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THE DOMINION MEDICAL JOURNAL.

VOL. I.—No. 10.

TORONTO, ONT., JUNE, 1869.

PRICE, \$2 PER ANN.

Original Communications.

ON CERTAIN AFFECTIONS OCCURRING IN THE GOUTY DIATHESIS.

By HORATIO YATES, M.D.,

PROF. OF MEDICINE, QUEEN'S UNIVERSITY, KINGSTON.

I do not here intend to discuss the question as to whether certain morbid conditions, occurring in persons of a gouty diathesis, are manifestations of "misplaced," "retrocedent," or other form of gout, or whether they are merely coincident, and have nothing to do with the gouty diathesis. Most physicians, however, will bear testimony, that men and women, living abstemious and active lives, who have been "blest with grandfathers," as the phrase is—*i. e.*, who have gouty ancestors, are, *ceteris paribus*, more subject to nervous affections especially, than others. How many a martyr to dysmenorrhœa, for instance, owes her sufferings to her grandfather! How many a delicate, neuralgic, wretched, long-suffering woman or man, owes a life of misery to a sire's constitutional gout!

In Canada we see much less of regular gout, especially in the rural districts, than may be seen at home—by reason of the habitual abstemiousness of the people, as well as by reason probably of the general abstemious and laborious lives of the people's ancestry—to whom gout had been a stranger.

The simple object of this paper is, to briefly state a few cases, from among a multitude of similar ones that have come under my observation; and most practitioners will have noticed parallel cases in their own practice.

CASE I.—A field officer's wife was attacked with mucous enteritis. She was an active lady, in average condition, mother of three children, and 33 years of age. The diarrhœa persisted for many weeks, in spite of all my prescriptions and regimen. She became emaciated, and so weak, as to be unable to walk to her carriage. One

day I asked her if gout existed in her family? Oh yes, she replied; her father (an old English baronet) and his ancestors were martyrs to gout. I then gave her a prescription containing colchicum, bi-carbonate of potash, &c. It acted like a charm. Her diarrhœa became better at once, and she improved in health and strength from that day. If the gouty diathesis had nothing to do with the mucous enteritis, why should colchicum, &c., have so quickly relieved her?

II.—I was hurriedly called to see a good old gentleman, æt. 76. He had just been suddenly attacked with symptoms of cerebral congestion. He was dressed. I found him half reclining in an easy chair, very stupid; could not articulate or move. Extremities cold; head hot; pulse slow and feeble. I feared he would die within 24 hours. It suddenly occurred to me that I had the key of his ailment; for a few days before, he had shown me, casually, an inflamed finger joint. It was retrocedent gout! He was, and is, an active, abstemious and vigorous old man; looks much younger than his years. Finding him in this alarming state, I at once put five grains of colomel on his tongue. Then for a moment I reflected, as to whether, in case he survived the attack, it would be better to put his hands, or his feet, to bed for a season. I decided that the use of his legs would conduce more to his health and happiness than of his hands; so I placed his hands by his sides, each up to the arm in a jug of hot water, containing quantities of mustard and salt, until hands and wrists were partially blistered; got him undressed and into bed; wrapped his parboiled hands in carded cotton, and applied hot bottles to his cold feet, and cold whiskey to his hot head. In a few hours he was better. In 24 hours he was well. But, for two months he walked about town with two gouty helpless hands wrapped in carded cotton and flannel, and looking like boxing gloves.

III.—A Judge, æt. 50, visited Kingston to consult me. He is a literary and scientific gentleman,

of spare habit and very temperate. His father's, for generations, were victims of gout, though he himself had never had a "fit." Of late, while sitting in court, he had, on more than one occasion, been seized with giddiness, dimness of vision and confusion of ideas, followed for days with constant dull aching and occasional lancinating pain in the head. His medical man, a very intelligent practitioner, had prescribed without benefit. He felt greatly alarmed and feared apoplexy or approaching dementia. I gave him a prescription containing colchicum, bi-carbonate of potash and iodide of potassium, to be followed by quinine in sherry. He writes me that the effect was magical. A manifest improvement commenced at once, and now he is quite well. He further mentions, as a curious circumstance, that his sense of smell and taste, which had been almost totally lost for years, had returned perfectly. Had the loss of these special senses anything to do with latent gout? Had drugs which are supposed to eliminate uric acid from the blood, or perhaps to convert that acid into the soluble hippuric, anything to do with a restoration of these senses? We know that catarrh, with a furious running at nose and eyes, is an occasional result of taking iodide of potassium, and may it not have been that salt, which acted specifically upon the schneiderian membrane? The subject is worth speculating upon.

