simply a relapse, or it may be a gumma. He, however, confesses to exposure; and, as the sore followed in due course, it is probably true that he was afresh inoculated. Second attacks of syphilis are sometimes, as in the case just mentioned, very severe. The same has, I believe, been occasionally noted in recurred attacks of variola. As a rule, however, they are mild, or even abortive. Third attacks may even occur; and so may, as we are told, third attacks of small-pox. We must explain such facts, I expect, by reference to individual peculiarity and idiosyncrasy, but it is important that they should be known. The belief that syphilis can occur but once in a lifetime is very widely spread amongst a certain class of the public. I have watched with amusement the change in expression in many a young gentleman's face when he got my reply to his smiling suggestion—"A man cannot, I suppose, have the disease a second time?"

CHRONIC SYNOVITIS, ARTHRITIS, OR STRUMA:
IMPORTANCE OF THE DIAGNOSIS.

We have had lately a great many cases of synovitis of the knee-joint. I think you will have observed that, roughly, we may divide all the cases of chronic synovitis into two groups, those which are connected with struma, and those which are of an arthritic nature, in the conventional sense of that term. This division is of considerable practical value. Under the arthritic head, I comprise all that are associ-

ated with gout, rheumatism, or rheumatic gout, and all gonorrhœal rheumatism; and of all these, we may say that we expect them to get well. Sometimes there is stiffening, sometimes effusion is very long in disappearing; but still, in nearly all cases, in the end the patient again walks on the limb. It is very different with the strumous group. Here the tendency is to pulpy thickening of the synovial membrane, and to incurable conditions. It may be that destructive changes are warded off by long rest, but the patient is disabled, and the limb useless. We have half a dozen of this kind of knee now in our hands, not bad enough for amputation or excision, but still so bad as to prevent walking. In these cases, we are obliged to forbid walking, whereas in most of the arthritic cases, unless exercise causes pain, it may be permitted with impunity. A considerable variety of conditions is presented in this group, and especially is the arthritic process modified by the age of the patient. The older the patient, the more chronic and the less painful is rheumatism. You know that I am in the habit of insisting upon the importance of the patient's diathesis, even in cases of synovitis which is called traumatic. We admit a great many cases in which free synovial effusion has followed a sprain or contusion. In these cases, if the effusion lasts long, or if it is in excess of what its supposed cause will account for, you must suspect the arthritic diathesis. The patient is rheumatic or gouty. We have had numberless illustrations of this. Sometimes it is difficult to get at the exact facts. In the case of a man who has just left us, the synovitis persisted in spite of treatment, and relapsed after an apparent cure. It appeared likely that the case might end as hydrops articuli. I had repeatedly taxed the man with being gouty, but we could get but little evidence. Last week, his employer called on me; I then learned that the man had been for thirty years employed as a bottler in wine vaults, and that his habits of free wine drinking had often nearly cost him his place. I was told that no objection was made to a bottler drinking as much wine as was good for him, and that complaint only resulted when so much was taken as to interfere with his

efficiency as a workman. It is not easy to imagine a position more likely to produce a gouty state of system. We have since let this patient leave the hospital, supplied with a knee-cap. He still has some fluid in the joint, but he can walk without any pain. Exercise which would of course be most injurious if the disease were strumous, will not hurt him.—*British Medical Journal.*

THE RISKS OF INTRA-PLEURAL INJECTIONS.

A few years ago we heard far more frequently of fatal accidents occurring during the operation of washing out an empyema than we have of late; but we are reminded of these risks in a note from Professor Billroth's clinic in the *Allgemeine Wiener Med. Zeitung* for Dec. 20th. The writer says that Professor Billroth has become convinced of the inutility of injections for the purpose of washing out the empyemic cavity, except in the case of blood-clots and decomposing secretion; and in the latter case it suffices to perform a single but thorough injection. Thus in one case of a shot-wound in the left thorax, leading to purid empyema, Professor Billroth made a counter-opening, and for four days allowed thymol to flow through. In ordinary empyema the chances are favorable when the operation is done at the right time, for the longer pus remains in the thorax the longer the lung keeps atelectatic, and thus does not approach the wall of the thorax. A rib is resected, a drainage tube introduced, and pus allowed free escape—a method of treatment much like that practised by Hippocrates, who bored through the rib and introduced a short smooth metal tube into the opening. To diminish pus formation a rod of iodoform can be placed in the pus cavity. Injections of cold disinfecting fluids often lead to ill consequences. Professor Billroth relates one—a female, twenty years old, with empyema, who was treated by means of injections. One day, when a cure was nearly accomplished, she became unconscious during the injection, and could not be restored. Dr. Wölfler also had an older patient, who became unconscious during the injection, but who recovered. Billroth explains these

remarkable phenomena, that a shock is received by the organism, excited through the peripheral nerves by means of cold water, and under ever so slight conditions, it may be the cause of death; just as a mere blow on the testicle or stomach region can be fatal. Therefore it is important to employ injections, when they appear necessary, of warm fluid.—*London Lancet.*

THE RAPIDITY OF ABSORPTION FROM WOUNDS.

—Some observations on the rapidity of absorption from wounds have been communicated by M. Davaine to the Académie des Sciences. The question is one of great practical importance, since a virus so often enters the system by this means. That absorption from a subcutaneous wound is extremely rapid has been demonstrated, the *Gazette Medicale* reminds us by the experiments of Renault on the poison of glanders, and by those of Colin on that of anthrax. A few minutes were found to be sufficient, so that cauterization was useless if it was performed more than ten or fifteen minutes after the inoculation. The investigation of Davaine related to the important question whether absorption is equally rapid from the surface of all wounds, and he concludes that it is not. Having placed material from a case of anthrax on the surface of wounds produced in rabbits by vesicants, friction with rough surfaces, or the removal of a small piece of skin, he found that many animals survived when the wound was cauterized with potassa fusa one, two, or three hours afterwards. He suggests an anatomical explanation of the difference in the experimental results. In a sub-epidermic wound a number of small vessels are divided and the circulation is maintained by the collateral branches which are given off immediately below the divided vessel, and by this the poison, which has penetrated into the interior of a divided vessel, is carried into the general circulation. The same effect is not produced in a more extensive wound, probably because most of the vascular trunks are divided. Whatever be the explanation, it is clear that punctured wounds are by far the most dangerous, and that cauterization to be effective should be very prompt.—*London Lancet.*

TREATMENT OF BOILS.

Dr. Lowenberg finds incisions and boracic acid solution the most effective treatment of boils. Holding that they are produced by a microphytic parasite, he rejects the usual emollient treatment. He commences by incising them, after the application of ether spray, and then foment with a saturated aqueous or alcoholic solution of boracic acid. When the boils are recent, and the patients refuse the permission to incise them, he finds that simple fomentations with boracic acid solution arrests the development of the inflammatory process.

It may be added that certain internal remedies possess a high degree of value in a succession of boils, notably the pyrophosphate of soda, and the hypophosphites. The relation of a succession of boils to a saccharine condition of the urine should not be overlooked. This is an unknown cause sometimes of their persistence in spite of all the usual remedies.—*Medical News.*

SWAIN ON THE APPLICATION OF THE POROPLASTIC JACKET IN SPINAL CURVATURE.—This pamphlet contains a useful account of the method of applying Cocking's poroplastic jackets. It informs us that "his" (Mr. Cocking's) "attention was drawn to Prof. Sayre's plaster-of-Paris jackets, and he conceived the idea that his poroplastic felt might be used for the purpose of forming spinal supports, having this great advantage over the plaster-of-Paris jacket, viz., that of being easily removed from the patient, and re-applied." [As a matter of fact, the plaster-of-Paris can be removed and re-applied quite as often as is good for the patient, and with perfect ease, provided only that use be made of the system of triple-lacing, long ago introduced by the reporter into Mr. Marsh's out-patient department at St. Bartholomew's Hospital.—*Rep.*] Further on, the author tells us that "herein is the special advantage of this method of spinal support, that its use does not preclude the further use of other curative methods. I allude especially to extension by suspension and gymnastic exercises." [This is an assump-

tion which has been made by other surgeons besides Mr. Swain, but which can only be based on defective knowledge of what is consistent with Sayre's plaster-of-Paris jacket. The plaster jacket can easily be removed, and both suspension and gymnastic exercises can be freely used without removing it at all.—*Rep.* By far the greater part of Mr. Swain's pamphlet consists of practical directions and warnings regarding the use of the poroplastic apparatus. Measurements are to be taken at the axilla, the waist, the pelvis, and from the axilla to the great trochanter, as well as accurate notes of the position of the curve, especially if angular, and of such bony processes as the anterior superior spine of the ilium. The upper and lower borders and the area over the breasts, are to be left soft. The patient is prepared much as for the application of the plaster corset, but with two jerseys, and without cotton-wool pads. Instead of a collar for suspension, a broad piece of soft felt is used beneath the chin, with a felt strap and a buckle passed round the back of the head. "Care should be taken not to double up the ears under the strap, and I find that a little cotton-wool here and there adds to the comfort." When a jury-mast is used, care must be taken "that the iron rod of the jury-mast does not take a too prominent anterior curve just above the jacket. If this be the case it will press on the occiput, and very soon cause a troublesome sore." In the absence of a proper steam-bath, the kitchen oven, with a crock of boiling water in it, may be used to soften the jacket. If the oven be used, a little water should also be sprinkled over the jacket. The temperature should be about 170 degrees to 180 degrees. "Although the felt very soon becomes soft, it does not become thoroughly plastic for some little time." Two persons are required to fit the jacket well. "The surgeon should take charge of the back." "The middle buckle, which will be generally found to tighten the jacket round the waist, is the first and most important one to secure." "The pelvic buckles should be the next closed, and, lastly, the thoracic ones." "During all this time the surgeon is moulding the jacket to the form posteriorly." The author has