IV.—An estimable lady, æt. 32, had suffered for two years with neuralgia, generally in the temple. Sometimes the pain was most atrocious, so much so as to produce delirium, followed by mental obfuscation for some time. The pain was never entirely absent. For these two years most of her days were spent miserably in bed, and very rarely could she drive out. In England and in Canada she had been treated constantly, but with little amelioration. For six months she had been under my care, but nothing I could do, did her any permanent good. Thinking her malady might depend upon a gouty diathesis, I prescribed one day a mixture containing *veratrum viride*, a tea-spoonful dose, every two hours, till nausea was produced. Her lady's maid gave her by mistake a table-spoonful, instead of a tea-spoonful. Soon after the third dose, most alarming symptoms of poisoning came

on. Violent and constant vomiting, cold perspiration, extremities, and indeed the whole body cold and livid; pulse almost imperceptible, and an absolute conviction on her mind that death was imminent. The symptoms resembled very closely the collapse stage of cholera. Huge quantities of champagne, brandy, morphia, chloric ether, were in turn or combined, attempted to be given, but all were rejected violently, almost before they entered the stomach. But finally, with the hypodermic injection of morphia, chloroform inhalation, local heat, &c., the alarming symptoms subsided, and on recovering from the shock of the poisonous dose she found her old malady had left her entirely and remained a perfectly healthy and happy woman.

Here was an intractable disease suddenly cured by accident, I suppose; for it is uncertain whether the dose I had ordered would have been effectual. But whether the cure was effected by the almost overwhelming shock to the nervous system of the poison, or whether the neuralgia disease depended upon a gouty diathesis, and the *ver. vir.* acting like colchicum as a specific, I am not prepared to say. But were I not inclined to the latter belief I should not have recorded the case here.

I will only record one case more, although tempted to do several.

V.—A gentleman farmer consulted me for a scaly eruption over his whole body, a sort of cross between pityriasis and psoriasis. He was active and regular in his habits. He contracted the disease, as he believed, very curiously, some months before. While happening to have a scratch upon his hand he caught a small pig that was unusually covered with pityriasis, and in the pig's struggles the scratched part of the hand came into violent contact with the pig's body; inflammation of the hand succeeded, then the lymphatics of the arm and the axillary glands became involved, and thence an erythematous rash extended over the whole body, and left the disease.

The warm-bath containing a little carbolic acid, arsenic by the mouth, milk diet, etc., soon cured the eruption, but its disappearance was immediately followed by an attack of regular gout, which was duly removed by colchicum, etc. Was there no connection between this

squamous disease and the gouty diathesis? Had he not a gouty diathesis, would the absorption of a septic poison from the pig's body have ultimately resulted in pityriasis? How often do we see a scaly eruption alternate with attacks of gout. In this case I ought to have combined colchicum with arsenic, as I have often done with advantage in all the squamæ.

This case, if any reliance can be placed upon the patients belief of the cause, is very suggestive of a matter, foreign, however, to my present subject. It illustrates the mode by which one disease, at least, is propagated, from the inferior animals to man. The pig is normally affected with squamæ. Did not man originally contract these diseases from the pig? We all believe that small pox, syphilis, and probably all the *specific* diseases, were originally contracted from the inferior animals. A disease affecting them, and not materially hurting them, if transmitted to man may become most formidable and fatal.

I am convinced, that from the comparative infrequency of gout in Canada, medical men too often treat equivocal manifestations of disease which really depend upon the gouty diathesis, without the idea of gout ever entering their minds, and *ergo*, their treatment of such cases is too often unsuccessful. And inherited gout, if the subject live an active and frugal life, usually, instead of the disease appearing in the *regular* form, is liable to show itself in one of the numerous erratic and unintelligible maladies which so often perplex us in our professional walks.

EXTENSIVE LACERATION OF DIAPHRAGM, WITH PROTRUSION OF THE GREAT CUR- VATURE OF THE STOMACH INTO THE LEFT PLEURAL CAVITY.

BY REGINALD HENWOOD,
OF BRANTFORD, ONT.

Isaac Smith, a carpenter, a healthy, muscular man of about 45 years, in the enjoyment of perfect health until the afternoon of the 5th May, when he had worked very hard—in fact, had exerted himself to an unusual extent, in order to finish a job (his work at the time was using a cross-cut saw, alternating with the adze and broad-axe)—was suddenly seized, about 5 o'clock

in the afternoon (immediately after turning over a stick of timber), with a violent pain in the abdomen, accompanied with nausea, faintness, and a feeling of coldness: he had no rigor.

I was called to visit him about 7 P.M., and found the patient lying on a settee, near a hot stove, still complaining of great pain in the belly, with nausea, hiccough, and constant eructation of gastric mucus (no actual retching); pulse small and very frequent; voice feeble; surface perspiring; extremities cold; countenance anxious. I ordered him to have hot fomentations to the abdomen, and gave a $\frac{1}{3}$ gr. of sulphate morphia. I saw him again about 10 P.M., and found the symptoms but little changed. I left him another dose of morphia, to be taken during the night. Saw him on the 6th, at 10 A.M.; found him in less pain, but the patient had not slept, and was very restless, the hiccough and eructations still continuing. I suspect the morphia to have been in great part ejected. I gave him another dose, continued the fomentations, and visited him again in the afternoon with my brother-in-law, Dr. Digby (who continued to visit the patient with me at intervals until his death.) The pain in the abdomen was now almost entirely gone; no tenderness or tympanitis. The pulse was also somewhat improved, but the hiccough and eructations were as troublesome as ever. I gave him a large soap and water injection, which was, after fifteen or twenty minutes, returned as pure as when administered. He also began to suffer much from thirst;—he was ordered a little wine, small pieces of ice, and small quantities of cold water.

On the 7th he was getting very weak, having had no sleep since his attack, and everything he had swallowed had been ejected; the hiccough and eructations as distressing as ever; great restlessness, pulse small and very quick; surface, particularly extremities, cold and perspiring; the abdominal pain, however, was gone, but there was a feeling of great uneasiness, not amounting to pain, at the epigastrium.

He now had a nutritive enema of beef-tea and gruel administered, which was retained, and also a $\frac{1}{4}$ gr. morphia, given by the hypodermic syringe. The enema was repeated in the evening, and under this treatment for the next thirty-six hours he appeared in some of his symptoms

to improve. He enjoyed some good intervals of sleep; the temperature of the surface was much more natural; the pulse fallen, and not nearly as frequent; his thirst also was much lessened by the enemata; the hiccough and eructations, though somewhat diminished, yet still very troublesome; the epigastric uneasiness still present, together with the appearance of a swelling to the left of the mesial line, and emerging from beneath the cartilages of the ribs. This swelling was about three inches long by two wide; not painful on being handled; dull on percussion, doughy to the feel, and strongly influenced by the pulsations. On auscultating this tumour, there was distinctly heard a sound, accompanying each pulsation, something like a bruit, but more like the churning or agitating of a frothy liquid. This, sometimes, was very audible, and more distinct over that portion of the swelling which was covered by the ribs, and extending up the left side of the chest.

On the 9th the condition of the patient was about the same as it had been the preceding twenty-four hours; but on the night of the 9th he was suddenly attacked with a most severe pain all over the abdomen, during which, as he expressed himself, he thought he must have died; and when I visited him on the morning of the 10th, I found all his bad symptoms increased in intensity, in addition to which he was constantly suffering pain, more particularly ascribed to the epigastrium. The swelling appeared also larger, although it certainly varied in size at different times. He now got stimulants and morphine by the hypodermic syringe, and strengthening enemata; but he remained in about the same condition all day, until about 9 o'clock P.M., when he died rather suddenly.

DIAGNOSIS.

The array of symptoms which presented themselves from first to last, strongly pointed to ileus, which, were it not for some slight shades of difference, I should unhesitatingly have pronounced it. For instance, he never actually vomited—that is, retched—and the fact of his illness coming on shortly after a strong muscular effort, in one whose powers were already much spent by excessive labour, led me to suspect the laceration or giving-way of some important internal structure. Again, there was never any-

thing like stercoraceous matter ejected; in fact, nothing seemed to find its way between the stomach and duodenum. The stomach appeared incapable of holding any quantity of anything, for a few teaspoonfuls of beef-tea, wine, or water were quickly ejected by eructations. There was never any tympanitis. The epigastric swelling became an important feature in his case, but what formed it was mere conjecture, although, of the many suggestions which offered themselves to us, the question of diaphragmatic hernia was mentioned by Dr. Digby. Then the strong pulsations in this swelling, together with the peculiar sound which accompanied, it led me at times to fear the existence of injury to some large bloodvessel; at any rate, the symptoms, taken as a whole, were sufficiently bewildering to render an attempt at diagnosis hazardous; and but for a post-mortem, we should have been forever in the dark as to the cause of death. During his whole illness, his respiration was but slightly, if at all affected.

AUTOPSY THIRTEEN HOURS AFTER DEATH.

Rigor mortis very marked; considerable ecchymosis on posterior aspect of body. On opening the abdomen, the intestines were seen to be a good deal distended with air, the small intestine highly vascular, and the stomach, or that portion of it which could be now seen, was dark, congested, and much inflamed. There were also several small patches of recent inflammation, on various parts of the peritoneal surface. This recent peritonitis was found to be caused by slight extravasation, through a small, perfectly circular aperture, through the coats of the stomach itself. On opening the chest, the explanation of the symptoms, during illness, and the cause of death immediately became apparent.

The left pleural cavity contained, besides the lung, the greater portion of the stomach, consisting of the whole of the great curvature, together with the cardiac orifice forcing the lung towards the apex of the chest, and filling about a third of the left pleural cavity. This large portion of the stomach had found its way into the thorax, through a rent in the left crus of the diaphragm, just where it forms with its fellow, the aperture for the passage of the œsophagus. This rent easily admitted, beside the protruded stomach, two of my fingers. The lungs were healthy;

heart healthy, rather large; and the abdominal organs were all apparently healthy, with the exception of the morbid appearances above described, and which were quite recent and dependent on this accident.

REMARKS.

All the symptoms observed during the patient's illness are readily explained.

The whole train of symptoms resembling those of ileus, are accounted for by the existence of a large hernia of the stomach; and although there was no strangulation, yet the organ was flexed at a very acute angle, and was sufficiently compressed where it was embraced by the diaphragm as to prevent anything (which entered its upper or thoracic portion) finding its way into the part which still occupied the abdominal cavity; hence the peculiar sound heard with each pulsation, caused by the agitation of the fluid contained in the super-diaphragmatic portion of the stomach, at each stroke of the heart. Again, the inability of the patient to vomit is accounted for by the circumstance that the diaphragm could not act upon that portion of the stomach contained in the chest, where also lay the cardiac orifice, and although nausea was a constant symptom, nothing was ejected but by a kind of eructation.

May 15th, 1869.

COMPLICATED CASE OF STONE IN THE BLADDER.

By J. LIZARS LIZARS, M.R.C.S.,
EDINBURGH.