“found, after some practice, that the best way to accomplish this is to encircle the patient with an arm, placing one hand in front as an opposing force, whilst with the other hand you knead the material into the figure, using principally the ball of the thumb.” “I have found that a slight knock on the jacket with the knuckles tells me if it is ‘well home.’” “To insure a perfect fit at the waist, the assistant encircles the jacket at that point with a strap of soft felt, by which he is able forcibly to squeeze it into the figure.” The patient must be kept perfectly still for half an hour after the application, in order to let the jacket become quite firm. The after-treatment is of great importance. This involves frequent removal of the jacket for exercise. It should always be re-applied during suspension. Daily suspension is used. For some time, the jacket is worn night and day. From time to time the jacket should be re-moulded.—*London Medical Record.*

MORTON ON CLUB-FOOT.—At a meeting of the Philadelphia Academy of Surgery (*Phila. Med. Times*, June 29, 1881), Dr. Morton exhibited some cases of club-foot treated, from soon after birth, by manipulation and “the wearing of proper shoes,” without tenotomy. The results were good. In cases seen in infancy he attempted, and was usually able, to cure the talipes without tenotomy, except in some instances of talipes equinus. When he was obliged to divide the tendo Achillis, he did not do it until the child began to walk. In the discussion which followed, Dr. S. W. Gross thought the ordinary method of operating useless, and the usual method of applying the shoe, a barbarity; still he believed that division of the tendo Achillis was preferable, because it hastened cure. The varus should be overcome by manipulation first, and the heel then brought down. After manipulation had been begun, the foot may be kept in place by adhesive plaster carried around the foot and up the leg. Dr. D. Hayes Agnew considered no operation wise at an earlier age than one year, but in the meantime it was well to correct deformity and develop the paralysed muscles by manipulation.—*London Medical Record.*

A MODIFICATION OF LISTER'S ANTISEPTIC DRESSING.—In the *New York Medical Journal and Obstetrical Review* for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, says, that he has for the past six years, been using the following antiseptic dressing:—Having put the parts in a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolicized cheese cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid, which is of the strength of one to one hundred. The author employs Squibb's solution of pure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressings. To ensure success in cases where the dressing is used, full precautions as to rendering the instruments, sponges, and the hands of the surgeon aseptic, and the use of drainage-tubes if necessary, should not be neglected. Catgut or torsion should be used to arrest hæmorrhage. The spray may be resorted to, if thought necessary. At the second dressing the author now usually applies carbolicized oil, of the strength of one to twelve, to the wound to facilitate the removal of the cotton, which is otherwise apt to adhere after the first dressing.—*Michigan Medical News.*

A NEW COMPLICATION OF LITHOTOMY.—During a recent clinical lecture, Dr. Agnew (*Medical News*, January 7th, 1881), who was about to perform lithotomy, called attention to a

temporary condition which necessitated delay. Etherization was complete, but the respiratory movements were hurried and excessive; the sphincters of the anus were entirely relaxed, and the anal aperture was patulous, an inch and a half or two inches in diameter, and moving in sympathy with the expansion and contraction of the thorax. In this manner it seemed to act as a valve, admitting air to the rectum, but not favouring its expulsion, so that for several minutes the lower bowel was in a state of distention. There would have been great danger of wounding it had the operation been proceeded with under these circumstances. In a short time as deeper anæsthesia was produced, the anus resumed its normal appearance, and the rectal dilatation disappeared. So far this possible complication of lithotomy has not been alluded to hitherto. — *Chicago Medical Review*.

ILLINGWORTH ON MANIPULATION IN REDUCTION OF DISLOCATED HUMERUS.—Mr. Illingworth, in the *British Medical Journal*, October, 1881, p. 626, reports two cases in which dislocation of the humerus into the axilla was readily reduced by the following method. "The arm being abducted and extended with slight force by an assistant, I firmly grasped the scapula with the right hand over the acromion, and depressed it in such a manner as to make the lower edge of the glenoid cavity slide over the rounded head of the humerus, whilst with the fingers of the left hand I exerted gentle pressure upwards on the shaft of the humerus, just below the head. Reduction was in each case immediate." — *London Medical Record*.

FIDDLE-STRING AS A BOUGIE.—Dr. F. E. Daniel, of Jackson, Miss., failing in a case of very tight stricture to get in the smallest ordinary bougie, used in the emergency a small *fiddle-string*. This passed readily. Being withdrawn in a few minutes, it was found to have swollen to nearly twice its previous size. A larger one was then passed and allowed to remain fifteen minutes; this being then withdrawn, the urethra was sufficiently dilated to get in a No. 4, then a

No. 6 bougie, and finally a flexible Nelaton's catheter, threaded on a fiddle-string. A second case was equally satisfactory. Dr. D. claims for the fiddle-string (catgut) cheapness, simplicity, availability, harmlessness, strength, and rapid expansion. — *Maryland Medical Journal*, Dec., 1, 1881. — *Medical News*.

Midwifery.

CLINICAL LECTURE ON URETHRAL CARUNCLE.

Delivered at the Hospital of the University of Pennsylvania,
June 8, 1881.

BY WILLIAM GOODELL, M.D.
Professor of Clinical Gynaecology.

Reported by Guy Hinsdale, M.D.

Gentlemen,—This patient, a woman forty years of age, complains of great pain when passing her water. For several months her urine has scalded her; but the pain is constantly growing worse, and is now almost unbearable. It is most intense as the last few drops come away. Inasmuch as most of the lesions of the reproductive apparatus—such as vaginitis, uterine displacements, etc.—give rise to vesical disturbance, and since the symptoms are not always typical, a urethral caruncle is very likely to be overlooked by the physician. Reflex symptoms, uterine in their expression, lead him astray, while a very natural delicacy prevents him from making the needful visual inspection of the parts. Indeed, you cannot say in these cases, "I will look at the parts and see what is the matter." Woman's modest nature—we would not have it otherwise—instinctively resents such an examination, and, if brusquely proposed, it will almost always be denied. What, then, can you do? You can do it without consulting her. You can ask for a vaginal examination,—to which most women will submit,—and while you are exploring the uterus with the index finger you may with the thumb press upon the meatus, and notice whether the contact elicits pain; then, as you introduce or as you remove the speculum, with your eye glance at the urethra. It has always been my experience that whenever you can confidently say to your patient, "I have dis-

covered the cause of your trouble; here it is,"—and then by pressing upon the caruncle convince her that your statement is correct,—she will not refuse any future needful exposure of her person. I make it an inflexible rule, when a woman complains of pain in passing her water, to feel for a caruncle. You must not forget in all these cases to go through with the formality of covering the patient with a sheet; for just as you gild and sugar-coat what is bitter to the taste, so you must gild and sugar-coat what is bitter to the mind.

As I separate her thighs and expose the meatus urinarius, those of you who are near can see at the upper margin of the meatus a small crimson and wart-like body. It is a vascular excrescence of the urethra, and looks like a small Antwerp raspberry. Notice its vascularity: it bleeds on the slightest touch. Observe how sensitive it is: although profoundly etherized, the woman winces and draws up her limbs. So exquisitely alert are the little nervelets distributed over its surface that were she not under the influence of ether she would writhe with pain under even the gentlest touch. The vulva and outlying organs of a woman are, as you have often observed in this amphitheatre, the last to yield to the influence of the anæsthetic. Sensation here is so acute that it will remain long after other peripheral nerves have become benumbed.

This little growth seems insignificant, but it has given this woman an immense amount of suffering. Not only does she have pain during micturition, but even in walking she is compelled to straddle her legs to avoid irritation. Some of the more aggravated cases that have come to my notice have presented a train of symptoms that could hardly be supposed to be directly caused by such a little growth. There may be constant heat and throbbing of the external organs of generation, with more or less of leucorrhœa, and the linen may be often stained with blood, and the urine streaked with it. Cohabitation becomes painful, producing the condition known as dyspareunia. It is at the first entrance of the male organ that there is the most pain. This is so intolerable that many women will not permit their husbands to approach them. This is, of

course, a source of domestic unhappiness. By brooding over their sufferings and their incomplete conjugal relations the mind becomes morbid, and in some cases women have been driven to insanity or even suicide.

These torturing growths are more common to the married than to the single, and occur usually in women who have passed the prime of life. I am inclined to think that they owe their existence to the congestion of the urethral plexus of veins, such, for instance, as is induced by the pressure of the gravid or displaced womb, or by that of an over-distended bladder or of a loaded rectum. In fact, pretty much the same causes are at work which tend to produce piles. They consist of hypertrophied papillæ covered with a layer of tessellated epithelium, and are largely supplied with nerves and blood-vessels.

Now comes the final question. What can we do to effect a cure? When there is a distinct pedicle, one snip of the scissors is all that is needed; but when, as in this case, they are attached by a broad base, difficulties arise which demand ether and assistance. The patient lies back, her knees being supported by these gentlemen, who also place their fingers on each side of the meatus and stretch it open. Catching the caruncle with a tenaculum, I raise it up and dissect it out, taking with it some of the sound flesh. The wound bleeds freely. In order to check the hemorrhage, and to insure the complete destruction of the growth, we shall now cauterize it. I shall cauterize it as you would have to do in the country, and I shall not, therefore, employ on this occasion the Paquelin thermo-cautery, which, although it is by far the best and most convenient instrument for the purpose, is so expensive that few of you will be able to command it. You can therefore use the iron handle of a broken file heated to redness, as you now see me heat it, taking care, however, that your eyes are not exposed to any bright flame as the instrument is being heated, for the light may dazzle you, and a large black spot will follow and obscure your vision, no matter where you look. The pale flame of an alcohol lamp is, therefore, the best for the purpose.

Nitric acid is not so efficient a caustic as the hot iron. Formerly I always employed it,

searing the raw surface of the wound with the frayed end of a match dipped into the fuming acid. It does not, however, always stay the hemorrhage, which is sometimes quite free. I shall never forget a scrape I got into some time ago, while doing an operation of this kind. The patient was a very nice lady, but she was exceedingly reluctant to my having any other gentlemen present at the operation. Her sisters stoutly protested their ability to give the assistance that I said was needed, and begged me to rely upon them instead of calling in any outside aid. This I finally consented to do. Everything progressed nicely until I began to dissect out the growth, when, suddenly noticing one of the patient's legs beginning to grow unsteady, I looked up and caught sight of one of the sisters going off in a fainting-fit. I instantly turned upon her and shouted, "Stop that! If you faint, I'll stick a pin into you!" This brought her to her senses, and sent a flush of blood to her cheeks. By making a vigorous use of threats, and by constantly talking to her, I managed to keep her on her feet. Towards the end, however, she could not stand it any longer, and while I was applying the nitric acid she suddenly fell to the floor. In the confusion and excitement of the moment I unluckily upset the bottle of nitric acid over the handsome Brussels carpet. But this was not all. At my second visit, twelve hours afterwards, I found that the lady had lost and was still losing too much blood. I stanchd the bleeding point with ice and Monsel's salt, and put on a compress with a T bandage; but at my next visit, six hours later, I found her quite blanched from a recurrence of the hemorrhage. I now applied the solid stick of silver nitrate, but without avail; then I tried to nip the bleeding point with a *serrefine*, but the tenderness of the part was so great that she would not permit any further interference, nor would she again inhale an anæsthetic. For a moment I was at my wits' end to know what to do. The prospect of spending the day at her bedside with my finger pressing on the urethra, through the vagina, was not an agreeable one; but I finally succeeded by stuffing a sponge half-way into the vulvar opening. Its elasticity, and that of the per-

ineum, on which it rested, made the needful pressure on the bleeding surface.

The after-treatment will consist of the application, twice a week, of the undiluted commercial carbolic acid until the raw surface has skinned over. If you follow the plan of treatment that I have laid down you will rarely have to repeat the operation. Although I have often burnt these caruncles, there has never followed any contraction of the urethra: mucous membrane does not undergo the cicatricial contraction that skin does.

Gentlemen, once in a while, in treating a woman for another disease, you will come across a caruncle, and you may be tempted to remove it; but let well enough alone, and do not touch it, unless you know it to be of the painful kind. The suffering caused by them bears no relation whatever to their size, and, unless the symptoms are aggravated, it is best not to touch them.—*Philadelphia Medical Times*.

UTERINE DISPLACEMENTS.

Dr. Paul F. Mundé gives the following *resumé* of his valuable paper on the treatment of uterine displacements:—

1. Recent displacements of any variety are the only cases which offer a fair chance of complete recovery by any of the mechanical means at our disposal.
2. Of these means, pessaries are the most convenient for temporary relief, but only in a comparatively small number of cases does permanent cure result.
3. The best curative means of support of the displaced uterus is probably the systematic and intelligent use of vaginal tampons, impregnated with a mild astringent solution.
4. Posture, while excellent as a means of relaxing the uterine supports and relieving pelvic congestion, is by its inconvenience at best but a means of temporary relief.
5. Permanent relief, *cure*, can be expected and will be obtained only when the displacement is of recent origin, especially when it has been produced by some sudden shock; or when the complete tissue-metamorphosis accompanying puerperal involution aids in restoring to

the uterine supports and the uterus itself their original and healthy tone.

This fortunate occurrence must be looked upon as decidedly the exception, since the favoring circumstances above mentioned are but rarely met with or the displacement is seldom recognized at a sufficiently early date to permit of a perfect restoration to health.

6. The most favorable period, therefore, for the treatment of a uterine displacement or distortion with the view to a permanent cure is within one or two weeks after delivery, before the woman has left her bed.

7. The excitation of a certain amount of plastic exudation in the walls of a fixed uterus may, if kept within bounds, result in permanent straightening of the organ. This may be accomplished by rapid dilatation, or by the protracted wearing of stem-pessaries, but permanent success will at best be rare.

8. The protracted wearing of astringent vaginal tampons, introduced daily, offers for some cases of ante- and retro-displacement an excellent, and for most cases of procidentia, almost the only efficient and safe remedy for the displacement, far superior to all steadily-worn hard or soft pessaries. A procidentia of uterus or vagina may even be cured by several months of this treatment, if the affection be not of too long standing.

9. While permanent cure is only occasionally met with, so much relief is afforded by pessaries and the other mechanical supports and methods above discussed that they should in no case be discarded, unless all treatment be counter-indicated.

10. Electricity, if rationally and scientifically applied for a sufficiently long period, offers chances of cure of comparatively recent cases, which call for a more thorough and persistent trial of the method.

11. For prolapsus uteri et vaginæ, unless of quite recent origin (see tampons), an operative constriction of the vaginal canal and a restoration of the relaxed or destroyed perineum to its normal state is the only sure means of cure, and even for this affection the unfailing method remains still to be discovered.

12. The cure of a flexion by operative (bloody) treatment is impossible; the canal may be

made perfectly straight by a division of one or the other or both lips of the cervix, but the fixed shape of the organ still remains. Only by gradually increasing elevation of the fundus by a vaginal pessary (best Thomas' cup), after delivery, or by the protracted wearing of an intra-uterine stem, can in a small proportion of cases a permanent cure be effected.—*American Journal of Obstetrics*, Oct. 1881.

TRACHEOTOMY IN DIPHTHERIA— RECOVERY.

Dr. W. T. Lusk said that in the early part of last spring he was summoned to see a child, a patient of Dr. O'Neil's, who was said to have croup. He was unable to visit the patient until after the lapse of an hour. He then did so, taking the instruments necessary for the performance of tracheotomy with him. When he entered the house, Dr. O'Neil said to him, "It is too late; the child is gone." He went in and found a child eight years old lying on its mother's lap, completely cyanosed, with pupils widely dilated, in an unconscious state, and breathing at long intervals. It was evident that only one thing remained to be done under the circumstances, and that was tracheotomy. Dr. O'Neil expressed great doubt as to the operation affording any hope, adding that he had witnessed a number of operations, but that in every one the patient had died, and that, so far as he was concerned, he was opposed to torturing the child at this time. Dr. Lusk replied that when the child died it was not from the operation, but from extension of the disease; and that this child, being eight or nine years old, stood a chance of recovering. On questioning the doctor, he learned that the child had had diphtheria a week, but that the symptoms of croup and asphyxia had come on very suddenly that morning. It was decided to leave the question of tracheotomy to the mother, who had expressed herself very strongly against it before Dr. Lusk's arrival. On being assured by Dr. Lusk that he had known recovery to follow the operation, she consented to it, however. He took the child and went into another room, and as rapidly as possible opened the trachea and inserted the tube. The

child was so cyanosed, and the intervals between the respirations were so long, that he feared it would die during the operation; but as soon as the tube was introduced the child gave a strong expiration, and membranes, mucus, and blood spurted out full two feet from the opening. In a few moments the colour began to return to the face, and in three or four minutes the child put its hand up to its throat, showing that sensation was beginning to return, and opened its eyes; the pupils contracted again, and in ten minutes the cyanosis had disappeared and the child looked perfectly natural. The tube was allowed to remain in the throat five days; it was then removed, and the child made a perfect recovery. He narrated this case to give encouragement to many in this city who had a great repugnance to this operation. He had long since made up his mind not to allow a child to die from asphyxia in a case of diphtheritic croup. He asked Dr. Jacobi if the conditions in this case were not rendered favourable by the age of the child and by the asphyxia coming on suddenly, not slowly. Dr. Jacobi said the child was manifestly dying, and of suffocation, and that was indication enough for tracheotomy. He was very glad that, while ten or twenty years ago he was one of only a very few in New York who favoured the operation, to-day there were many dozens and scores of physicians who were just as willing to perform it when a child was suffocating as he had been then and was still. He was very glad to have heard of this case, for it must have made a great impression upon the family physician, upon the mother, and upon the friends of the family, and it would certainly do a great deal to popularize the operation. If only one of a number of operations was successful, it justified our resorting to it in these cases.—*New York Medical Journal*.