Philip F., aged 32 suffered in youth from morbus coxæ, which terminated in destruction of the head of the femur and backward dislocation with shortening and ankylosis. After this he for years wrought as a farmer having no trouble from the limb, but the inconvenience from the want of motion and the necessary halt in his gait. His general health kept well for many years, but the combined influence of the dark variety of strumous habit, unwholesome diet, pastry, sweetmeats, overdone flesh, and very hard water ultimately told on his constitution; his digestive system gave way, too much work was thrown on the kidneys, the earthy parts of the urine were in excess and he began to suffer from symptoms of stone in the bladder. Ignorant of the true nature of his disease, he sought

relief from quack herbalists *et hoc genus omne* and after spending much money and losing much valuable time, during which he suffered intensely and had two fistulous openings formed from the bladder to the surface of the body, the one internal to the anterior superior spine of the ilium and above Poupart's ligament, the other slightly internal to the tuber ischii. Both these fistulæ gave forth at first blood and matter followed by urine. He was induced to consult Dr. Lloyd of Stouffville who at once recognized the nature of his case and used such means as he considered necessary to build up the now much enfeebled health of his patient. Notwithstanding his best endeavours the patient continued to decline, and seeing death imminent, made his will and expected to die ere Christmas. Dr. Lloyd, although he considered the patient too low to submit to an operation, yet urged upon him the propriety of seeking other advice. I was consequently called in to see him in consultation with Drs. Lloyd and McCausland of Markham Village, and satisfied of the presence of the stone notwithstanding his long confinement to bed, his feeble state and bad constitution, I advised him to submit to the operation. His life was miserable, his bed wet, his room saturated with the strong odor of urine undergoing decomposition. He was harassed every hour or so with a desire to urinate, attended with the most excruciating pain. He was a burthen to himself and all around him. Glad of any chance of escape from his misery, he at once acquiesced and therefore fixed the operation for the 3rd of September, 1864. Accompanied by Drs. Adlington, McCausland, Martin and Valentine, I drove thirty miles to the rendezvous where I had the pleasure of meeting Drs. Lloyd and McCausland. The patient having been put under the influence of chloroform most skillfully and speedily by my friend Dr. Adlington, who had studied the art in the Edinburgh Infirmary under Prof's Simpson, Syme and Miller, I proceeded to the first step of the operation, the insertion of the staff. I was at once met by the difficulty caused by the right thigh crossing the mesial plain and being fixed, consequent on the old ankylosis of the hip joint, this having been overcome, and the stone being felt both by the staff and the finger in the rectum, I cut into the bladder in the mesial plain as

recommended by Allerton and got my finger on the stone. Now I had to encounter a second difficulty, for, consequent upon the fistulæ before mentioned, it was impossible to keep the bladder distended with water, and the stone therefore was grasped by the structures of the viscus. Passing a pair of forceps, armed with chamois, I grasped the stone, not without trouble, and although I used the most gentle manipulation, I could, still, it being so soft that the outer layer gave way without producing any change in its position. Again and again I attempted to remove it, but without success, and on passing the forefinger of the left hand freely into the bladder, I found that the stone was attached to the right side of the organ. Fixing the stone with the finger, I now passed the curved scoop above and behind it and broke it in two and removed the part that was free from the bladder. Again introducing the finger, I found the remainder of the stone in a pouch or hernial sac of the bladder, and by the aid of the scoop I was able to dig it out and remove it. This done, I washed the bladder out with tepid water until all debris was removed and the finger could no longer detect any detritus in the cavity. Dr. Adlington also satisfied himself that the cavity was clear. The patient was now replaced in bed, and having recovered from the chloroform, and expressed himself as feeling "all right," I left him for the night in charge of Dr. Valentine. After this he had not a single unfavorable symptom. The incision healed kindly in a few weeks, and as it healed the fistulæ diminished until they ultimately closed, so that, by Christmas, instead of being in his grave, he looked forward to many years of comfort and usefulness.

For over a year and a-half Mr. F. continued in good health, but symptoms of stone again showed themselves, and having gained a lesson from the past, he at once consulted me. The sound now clearly indicated the presence of two small stones between the size of a filbert and an almond. These I determined to crush. The urethra could be fully dilated, and the bladder, though it bled easily, was not, however, what might be termed irritable or painful on exploration.

Consequent on the freedom with which blood flowed, I could not at once finish the crushing,

but had to submit the patient to several sittings, when I ultimately got the organ perfectly clear once more. After each crushing, I washed the bladder out freely with water or dilute acid, and continued the dilute acid for some time. Ordered a total change of diet and beverage and small doses of mineral acid to be taken internally.

Under this treatment the patient has continued in excellent health for one or two years and doubtless may live to more than an average age.

In reviewing this case it would seem that hernia of the right side of the bladder had taken place prior to the formation of the calculus, and that the stone had first formed in the hernial pouch and thence spread into the cavity of the bladder, and that the irritation of the portion of the pouch produced ulceration of the mucus membrane, which allowed the urine to pass into the pelvic cellular tissue, whence it forced its way in the two directions named, as the sites of the fistulæ; or that the stone first formed in the bladder and blocking up the orifice of the urethra produced the straining which acted as the exciting cause of the hernia vesicæ, and that the small stone subsequently was washed into this pouch, adhered to its lining membrane, and proceeded to grow etc., as above described.

One important fact established by this case is, that *a stone may be crushed although the bladder does not contain or retain any water*, provided proper care be taken in using the instruments, for in this case, after the reformation of stone, the fistulæ which for a length of time had been closed, opened up again, and each time I tried to wash out the bladder after crushing, so soon as a couple or three ounces of fluid were thrown into the bladder, it began to pass away by the fistulæ, especially the one at the tuber ischii.

Again, much has been said and written about the best mode of incising the prostate and superficial structures to enable the surgeon to extract a large stone whole. In fact some surgeons seem to think that it is better to run the risk of killing a patient by over free division of the prostate and its capsule, or by using an undue amount of force, laterally and antero-posteriorly, etc., rather than that the stone should be in any way injured, and I have myself on various occasions seen a surgeon use his utmost

force to extract a large stone *whole*, which has resulted in abscess, pyæmia and death. If we crush moderate sized stones in the bladder to atoms that may pass by the urethra, why should we not divide into two or more parts a large stone, when we cut for its removal, if it is found that the stone is too large to pass easily through a moderate division of the prostrate?

One more observation with regard to this case. We generally crush with our patient in the same position as for lithotomy, but as it was easier to insert the lithotrite whilst the patient was standing, I tried the operation in this position, and found it more convenient both for myself and the patient. As, however, very few have the pluck of my friend Philip, the position can be resorted to but seldom.

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, JUNE, 1869.

WE notice that Dr. Agnew has issued his address to the electors of the Midland and York Division. He has become a candidate at the request of a most influential requisition, signed by a large number of the leading practitioners of this city. From his address we gather that he is opposed to the present Medical Act, or such portions of it as relate to the recognition of the Homœopaths and Eclectics by the College of Physicians and Surgeons of Ontario.

Dr. Morton is also in the field. He supports the Bill; and, if we understand his views properly, we believe he supports it for the following reasons:—The necessity of some means by which the profession and the public can be protected [from uneducated practitioners; that it was the best Bill that could be obtained under the circumstances, the Legislature being determined that all who pretended to practice medicine should do so on the same footing; that, it now being the law of the land, he is bound to carry out (or endeavour to do so) the provisions of the Bill in good faith. If the working of it is found impracticable, then he is willing to aid the profession in obtaining such amendments as they may think best. Under these circumstances, we ask the profession to calmly and carefully consider their position; and to those gentlemen who consider that we are better without any legislative

enactments, we refer them to the report in our columns of the meeting of the American Medical Association, and to the resolutions of the Tennessee State Medical Society, as to the benefits to be obtained by free trade in medicine. To those, again, who desire proper legislation, we call upon them to record their votes, and thus show unmistakably, by the voice of their representatives in the Council, what they do require.

AMERICAN MEDICAL ASSOCIATION.

In the *Boston Medical and Surgical Journal*, of May 13th, we find an account of the meeting of this Association in the city of New Orleans.

Dr. Baldwin, President, called the meeting to order. The Ex-President and Dr. Warren Stone were invited to seats beside the presiding officer. The meeting was opened with prayer.

Dr. T. G. Richardson, of New Orleans, then followed with an address of welcome, complimenting the members on their advances in the science of Medicine, Surgery, and the general branches incidental to the profession. His reference to the general community of interest, which binds the members together from all sections of the land, which knows no political differences, and to the stores of our South, with its great floral and medicinal treasures, etc., was received with much applause.

The President announced the programme for the day's proceedings.

The Committees on Surgery and Anatomy were appointed to meet in the University Building; on Meteorology, Medical Topography, and Epidemic Diseases, in the Hall of Mechanics' Institute.

The Annual Address was delivered by the President.

The address referred in eloquent terms to the character of their profession, which enabled them at all times and under all circumstances, to show those amenities and courtesies which make it great and noble. He referred to the sympathies which bound them together in the bonds of a great brotherhood, that knew no disruption of its catholic spirit, during the sorrowful days of war and battle. He also referred to the necessity of a change in the system of education, which especially claims the attention of the profession and the public.

The lax method of turning loose on defenceless communities, illy instructed and incompetent physicians demands a radical change.

The enormous number of medical works thrown out from the press attracted his attention; he considered there was too much writing in the profession.

The following papers were reported:—Dr. S. D. Gross, a paper on Nurse Training Institutions. On devising a plan for the relief of Widows and Or-

phans of Medical Men, by Dr. John C. Griscom, of New York, who proposed a Life Insurance system.

The Association accepted a report of Dr. Mussey, that each State Society be requested to furnish a list of its regular practitioners. On the best report of treatment for the different forms of Cleft Palate, by Dr. J. K. Whitehead, of New York, and one on medical ethics.

A number of volunteer essays for prizes were accepted and referred to the sections to which they properly belong for disposition.

After adjournment, on the first day, they were entertained in the Hall of the Mechanics' Institute and bountifully supplied with strawberries and ice cream.

Upon the second day the number of members in attendance was about three hundred. After preliminary business was attended to, several papers having been submitted, the following resolutions were submitted to a committee:

Resolved,—That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

Resolved,—That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Lee, the delegate to the Association of Superintendents of Insane Asylums, was offered and referred to the section on Psychology. The report of Dr. Gross, delegate to Foreign Medical Associations, together with the letter to Dr. Ehrenberg was read and referred to the Committee on Publication. Dr. Chaille, of Louisiana, submitted a proposition for a common medical nomenclature in the United States, taking as a model an official publication on the subject by the Royal College of Physicians, of London.