LACERATION OF CERVIX UTERI.—Dr. Goodell thinks that the most common cause of laceration of the cervix uteri is too early rupture of the membranes, to which there is a great temptation to resort, as it undoubtedly hurries the labor through in a multipara. As a rule, it is best to wait until the os is dilated. In

performing Emmet's operation he prefers the knife to the scissors for denuding. In drawing the uterus down, care should be taken not to make very powerful traction, as pelvic cellulitis might be caused. Of one hundred and twelve operations done by himself, only two have been followed by inflammation—both in hospital practice. Neither was fatal. In both the inflammation was peritoneal, and in one it was attributed to erysipelatous contagion, as a patient with crisyipelas occupied the next bed. He never operates under the spray, but always bathes the parts with a one-to-forty solution of carbolic acid. He endeavors to remove all cicatricial tissue, and inserts the lower sutures first, as they offer the greatest difficulty. Other things being equal, the finer the wire the less likely it is to cut out. After passing each stitch the ends are brought together and a shot is slipped over them. Secondary hæmorrhage happened in one of his cases, but it was not at all alarming. In such a case it is best not to tampon the vagina if it can be avoided, as the accumulation of blood would interfere with the success of the operation, but rather inject hot water, followed, if necessary, by the injection of a hot solution of alum. The removal of the sutures is much facilitated by not cutting short those of them that are likely to offer any difficulty. To prevent the wire from sticking the vagina, a shot is clamped on its end.—*New York Medical Review*.

PREVENTION OF RUPTURE OF PERINEUM.—The latest method, that of Dr. Thad. A. Reamy, of Cincinnati, consists in, according to the *Medical News*, placing the patient on her back (the limbs being fixed to the greatest practicable degree) and stretching smoothly over the bulging perineum a towel, the extremities of which are held beyond the gluteal masses on either side by his own or his assistant's hands. The perineum is not touched except by the towel, and all the tension is made from the ends of the towel. Applied smoothly in this manner, with its upper border on a level with the posterior commissure, and the posterior border extending to a point opposite the coccyx, the towel forms a supplementary perineum, which, while remaining untorn, effectually prevents rupture of the tissues beneath. It should not be removed until after the shoulders are born.

Dr. Erich relates several interesting cases of *pelvic abscess*, with special reference to the diagnosis between such formations and solid abdominal tumors. So great are the difficulties that he thinks it advisable to aspirate in all cases of doubtful abdominal tumor before pronouncing definitely upon its nature. After evacuating a pelvic abscess it should be kept constantly drained with a syphon drain, and washed out daily with an antiseptic solution.—*New York Medical Review*.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—A little light upon a couple of points, not alluded to by the Dean at the annual dinner of Trinity Medical College, in his address to the students, might possibly be of benefit, not only to the medical students but to the Dean himself; and in the hope of obtaining light I venture to put the following questions: 1. In Kingston, where resides "one examiner, you know who," and who the Dean and his supporters say is "severe, dishonest, unjust, and partial," why is it that there are no "unseemly squabbles" between the students and the Council, and that the former are always satisfied with the questions and with the decisions of the examiners? 2. In Toronto, where resides the Dean, who is so modest, so upright, so impartial, so peaceful, so jealous of the honour of the profession, always instilling the noblest principles into the minds of the students of his University School, why is it that these "unseemly squabbles" always occur, and that the students always feel themselves to have been unjustly treated by the examiners? 3. If "one examiner, you know who," is so unjust to the candidates from the schools outside of Kingston, how is it that as a result of the last examination so much complained of, McGill and Toronto School of Medicine obtained so much larger a percentage of success than his own school? Of the candidates who presented for examination from the Canadian schools there were passed from: McGill College, in round numbers, 68 per cent.; Toronto School of Medicine, 45 per cent.; R. C. of Surgeons, Kingston, 40 per cent.; Trinity Medical School, 22 per cent. These figures are startling and would almost justify a suspicion that some one was working in the interest of McGill College or against the interest of Trinity. Who was it? Was it the examiner, "one you know;" or, WAS IT THE DEAN?

Yours, etc,

MEDICUS.

THE CANADIAN Journal of Medical Science,

A Monthly Journal of 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 forwarding reports of the proceedings of their Associations.*

TORONTO, FEBRUARY, 1882.

CONSULTATIONS WITH HOMŒO- PATHS.

Since Dr. Bristowe and Mr. Hutchinson, at the last meeting of the British Medical Association, indiscreetly raised the question as to whether homœopathy were not really fostered by the unanimous ostracism of Hahnemann's disciples by the general body medical for the past eighty years, the professional mind has been disquieted by the seeming indications of ethical laxity and moral obtuseness obtaining a foothold in high places. The action of the Royal College of Physicians at an extraordinary meeting on the 27th December last, under the presidency of the veteran, Sir William Jenner, K.C.B., (whose uncompromising probity has long been the *et præsidium et dulce decus* of our cloth) will do much, however, to reassure the timorous and encourage the boldly upright. The following resolution moved by Dr. Samuel Wilks and seconded by Dr. Lionel Beale was carried unanimously: "That, while the College thinks it desirable not to fetter the actions of the fellows, members, or licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates

will uphold these principles by discountenancing those who trade upon such designations."

We direct attention to this fact especially because we have heard within the last few days of a well-known medical man in this city who has recently met in consultation two prominent and pronounced followers of Hahnemann, who have not even a degree from a recognized University, or a diploma from a regular College, to commend them to his gracious and favourable consideration. One of them, in fact, holds such peculiar views that he was able to certify, the other day, to our personal knowledge, that a certain patient was suffering from typhoid fever "which is not an infectious nor contagious disease." The gentleman to whom we refer as not being fearful of besmirching his immaculate garments by contact with the unclean, professes surgery, and may, therefore, seek to justify himself before his conscience by taking refuge behind Mr. Hutchinson's very fallacious and short-sighted argument that the knife and the catheter are the same in the hands of the rational and the homœopath. Does the *pruritus secandi* constitute the surgeon; or are the great principles of pathology and diagnosis equally essential to medical and surgical practice? Whether is more important the incision of an hepatic abscess or the recognition of its presence? But this liberal-minded and widely sympathetic surgeon is also a licentiate of the Royal College of Physicians, and we, therefore, trust that the expression of the opinion of his college, which we have quoted, in the premises may not be lost upon him, and that this latest offence, though not his first, against the ethics of our craft, may happily prove to be his last. It used to be said that as the homœopaths had not taken to surgery, surgery was the salvation of medicine. This broken reed, however, has at length let us wholly down, since it can be no longer doubted that even though they suffer the domain of surgery to lie inviolate from the intrusion of their preposterous tenets, yet they succeed in prostituting some of the tillers of that noble soil, just as they might hire a common mechanic, to serve their ends. We freely grant the liberty of untrammelled thought and action (not transgressing the bounds of right

and equity) to every man, but we claim for his fellows, likewise, the right to judge of his eccentricities and follies, and to act accordingly. The common conscience of the profession has long since recognized the profession of the exclusive doctrine of *similia similibus* and of dynamisation by division to be an arrant cheat—a lie; and the verdict of the common judgment is that those who countenance the practice by association in consultation with its professors are equally and inexcusably *participites criminis* in foisting a fraud upon the public. With such of necessity honest men can have no intercourse or commerce, no community of sentiment or aim.

INAUGURAL MEETING OF THE TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

This Society, to which we referred in our last issue, decided that its first meeting should be an open one, and, in accordance with this decision, a public meeting was held on Saturday evening, January 14, in the larger of the two lecture rooms in the building of the Toronto School of Medicine, which was attended by a large number of students, members of the faculty, and other physicians residing in Toronto. Among those present (apart from the faculty members) were Drs. Workman, Burns, O'Reilly, Rosebrugh, Cameron, Playter, Palmer, Wilson, Martin, Nevitt, McPhedran, Davidson, Smith, Fisher, Watt, Martin, Going, King, Robinson, Dr. Smith, Principal Ontario Veterinary College, and others.

Dr. James H. Richardson occupied the chair.