Dr. Yandell moved the following resolution, which was adopted:

Resolved,—That private hand-bills addressed to members of the medical profession, or by cards, in Medical Journals calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association.

The committee on prize essays reported that they had received two essays, one upon "The Physiological effects and Therapeutical uses of Atropia and its Salts." The other upon Quinine as a Therapeutic Agent, they recommend the award of a prize of \$100 to each of them. The Secretary broke the seals and announced that Dr. S. S. Herriek, of New Orleans, was the author of the paper on Quinine and Dr. Robert Bartholow, of Cincinnati, was the author of that on Atropia. A com-

munication from the Gynæcological Society was read and laid upon the table.

The committee upon the President's address, while expressing their admiration of the broad Catholic spirit which pervades it, also acknowledge with feelings of sadness the truths of the allegations made against the present condition of medical education, and the little success attending the efforts for improvement in such connection made during a score of years.

Dr. Alden March, of Albany, was appointed delegate to the Canada Medical Association.

[The American Medical Association meet next year in Washington, D. C.]

(To be continued.)

DR. TAYLOR, in a communication published in the *New York Medical Journal*, draws the attention of the profession to the importance of an early diagnosis in disease of the spine. By disease of the spine he means disease of bodies of the spinal vertebrae, and which, if not arrested, eventuates in more or less loss of substance and deformity, and is called "inflammation of the vertebral bodies," "caries of the vertebrae," "spinal arthrochondritis," or "Pott's disease" of the spine: he considers that the great apathy in the profession, with regard to this disease, arises from ignorance of the early symptoms, the want of information in the medical literature, and that information not being supplied by the teachers in our medical colleges.

He gives the results of 362 cases occurring in the orthopedic dispensary, all of which were under observation for a length of time. Many of these cases were inflammatory in their origin, and at this stage could be considered as curable. The deformity which results is not the disease. Several months intervene between the earliest symptoms and the occurrence of the deformity; and it is generally possible, by the aid of these symptoms, to trace back the disease from the point at which you first see it to the period of the original injury, if it had such an origin. It generally happens that these symptoms have not been connected with the spine, either by the patient or by his physician; sometimes very little disturbance is manifest; that is, where there is a low grade of inflammation, causing only a very slow absorption of bone or cartilage; and there are other cases where the absorption of bone goes on very rapidly. Sometimes the disease exists for years unsuspected; some of these cases occurred in ladies who had been treated for uterine disease.

The symptoms are then enumerated, but we give them as concisely as possible; one of the most persistent is gastralgia—pain in the abdomen when

the disease is in the lower dorsal or the lumbar region, and generally on a line in front parallel with the disease in the vertebrae. If the disease is in the dorsal region, we have pains in the chest, and a peculiar cut off respiration, as if eversion of the ribs were arrested at a certain point; this symptom is sometimes mistaken for asthma. If the lumbar vertebrae be affected, pains in the stomach and abdominal region are among the earliest symptoms; as the disease progresses these pains pass away, sometimes they are supposed, in children, to be caused by worms, these pains are caused by contractions of the various muscles supplied by the nerves radiating from the diseased vertebrae; these pains occur sometimes in front, again at the side; sometimes there is pain in the back, but not usually in the first stage of the disease, the pain is not acute. The attitude is peculiar and unmistakable; the patient does not always lean on one side or the other, though frequently doing so, but there is an expression inimitable and easily detected; an effort to get as many springs under him as possible; a letting down of each joint of the body, so as to avoid the shock. It is instinctive, and the patient is unconscious of it; keeps in a peculiar crouched position, and is disinclined to sit. When the child comes to the mother's lap, he will fall heavily upon it, and wish to bear the whole weight on his elbows. A hacking cough and hiccough are frequently symptoms diagnostic of disease in this locality. When this disease is in the cervical region, it is sometimes mistaken for torticollis. The sixth cervical is the one most apt to be diseased. Another symptom is contraction of the pscas muscle. Feeling along the back for tenderness is not reliable, as out of three hundred and eighty-two cases recorded, he never found one case with spinal hyperaesthesia. Percussion is worthless. Paralysis may occur in the first stage; this is apt to be brief. Dragging the foot in walking should attract your attention. Lordosis is another symptom.

He winds up an elaborate paper with an earnest appeal to the profession to be careful in their diagnosis of disease of the spine, never to "pooh, pooh" an anxious mother when she calls your attention to her child's sideling and awkward shuffling gait; to the oelic pains, and the crying out in the night, or early morning, to its indisposition to run about, etc.

THE *Toronto Globe*, in an able article on Health and Hygiene, published in its columns upon May 25th, directed principally to the farming community thus discusses the effects of patent medicines:

But on the whole, perhaps the greatest evil from which they suffer is the great faith they have in the quack nostrums and patent medicines so largely

advertised in every country paper. Every country store contains a large stock of these worthless rubbish, and we are told were it not for the demand for patent medicines among country people, their manufacture would have to be abandoned, instead of, as now, being the stepping stone on which many an illiterate quack has built up a colossal fortune out of the hard-won earnings of industrious farmers.

Perhaps most of these patent medicines are not of themselves poisonously injurious, but at the best they are utterly useless for any good purposes, and their virtues exist only in the advertisements of their proprietors and the imaginations of those who read them. They are as a general rule, purposely made of such materials as have both a stimulating and soothing effect on the system, and so excite a desire for their continued use when once they have been taken, alcohol and opium being the base and principal ingredients in most of them; and their use, though it may seemingly result in relief from an imaginary complaint, ultimately deranges first the digestive powers, and soon the whole bodily frame, causing disease and general ill-health.

If the proprietors of this the leading paper in the Dominion, would discountenance the insertion of advertisements calculated to entrap the ignorant and foolish into purchasing (to say the least, these worthless nostrums) would be taking a step in the furtherance of their great mission, which would be appreciated by all the moral and religious element of society. The *San Francisco Chronicle* thus expresses its opinion upon quacks, patent medicines, etc.:

THE PLAGUE OF QUACKS.—Pharaoh was plagued with the plagues of vermin, of frogs, of locusts and of darkness; but the sacred chronicle makes no mention of a plague of quacks. In this, Egypt was more blessed than San Francisco, where astrologers clairvoyants, healing mediums and men of science, who guarantee to cure all diseases for a "consideration," constitute no inconsiderable portion of the population. Byron in his tragedy of Cain represents the wife of the first homicide as exclaiming in accents of awe and horror, after looking upon the corpse of Abel, "Death is in the world." Certain of our contemporaries have recently indulged in an outcry against quacks and the dealers in panaceas and cure-alls, so loud and portentous as to suggest the idea that they have just awakened to the fact that quackery is in the world. The truth is that this form of charlatanism is as old as human nature, and in one shape or another it will exist till time shall be no more. It subsists upon the hopes of the credulous, the fears of the timid, the fancies of the imaginative, the delusions of the ignorant; and so long as human nature retains its imperfections and its weaknesses, there will be charlatans and dupes. Legislation is powerless to remedy this evil. No law can be framed by human ingenuity that will prevent the quack from exercising upon his victim. The press is the great engine that these impostors and charlatans have to dread. If the public journals will boldly and faithfully expose their false pretenses and chronicle their frauds and impostures; if they will take the pains to explain to the people the folly of relying upon

nostrums to work miraculous cures and the danger of resorting to charlatans for medical aid, they will do more to abate the evil than can be accomplished by all the Legislatures of all the States of the Union.

THE closing lecture of the season, at the Canadian Institute, was delivered by Dr. Bovell, upon Spontaneous Generation, and illustrated by microscopical specimens. A large number of professional gentlemen were present, representing divinity, law, and medicine; at the conclusion a short discussion took place, after which the company adjourned to another room and partook of refreshments.

Dr. Lizars is a candidate for the Midland and York Divisions, but desires us to state that he will give further information in the daily papers. He expresses himself as strongly in favour of the bill.

Reviews and Notices of Books.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By GAILLARD THOMAS, M.D., Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York; Physician to Bellevue Hospital, New York; Consulting Physician to the State Woman's Hospital, etc., etc.

This, the second edition, revised and improved, of a popular work on a popular subject, which is rapidly becoming separated from its sister branch, obstetrics, and is being made a specialty in all the large cities of this continent, has for its author a gentleman of deserved and well-earned reputation.

The contents are included in 46 chapters, of which the first is devoted to an historical sketch, the second to the etiology of uterine diseases in America; chapter 3rd, diagnosis of the diseases of the female genital organs; chapter 4th, diseases of the vulva; 5th, rupture of the perineum; 6th, vaginismus; 7th, vaginitis; 8th, artesiæ vaginæ; 9th, prolapsus vaginæ and vaginal herniæ; 10th, fistule of the genital organs; 11th, fecal fistulæ; 12th, 13th, 14th, 15th, 16th, 17th, 18th and 19th, general remarks upon inflammation of the uterus; 20th, 21st, 22nd, 23rd and 24th, general considerations upon misplacements of the uterus; 25th, peri uterine cellulitis; 26th, pelvic peritonitis; 27th, pelvic abscess; 28th, pelvic hæmatocele; 29th, fibrous tumours of the uterus; 30th, uterine polypi; 31st, cancer of uterus; 32nd and 33rd, cancerous tumours; 34th, diseases resulting from pregnancy; 35th, functional disorders of the uterus; 36th, 37th, 38th and 39th, are devoted to the consideration of menorrhagia, metrorrhagia, amenorrhœa, leucorrhœa, and sterility; 40th, amputation of the neck of the uterus; 41st, 42nd, 43rd and 44th, diseases of the ovaries and ovarian tumours; 45th, diseases of the fallopian tubes; 46th, chlorosis.

Periscope.

TENNESSEE MEDICAL SOCIETY.

The last, but not least, suggestion in Dr. Lipscomb's address is the point where he refers to the great importance of having a high standard of medical education. But how is this to be done? The great trouble consists in the fact that those who teach and get the emoluments, examine the students and confer the degrees. There should be a board of competent and disinterested examiners for every medical college. The standard should be reasonably high and all should be required to invariably come up to it. The crying evil in this connection is the fact that we take, as students into our offices, young men who either from defective education or feeble minds are wholly incapable of mastering the great science of medicine. The committee recommend that these topics be discussed more or less at every meeting of the society, and we would recommend that a standing committee of five physicians, residents of Nashville, be appointed by the President, who shall have this matter and all others referred to them, continually before their minds, and whenever in their judgement any legislation in regard to such topics can be properly secured, they are instructed to proceed to draft suitable laws and engineer them through the Legislature.