The President, Dr. A. H. Wright, read his Inaugural Address, in which he referred to the objects and prospects of the Society, the very prosperous condition of the School at the present time, and concluded with some general remarks upon the profession of medicine.

A discussion ensued on the "Causes of the Present Epidemic of Typhoid Fever," which was opened by Mr. W. H. Montague, who read an exhaustive paper on the subject. (The paper appears in this issue of the Journal). Messrs. G. S. Cleland, R. M. Coulter, and Patterson, gave their views on the subject. The discussion was interesting, instructive, and very ably con-

ducted, and we must congratulate the School and this young Medical Society upon the marked ability shown by the student members at their inaugural meeting. It was a subject of general remark, on the part of those present, that such a discussion would have done honour to any Medical Society in the country.

After the students had spoken, some of the physicians present were called on to speak, and in response Drs. Graham, O'Reilley, Smith, Cameron, Workman, and Richardson, (the Chairman) addressed the Meeting on the subject under discussion, and at the same time expressed, in the most cordial and kindly manner, their best wishes for the success of all the undertakings of the Society, including their meetings for discussions on Medical subjects, and also their Reading-room and Library.

One of the most pleasing features of the entertainment was the offer of two prizes (a pocket medicine case, and a clinical thermometer) by Mr. E. A. Smith, to be given for the best papers on subjects as prescribed by himself in his letter, which was read by the President.

Before adjourning, the thanks of the Society were given to Mr. E. A. Smith for his generous offer; to the Faculty of the School, for giving and furnishing the large and commodious room for the use of the Society as their Reading-room and Library; and to the Chairman for his kindness in presiding over the meeting.

THE UNIVERSITY EXAMINATIONS.—Below is given the list of the examiners for the University of Toronto for the year 1882: *Medicine—Physiology and Pathology*, Geo. Wilkins, M.D., University of Toronto, Montreal; *Medicine and Therapeutics*, F. R. Eccles, M.B., University of Toronto, London; *Midwifery and Medical Jurisprudence*, D. B. Fraser, M.B., University of Toronto, Stratford; *Clinical Surgery and Medicine*, Chas O'Reilly, M.D., C.M., McGill College, Superintendent General Hospital, Toronto. *Medicine and Arts—Chemistry*, W. H. Ellis, M.A., M.B., University of Toronto, Professor of Chemistry, School of Science, Toronto; *Natural Philosophy*, Prof. R. Ramsay Wright, M.A., B.Sc., University of Edinburgh.

GUITEAU'S PLEA OF INSANITY.

We transcribe the following from the *London Lancet* as it expresses our views better than language of our own could do:—

The trial of Guiteau will, even if it should answer no more immediate purpose, help to place the "plea of insanity" in a new light; and as it is impossible that this plea can be placed in a worse light than that in which it stands at this moment, not only as regards the assassin in question, but wrong-doers of all classes and in every country, we may cherish the hope that something good and useful will hereafter be found to come out of what now appears to be both evil and supremely ridiculous. Making all due allowances for the differences of procedure which exist in the working out of judicial processes in the United States and in England, it must, we think, be admitted by the most patriotic of Americans that no such *fiasco* of justice and common sense could have occurred in the old country as that which has happened in the United States in connection with the farcical trial of the avowed murderer of President Garfield. Nothing, however, is further from our purpose than to comment ungraciously on a spectacle which is doing much to make American judicial proceedings the laughing-stock of the world. We are concerned with the cause—actual or pretended—of the business—namely, the allegation that Guiteau is insane. The mere fact that the defence was a plea of insanity ought obviously to have barred his own action in the matter. As it is, Guiteau, if really insane, is damaged by being allowed to make a spectacle of himself; while if not insane he is encouraged to feign madness. Nothing so much humiliates the medical profession in this country as a trial in which the plea of insanity is raised as a subterfuge, and experts are called to give evidence on opposite sides. In America the humiliation is even greater than it is here. Surely there must be some men of position in the specialty of mental disease who could be called in, and who would not give utterance to the nonsensical views put forth as "scientific!" The confounding of phrenology, physiognomy, and symptoms, is discreditably and damaging. It will be more than ever difficult to obtain a hearing for genuine medical evidence in *any* court after the spectacle of folly now offered to the public gaze in America.

A MEDICAL LIBRARY AND A REGISTER OF NURSES.

The scientific medical man of the day in order to keep abreast of the progress of medical science, requires to have access to the literature of his art. This literature, already large, is rapidly accumulating. Private libraries cannot contain it all. A public library is then a necessity.

The profession in Toronto, with its Hospitals and Medical Schools, and Medical Societies, has no library. And in this it is behind the other learned professions, for the lawyers have the fine library at Osgoode Hall; the legislators have their libraries; the theologians theirs; the University theirs. The medical profession alone has no storehouse of its literature. This is a grave fault, and it behooves us to see that it is corrected. To found a public medical library, demands the united action of the entire profession in the city. An annual sum from each member of the profession (the amount not to be burdensome), would be sufficient for a beginning. A suitable room must be obtained—this under proper representation might be in the hall of the Ontario College of Physicians and Surgeons; and a librarian appointed who would have to be paid a certain salary. These are a few of the expenses connected with the establishment of any institution of this kind.

Had we some such central and common meeting-place, it would soon become used as a centre for diffusing useful information upon common topics in connection with the profession. A notable use to which it might be made subsidiary is the knowledge of the residence of trained nurses. Trained nurses could be encouraged to send their addresses to the librarian, who should be kept posted as to their movements and upon application could immediately supply a nurse to any part of the city saving the practitioner a good deal of trouble and loss of time. Such a plan has operated most successfully in Boston.

Let the profession then make a united and determined effort to gain this desirable end, and they may be assured of success. Let them look upon it as an investment, and they will find it pay a good and lasting interest.

VETERINARY SCHOOLS.—The *Medical News* in its issue of January 21st, says:—"So far as we know, there is but one organized school of Veterinary Medicine in America, and of late years but little has been heard from that." We presume that the remark must have been intended to apply to the United States of America only; otherwise we would desire to inform our contemporary that in Canada two excellent Schools of Veterinary Medicine are to be found, one in Montreal, and one in Toronto. In the latter we believe there are over 120 students annually in attendance.

UNPROFESSIONAL ADVERTISING.—We regret very much to observe in the *Brooklyn Times* for January 3rd, a very fulsome and disgusting notice of the advent of a new practitioner. From the personal knowledge we had of the gentleman mentioned, some eight or nine years ago, we cannot believe that the publication of the notice had either his knowledge, consent, or approval; but are obliged to suppose that he is the victim of the indiscretion of an over-zealous friend. May the Fates save him from such friends in future!

The Ontario Veterinary College held its annual dinner at the Walker House on Friday evening, the 27th ult. It was a grand success, highly creditable to its promoters and enjoyable by its participants. We congratulate the College upon the high position it has attained and are pleased to learn that it this year numbers some 120 pupils.

PERSONAL.

Dr. Bascom, of Uxbridge, is recovering from an attack of typhoid fever.

Dr. Machell, of Toronto, is also recovering from an attack of the same disease.

Dr. Ferguson also has resumed active work, and Dr. Jehu Ogden is again about.

The celebrated Parisian Alienist, Brierre de Boismont, is dead, aged 83.

Dr. Draper, President of the Scientific and Medical Department of the University of the City of New York, is dead.

The Order of the Cross and Collar of Knight Commander of the Crown of Italy has been conferred upon Sir William MacCormac by King Humbert.

The *Birmingham Medical Review*, under the able editorship of Dr. Robert Saundby, and which formerly appeared as a quarterly, is now issued monthly.

Mr. Malcolm A. Nicolson, M.B., of the Toronto School of Medicine, passed the primary examination of the Royal College of Surgeons on the 9th January.

A new Chair of Nervous Diseases has been created, at the Faculty of Medicine of Paris, to which M. Charcot has been transferred from that of Pathological Anatomy.

Prof. Freund, of Strasbourg, is reported to have accepted the Chair of Obstetrics at Breslau, vacant by the death of Otto Spiegelberg.

Messrs. J. Stevens & Son, Surgical Instrument Makers, have removed their agency from 274, Yonge Street, to large and more convenient premises, situated at 40 Wellington Street East, Toronto.

The well-known Philadelphia Publishing Firm of Lindsay & Blakiston has been dissolved, and the business is now conducted by Presley Blakiston, Son & Co., 1012 Walnut St.

It is proposed to erect, on the ground contiguous to the University of Pennsylvania, a School of Veterinary Science, a Hospital for Domestic Animals, Dormitories, Museums, a Training School for Nurses, and Free Library.

Dr. Reuben J. Harvey, who succeeded Dr. Yeo as Lecturer in Physiology in the Carmichael School of Medicine, Dublin, in 1872, died on 28th December, from typhoid fever, aged 36. The disease was contracted on duty at the Cork Street Fever Hospital.

M. Laborde stated at the Biological Society that in the preparation of aconitine two alkaloids are obtained, one of which, napelline, gives rise to hypnotic effects more remarkable than those from morphine. He is at present engaged in a series of experiments to investigate the physiological properties of this alkaloid.—*Gaz. des Hôp.*

The death is announced of John Flint South, F.R.C.S., at the advanced age of 85. He will

be best known to our readers as the Editor and translator with notes of Otto's "Compendium of Human and Comparative Pathological Anatomy," and of Chelius' "System of Surgery." He was a ripe scholar and careful teacher; member of many home and foreign learned societies, and twice President of the Royal College of Surgeons of England.

The *Medical News*, long published in connection with the *American Journal of Medical Science*, and the *Monthly Abstract* re-appears, in connection with the former and instead of the latter, as a weekly of the same stamp as the *Lancet*, *British*, and *Medical Times and Gazette*, and makes a fair show alongside of these older *confrères* which we have all learned to look for so eagerly and love so well. *Floreat in perpetuum*. The editor's name is not disclosed, but the publication is conducted by H. C. Lea's, Son & Co., of Philadelphia.

The Transactions of the International Medical Congress of 1881, are now issued in four thick royal octavo volumes, comprising 2,548 pages of closely printed matter, together with 180 illustrations. Owing to the size of the work greatly exceeding the original expectation it has been found that the guinea subscription will only cover about two-thirds the cost, and it is, therefore, hoped that every subscriber will, upon receipt of his volumes, not fail to remit the additional half-guinea necessary to exempt the guarantee fund from being called upon. The next Congress meets in Copenhagen in 1884.

THE CYCLE OF WESTERN FARMING.—A writer in an Illinois paper says: "The average Western farmer toils hard early and late, often depriving himself of needed rest and sleep—for what? To raise corn. For what? To feed hogs. For what? To get money with which to buy more land. For what? To raise more corn. For what? To feed more hogs. For what? To buy more land. And what does he want with more land? Why, he wishes to raise more corn—to feed more hogs—to buy more land—to raise more corn—to feed more hogs—and in this circle he moves until the Almighty stops his hoggish proceedings."—*Druggist's Circular*.

Book Notices.

The Hygiene of the Eye. An Address to Physicians. By CHARLES A. OLIVER, A.M., M.D. (Reprint from *Medical and Surgical Reporter*).

Obstetric and Gynecological Literature, 1876-1880. By JAMES R. CHADWICK, M.D., Boston, Mass. (Reprint from *Boston Medical and Surgical Journal*.)

Quarterly Report of the Kansas State Board of Agriculture for Quarter ending December 31st, 1881. F. D. Coburn, Sec. Topeka, Kansas.

Case of Obliteration of the Portal Vein (Pylephlebitis Adhesiva). By WM. OSLER, M.D., M.R.C.P.Lond., Prof. Instit. of Med. McGill University. (Reprint from *Journal Anatomy and Physiology*.) Vol. XVI.

A Manual of Ophthalmic Practice. By H. S. SCHELL, M.D., Philadelphia. D. G. Brinton, Philadelphia, 1881. This is an unpretentious, but good book, giving a good deal of useful information in small compass. There is but little fault to find, and much could be said by way of commendation.

Address delivered at the Dedication of the Hall of the Boston Medical Library Association, December 3, 1878. By OLIVER WENDELL HOLMES, M.D., with speeches by various others. List of a Loan Exhibition of Medical Portraits. Report of the Librarian, James R. Chadwick, M.D., read at the Sixth Annual Meeting on October 4th, 1881. And the Report of F. C. Shattuck, M.D., on the Directory for Nurses.

The Nurse and Mother. By WALTER COLES, M.D., Consulting Physician, to St Ann's Lying-in Asylum, St. Louis, etc. J. H. Chambers & Co., St. Louis.

This little book contains minute instructions for the guidance of the Monthly Nurse in her management of the mother and infant, and also gives useful hints to the mother with reference to dressing and feeding her child. We wish

every mother could read these invaluable directions (all of which we entirely approve of), and act upon them. It would follow as an inevitable result that we should see fewer puny, sickly babes than now. The work will be found interesting and useful to nurse and mother, and we may also add, to the young doctor, who has not had during his course many opportunities of studying the details of the Lying-in room.

A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D. Fifth Edition. Thoroughly Revised. Philadelphia: Henry C. Lea's, Son & Co. 1881.

The appearance of a fifth edition of this work is sufficient attestation of its great value to the practitioners of the country, and of the use they are disposed to make of it. The more widespread its use and the more general the diffusion of the practical wisdom it contains, the more rejoiced must be all lovers of the little folk of whose ills it treats; for unquestionably it is the best work on the Maladies of Childhood in the English language, and in any foreign language we know of no work which will compare with it. That the Fifth Edition has been thoroughly revised and brought up to date an attentive (or even careless) perusal will abundantly disclose. We wish it God-speed in its beneficent mission.

Eczema and its Management. A Practical Treatise based on the study of 2,500 cases of the disease. By L. DUNCAN BULKLEY, A.M., M.D., New York. New York: G. P. Putnam's Sons, 27 and 29 West 23rd Street. Toronto: N. Ure & Co. 1881.

The present volume, composed in part of previous essays of the author, certainly constitutes the best and fullest monograph upon the subject in any language. It is made up of sixteen chapters; of which the first treats of general considerations, definition, and nosology. The affection is defined as a "non-contagious, inflammatory disease of the skin, of constitutional origin, acute or chronic in character, manifesting any or all of the results of inflammation at once or in succession, and accompanied by burning and itching." With regard to nosology it is accordingly classed amongst the exudative or inflammatory affections in Class IV.

of the author's excellent Nosological Catalogue, familiar to all readers of the *Archives of Dermatology*. With regard to frequency, the author's individual experience would estimate the occurrence of eczema in $3\frac{1}{4}$ per cent. of all Diseases of the Skin. The general practitioner's average would indubitably place it much higher. The symptoms, Pathological Anatomy and the Acute, Sub-acute, and Chronic Forms are dealt with in Chapters III. and IV. The Diagnosis and Prognosis occupy Chapter V. Twenty-eight affections of the skin are enumerated as at times requiring differentiation from this disease. The Prognosis under given conditions is invariably good. Chapters VI. and VII. ably discuss the Local and Constitutional Nature of Eczema and its Predisposing and Exciting Causes. From the definition it will be observed that the Constitutional view has been adopted in opposition to the German School, and we are bound to say it is most satisfactorily and cogently defended. The frequency and importance of local exciting causes is none the less duly and frankly admitted. The Constitutional and Local Treatment are fully considered in Chapter VIII. Then follow six special chapters on the Management of Infantile Eczema, of Eczema of Face and Scalp, of Hands and Arms, of Feet and Legs, of Anus and Genital Region, of the Trunk, and of General Eczema. The two-concluding chapters are devoted to the Diet and Hygiene and the Therapeutics of Eczema; the last containing a valuable collection of well-proved formulæ. He who reads the book attentively, cannot fail to be well-informed on the subject of which it treats; and being so will find himself in a position to scientifically grapple with and subdue at least one-half of all the dermatological cases falling into his hands. Being ardent disciples of the author, we cannot find much fault with his doctrines; and it seems to us that the most serious criticism of the work must fall upon its arrangement which gives rise to some diffuseness and needless iteration. Doubtless *gutta cavat lapidem* and the incessant insistence upon a fact ensures its ultimate appreciation; but here the principles are so well enunciated in the first place, and appeal so strongly to the judgment of the

reader, that their needless repetition would appear to be, typographically considered, "wasteful and ridiculous excess." We recommend the volume to our readers on its merits, feeling assured that other commendation will be found superfluous.

The Science and Art of Midwifery. By WM. THOMPSON LUSK, A.M., M.D., New York. New York: D. Appleton & Co., 1, 3, and 5, Bond Street. 1882.

It was about time that a new work on midwifery, by an American author might be expected, and accordingly almost simultaneously the works of Lusk and Glisan make their appearance. From his position in connection with Bellevue and his well-known studious habits much might justly be expected from Dr. Lusk, and we are happy to be able to say that all reasonable expectations are herein more than fully realized. The great advances made of late years in this department by French, German, and British writers have been fully noted, and their contributions carefully sifted and discerningly appraised with a view to incorporation in this treatise of all that was good and true.

The Physiological Anatomy of the Female Organs of Generation is first considered and an admirable description presented by no means the stereotyped account of the older text-books, but, as we think, truer to life. The position of the ovary is represented as lying too transverse, however. The Physiology of the Ovum is then dealt with in two highly excellent chapters. The Physiology of Pregnancy follows and then Pregnancy and Labour. The descriptions throughout are original, clear, fresh, and concise. The puerperal state is afterwards treated of in an admirable chapter in which nothing needful appears to have escaped attention, and which fully represents the daily routine of the careful and attentive obstetrician. The Pathology of Pregnancy occupies four chapters which fairly embody the gist of nearly all valuable contributions to the subject. Obstetric Surgery has six chapters devoted to it, and we certainly think that here are to be found the best descriptions and directions for the various obstetric operations to be found in any text-book of midwifery extant. The author is a

strong advocate of chloroform as an anodyne in labour, but for any operations after delivery, he greatly prefers ether and believes chloroform to be dangerous. The use of the forceps is well set forth; and for operations at the brim our author highly lauds Tarnier's pattern or his own modification. For ourselves we think the more convenient form of Studley with the double perineal curve, lately described, is more likely to come into general use. The Pathology of Labour is treated of in some eleven chapters; those upon Contracted and Distorted Pelvis being especially noteworthy and important. Ruptures of the Genital Canal are likewise admirably described. The work is dedicated to Fordyce Barker, and it is therefore especially meet that it should be crowned and concluded by three excellent chapters on the Diseases of Childbed, which admirably reflect the sound and scientific doctrines of that great master. The book is abundantly illustrated with drawings from various sources, chiefly German. We regret that time and space will not allow of our noticing the work as we had intended; but we are sure we cannot do our readers greater service than in urging them with the utmost earnestness we can command to buy the book and "read, mark, learn, and inwardly digest it" for themselves.

Clinical Lectures on the Diseases of Old Age.

By J. M. CHARCOT, M.D. Translated by Leigh Hunt, B. Sc., M.D., with additional Lectures, by Alfred M. Loomis, M.D., N.Y. New York: William Wood & Co., 27 Great Jones St. Toronto: Willing & Williamson.

It has almost become an accepted fact that a place in Wood's Library of Medical Authors should be regarded a sufficient guarantee of the excellence of a work. M. Charcot's lectures form no exception to this rule. Many of our readers are probably as familiar with the writings of Loomis as of Charcot, and though some might be led to think that diseases of old age, as occurring in America, do not correspond in clinical history, as accurately with the same diseases so vividly portrayed by M. Charcot, as their observation would lead them to suppose they ought, still they will recognize a close relationship.

M. Charcot's introduction, as a comparison between the medical theories of ancients and moderns, will be interesting to all readers. It is with regret we have to notice that a man of such renown in medical science as M. Charcot, should so far belittle himself as to allow even patriotic, and political feelings to lead him to say, "But not without regret have we but lately seen an eminent man confound the rights which his high position as a scholar confers upon him, with the political power which was given him by his electors in Berlin, and abuse the word *science* to make the Germans hot-headed at the expense of a strict patriotism."

These are allusions to a discourse delivered in Hanover, at the Congress of German Naturalists, September 20th, 1865.

But as an offset we are glad to add to this M. Charcot's quotation from Dr. Graves, (*Lecons de la Clinique Medicale*, translated by Dr. Jaccoud, Vol. I. p. 53, 1863.

Reason, says Graves, "Reason has extended its empire from the old to the new continent—from Europe to the antipodes; to-day she has the whole world for her domain, and the sun never sets upon her possessions. Individuals take rest, but the general intelligence of mankind is forever sleepless."

Charcot deals chiefly with gout and chronic rheumatism, and that anomaly rheumatic gout, nodular rheumatism, rheumatic arthritis, as well as with chronic articular rheumatism, concomitant diseases of gout, its etiology, symptomatology, pathology, &c., &c.

Dr. Loomis treats of diseases of far greater interest to Americans:—Senile pneumonia, catarrh of bronchi, asthma, atheroma, fatty heart, apoplexy, cerebral softening, chronic gastric catarrh, senile constipation, and last, but by no means least important, senile hypertrophy of the prostate gland.

In the appendix Charcot gives in lectures xix., xx., and xxi., much interesting information on the clinical importance of thermometry in old age, dwelling specially upon the importance of recognizing the difference between the axillary and central temperature, and showing that while in the adult the difference between the axillary and rectal temperature is (carefully taken) usually very slight, this is not so in old age. In the senile period of life, in the pathological, and above all in the febrile state, a difference of as much as six degrees, Fahr. has been observed when the symptoms even portended collapse. We commend the book to our readers.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

17th November, 1881.—The Society met at 8.30 p.m. The President in the Chair. The minutes of the last meeting were read and approved.

Dr. Macdonald showed a vermiform appendix taken from a patient, who, for some days prior to his death, had been suffering from localized peritonitis in the region of the cæcum. The appendix showed two points of ulceration with perforation, and in its interior it contained a hardened nodule of fecal matter, which was situated between the points of ulceration.

Dr. Nevitt mentioned a case of fecal impaction, where there was perforation; death resulting in thirty-six hours.

Dr. Cameron next showed a case of pseudo-hypertrophic muscular paralysis in a lad aged eleven. He gave a detailed account of the family history, which showed that the disease could not be traced in any of the patient's ancestors or members of his own family. The patient was quite well until about three years of age; after that there began to be loss of power, and feats of strength and agility which he could not perform were easily accomplished by children of more tender years, while the excessive enlargement of the muscles of the calf were the subject of much admiration. The patient, when placed on his back, has no power to regain the erect posture without assistance, and his mode of progression is peculiar, especially when he ascends the stairs. There is excessive prominence of gastrocnemii and solei, while the muscles of the brachial region are somewhat wasted, and there is well-marked lordosis. The treatment adopted is by the administration of cod-liver oil, the syrup of the iodide of iron, and arsenic. The P.M. lesion is always the same in the muscles, but there is a want of uniformity in the lesion of the cord.

The President then mentioned several cases which had recently come under his notice, among which were, 1st. A case of ovarian tumour, which was a multiple cyst, and contained about 50 lbs. of fluid in its interior; 2nd. A gun-shot wound of the arm, in which

there was no discharge from the track of the ball, the wound having been dressed under the spirit lotion. He also mentioned the beneficial effect hyoscyamine had in quieting patients suffering from acute mania, given in doses of $\frac{1}{8}$ to $\frac{1}{2}$ of a grain, and also related the effect the dose of $\frac{1}{8}$ of a grain had upon himself.

Dr. Rosebrugh then read his paper on "Electricity in the Treatment of Special Diseases," a full report of which has appeared in the *Canada Lancet*.

December 1st, 1881.—The Society met at 8.15 p.m. The President in the Chair. The minutes of the last meeting were then read and approved.

Dr. Going was then proposed a member of the Society.

Dr. Oldright then showed a man, who, eighteen months ago, had received a comminuted fracture of his right tibia and fibula in their lower third. Six weeks after the accident the fractured limb became swollen and œdematous, and sometime afterwards the sound limb also became swollen. The case, as presented to the Society, showed great swelling and œdema of the affected limb, and an indolent ulcer on its anterior and inner surface. The patient is of temperate habits. He has no cardiac affection; and the urine, when examined shortly after the accident, was found normal. Dr. Oldright asked for a solution of the case, but an answer was wanting.

Dr. Graham next exhibited a girl, aged five, whose mode of progression was awkward and difficult, and the appearance simulated somewhat that of double hip disease. The affection has always existed. Dr. Graham had seen three cases similar to this disease. Tendon reflex, although absent in this case, is well-marked in some.

Drs. Canniff, Oldright, Cameron, and others discussed the case.

Dr. Cameron exhibited a piece of gravel (about the size of a small castor-oil bean) which he had removed after it had existed in the external auditory canal for two and a-half years without symptoms.

Dr. Graham showed a piece of cotton wool which he had removed from the naris of a child, where it had been lodged three or five

years, and in consequence of which the child suffered from ozena.

Dr. Rosebrugh then read a continuation of his paper on "The Uses of Electricity in the Treatment of Special Diseases."

Dr. Rosebrugh, of Hamilton, being present, made a few remarks upon the paper, and the Society then adjourned.

BRANT MEDICAL ASSOCIATION.

The regular quarterly meeting of the Society was held at the Kerby House, Brantford, Dec. 6th. The members present were—Drs. Griffin, Philip, Harris, Kitchen, Clarke, and Winkel. The following gentlemen were elected officers for the ensuing year:—Dr. Kitchen, St. George, President; Dr. Sinclair, Paris, Vice-President; Dr. Harris, Brantford, Secretary-Treasurer.

A paper was read by Dr. Philip on the "Antiseptic Treatment of Phthisis," and notes of a case of "Latent Typhoid Fever," by Dr. Harris. A long and interesting discussion took place, by all the members present, on these two papers.

After some routine business the Society adjourned, to meet again at Brantford on the first Tuesday in March, 1882.

BEEF-TEA AND URINE.—It is rather a novel idea that in taking a cupful of beef-tea we are really drinking what is equivalent to a cup of urine. According to Mr. Masterman, however, who not long since published a chemical analysis of beef-tea, the two are as alike as may be, only that urine appropriately contains more urea and uric acid. And now comes Dr. Neale, of London, who has been, apparently, in the East Indies, and not only assures us that urine is used as a vehicle for (less agreeable?) medicines, but that, "as a stimulant and general pick-up, I have frequently seen a glass of a child's or a young girl's urine tossed off with great gusto and apparent benefit."

Reduced to straits, we presume we might so use it, but we confess that, usually, "as a stimulant and general pick-up," we mightily prefer the other form of the cup that cheers but does not inebriate.—*Medical News.*

Miscellaneous.

TOOTHACHE.—There are some cases instantly cured by the application of a plug of lint dipped in sulphurous acid and inserted in the hollow tooth.

CHEAP WATER-BEDS TO PREVENT BED-SORES.—Dr. Morton (at the Philadelphia Academy of Surgery) mentioned the use, at the Pennsylvania Hospital for the Insane, of water-beds made by stretching a piece of gum-cloth over a shallow trough.—*Medical News.*

SLOW PULSE.—At a recent meeting of the Birmingham and Midland Counties Branch of the British Medical Association, Dr. Simon showed a patient with a slow pulse who had been under observation for thirteen or fourteen years, and whose case had been recorded in the *Medical Times and Gazette* by Dr. Russell. The pulse rate has varied from 12 to 38 or 40.

Huxley predicts that in the progress of medicine it will become possible to introduce into the economy a molecular mechanism which, like a very cunningly-contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched.—*Michigan Medical News.*

In 1851, when the population of Glasgow was 255,000, the number of practitioners in the city was 231; in 1861 the population was 329,000, but the number of practitioners had fallen to 226; in 1871 the population was 477,000, while the practitioners numbered again 231; and in 1881, when the population of the city had increased to 511,000, the practitioners are found to number only 294. While our population has almost exactly doubled, therefore the number of medical men has increased only by about sixty. Dr. Buchanan professed his inability to account for this state of matters; but at least three explanations suggest themselves. In the first place, Glasgow is undoubtedly a much healthier city now than it was thirty years ago, and consequently supports the medical profession less liberally; secondly,

our means of locomotion are so much improved that men undertake much larger practices now than formerly; and, thirdly, and this is by far the most important reason, should be mentioned the shameful and growing abuse of hospital and dispensary aid which goes on unchecked in this city.—*London Lancet.*

MEDICAL ÆSTHETICS.—The following from the *Medical Record* is being much passed from hand to hand in New York. It purports to be from the opera of "Patience."—

- A New York medical man,
 A very much advertised man,
 A pills-in-variety, talk in society,
 Each for himself young man.
- A Philadelphia man,
 An Index Medicus man,
 A think-it-all-gammon, this talk of Buchanan,
 Great-medical-centre young man.
- A Boston medical man,
 A hyper-historical man,
 An ultra-persimmon toward medical woman,
 A Harvard-or-nothing young man.
- A Chicago medical man,
 A wide-awake, ethical man,
 A good-as-the-rest-of-you, more-than-abreast-of-you.
 Down-on-the-East young man. J.
- A Toronto medical man,
 A money grub, get all you can,
 A societies shirker, night and day worker,
 Stick-in-the-mud young man.

QUACKERY, ANCIENT AND MODERN.—At the Metropolitan Counties Branch, Sir Joseph Fayrer, M.D., K.C.S.I., in the chair, Mr. Nelson Hardy read this paper. He said quackery had existed from time immemorial, and would probably continue to the end of time. Perhaps the most ancient form, the most respectable and successful one, and that which longest held its grasp on the human mind, was astrology—the most sublime and imposing of impostures—the most venial, in some respects, of delusions. Having traced the manner in which, in the earliest times, this typical form of quackery arose and grew, taking its origin, like other forms, as the result of vague experiences, of the misleading use of signs, and of the liberal use of the *post hoc, ergo propter hoc* fallacy, he quoted some lines

from Chaucer to show that, in his time, astrology was practised by the eminently respectable doctor of physic who was described in the *Canterbury Tales*. So long did the belief in it continue, that Richelieu is stated by M. Andrien to have had the horoscope of Louis XIV. cast at the moment of his birth; and there could not be any doubt that many honest and well-informed individuals might have been found amongst those who practised it. Another form of imposture, which was practised by many doubtless honest and well-informed medical men, during the time that it was patronised by the rich and great, was alchemy, which bore the same relation to chemistry that astrology did to astronomy—the one a false science, the other a true one; the false believed in, caressed, and patronised by monarchs and ministers of State; the true having to battle hard for bare existence in opposition to its rival. It was important to remember how long, in each case, the false science impeded the development of the true; and how, as astronomy and chemistry rose to the dignity of sciences, they shook off all connection, not only with impudent pretenders to, but also with honest believers in, astrology and alchemy. Among modern forms of quackery, homœopathy, mud-bath cures, milk-cures, and whey-cures, deserved to be mentioned. Homœopathy stood first, as Holloway's pills and ointment did among quack medicines—not, he thought, from any intrinsic merit in it above the other forms of quackery, except it were its greater adaptability to all classes of the population (mostly fools, according to Carlyle) everywhere; unlike hydropathy, which required splendid hotel-buildings and beautiful scenery to carry its cures to perfection; or the mud-bath system, which could only be carried out in certain continental towns, the monstrous system of pretending to cure serious diseases by globules without taste or smell, or appreciable effect of any kind on the human body, could be carried out in every house, by rich and poor, learned and unlearned, and better probably by those who knew nothing of scientific medicine, than by the ablest M.D. of London University. Having referred to the advertisements of quack medicines, and quoted a

humorous description of one, Mr. Hardy formulated the following propositions. 1. Quackery is more profitable pecuniarily than scientific medicine, but not so profitable mentally or morally. 2. Quackery most readily finds its victims among the highest and lowest social strata, not amongst the more intelligent middle classes; readily also amongst religious people—hence certain quacks always advertise largely in the (so-called) religious periodicals. 3. Various forms of quackery have, in former times, been intimately connected with the practice of medicine; but they have always impeded its scientific progress. If the members present agreed with him on these three points, they would have no difficulty, he thought, in arriving at the same conclusion that he had—viz.: that it was the bounden duty of every honest practitioner, by every means in his power, to discourage and discountenance all forms of quackery, however profitable or plausible, and whether practised by those within or without the profession. Dr. Dowse said he was somewhat disappointed at not hearing more about the modern forms of quackery. He thought some reference might have been made to the sly advertising which was done by members of the profession. He would like, too, to have a definition of a quack. The writer of the paper had been, he thought, too sarcastic with reference to certain forms of cures. It did not matter whether it was homœopathy or mud-baths that cured those who came to medical men. They wanted to be cured; and scientific medicine too often overlooks the most important part of its work—therapeutics. Science did not do much for the treatment of disease. So long as they cured their patients, and did not resort to villany, medical men were perfectly at liberty to resort to any system whatever. Dr. Iliff agreed that the great point was how to cure patients. He thought the bone-setters had taught the profession a great deal. The water-cure had been spoken of somewhat contemptuously; but he thought hydropathic establishments were great benefits. Faith had great influence in the treatment of disease. He remembered, when a student at Guy's Hospital many years ago, he cupped and bled one

hundred and fifty patients in three months simply because it was the fashion at the time. Mr. Barwell thought quackery rather consisted in the manner in which a thing was done, than in the thing itself. Any one who deceived another for his own pocket advantage was a quack; but the man who believed a decillionth of a grain was not a quack, but a lunatic. The Chairman, though he could not say he had not previously paid much attention to the subject, was inclined to agree with Mr. Barwell as to the definition of a quack. He was certainly very curious to look back to the connection, to which attention had been directed in the paper, between astrology, alchemy on the one hand, and astronomy and chemistry on the other. Mr. Hardy, in answer, said he agreed with the chairman and Mr. Barwell, that a medical man who deceived a patient as to his treatment, for his own advantage, was a quack. He could not say he had spoken with Dr. Dowse or Dr. Iliff, that it was a matter of indifference what system was adopted, so long as the patient was cured. He believed many people were cured who took Hobb's pills and ointment, but that did not make any the less quackery. Dame Nature was kind to all. But he believed there was, nevertheless, such a thing as scientific treatment of disease, founded upon a knowledge of anatomy and physiology; and that all else was quackery.—*British Medical Journal.*

Births, Marriages, and Deaths.

MARRIAGES.

By the Rev. D. C. McDowell, of Bowmanville, on the 28th Dec., at the residence of the bride's father, 12 Charles street, Dr. Jerrold Ball, to Emily, daughter of Frederick A. Moore, Esq., all of Toronto.

At St. John's Church, Ancaster, on December 28th, by the Rev. W. R. Clark, Dr. Stevenson, of Brantford, Ont., to Helen L. M., eldest daughter of Amos Hubbard, Esq., of Brundale, Ancaster.

At Emerson, Man., on 28th December, by the Rev. C. J. Brenton, M.A., Dr. John Smith, of Winnipeg, to Laura Lillian, only daughter of the late Mr. McLeod, M.P.P., of Dunvegan, Bowmanville, Ont.

DEATHS.

On the morning of the 11th January, at Grand Haven, Michigan, Dr. A. J. Whitehead, aged 29 years.

On the 15th January, at the residence of his son, Caniff, Jonas Caniff, aged 92 years.

At Cobourg, on the 17th January, James Pringle, M.D., in his 85th year.