Dr. Eve spoke warmly in support of the views thrown out by the committee, and urged upon this Society, the importance of its taking some prompt and decided steps to stay if not avert the ruin which the profession was rapidly passing into.

Dr. Lipscomb and others followed in remarks all urging the profession to arouse in its strength and avert if possible the pending demoralization.

The Committee on Business also would recommend the adoption of the following resolutions, as offered by Dr. J. W. Richardson:

Whereas, Hundreds upon hundreds of incompetent men styling themselves doctors, are yearly presenting themselves throughout the States of the United States, and soliciting and securing the patronage of society to the sacrifice of human health and life, and thereby entailing untold injury through their ignorance and empiricism, and

Whereas, The honor, humanity and noble ends of the Medical Profession, through such baneful agencies, are brought into contempt, and the true mission of scientific medicine and surgery is restricted largely in the sphere of their legitimate and merited usefulness, and

Whereas, A speedy and efficient check to this growing and wide-spread evil, is demanded by the highest consideration and authority known within the province of restraining legislation, be it

Resolved, That the Medical Society of the State of Tennessee recommend to the American Medical Association, that it take immediate action for the purpose of affecting an organization of a *Board of Medical Examiners* for each State in the United States, making it the duty of the Board thus organized to examine all applicants and issue licenses to practice Medicine and Surgery; and preparatory to the issuing of the said license, all applicants shall

be thoroughly examined on the following branches of Medical Science, viz: Anatomy, Physiology, Surgery, Pathology, Medical Hygiene, Chemistry, Pharmacy, Materia Medica, Therapeutics, Obstetrics, Toxicology and Practice of Medicine.

Resolved, That it be further recommended to the American Medical Association that it be required that all persons proposing to commence the practice of medicine or surgery after the foregoing organizations are established, shall procure licences for said purposes as before specified.

After some discussion of them, for and against, by Drs. Lipscomb, Olney, DuPre, Madden and others, they were, upon motion, taken up one by one and adopted.—*Nashville Medical Journal*.

Dr. GRAY, in his observations on the treatment of Tropical Diseases in the same journal, page 600.

The dogma that "a severe disease requires a severe remedy" is still, however, maintained by many to be peculiarly applicable to tropical diseases, and anything approaching to an expectant plan of treatment of their acute forms is almost universally decried. The treatment of disease in India has been, and is, to a great degree, essentially of an interfering nature; it aims at being abortive, the natural recuperative powers in acute disease being apparently looked upon as of no avail. The prevailing idea seems to be that the acute diseases of India are so rapid in their course that gentle measures cannot be of any service, and violent remedial treatment is therefore imperatively called for. Hence it happens that the natural history of acute tropical diseases has hardly at all been studied. Patients and their friends, with old clinging ideas, that certain antiphlogistic practice should invariably be carried out, and the necessity of appearing to do something, even in hopeless cases, have both tended to keep up the old *régime*. These influences are less potent among hospital patients, and it is in the hospitals of India that the effects of treatment, or of no treatment, can best be observed. There, too, progress is most manifest, though till lately he would be deemed a bold and culpable man who would treat a disease like hepatitis or dysentery otherwise than heroically. It may be thought that I am exaggerating the existing state of practice, but the large quantity of calomel and tartar emetic sent out for the use of our troops during the Abyssinian campaign, affords recent evidence that antiphlogistic treatment is still considered a *sine qua non* by high medical authorities.

If some of the standard works on the diseases of India are to be believed, an inflammatory disease in the tropics is something altogether different from the same disease in temperate regions; at least, if not different in its nature, it requires totally different treatment. One of the most modern writers on Indian diseases, in a book which every assistant-surgeon going out to the east carries in his portmanteau, remarks, that he is "more and more confirmed in the truths (?) that if, in the eastern hemisphere, in treating Europeans in youth and middle life, we would prevent the destruction of organs essential to life, we must overcome congestive and inflammatory diseases of extreme acuteness and danger with a high hand." Further on in the same work, we find the author recommending—in this sixth decade of the nineteenth century—copious general

blood-letting, leeches, calomel to affect the gums, and antimony in the treatment of acute hepatitis, for the purpose of preventing suppuration; and then afterwards, with strange inconsistency, deprecating the use of these means, especially the use of mercury, when abscess has formed, as "increasing the suppurative process and the general debility."

By way of further example of the style of practice still enjoined in works on tropical diseases, take a case recorded in the book already quoted. A patient presents himself "with a pain in the back like lumbago, and a something in the expression of his countenance, which excited a suspicion of disease. All the patient (a surgeon) noticed was a slight shivering three nights previously, followed by feverishness and pain in the back; but he considered the symptoms of so little moment that he felt a doubt as to the accuracy of the diagnosis." The author diagnosed deep-seated inflammation of the liver, and goes on to say, "The patient was young and of robust habit, so that with the loss of about eighty ounces of blood in the first twenty-four hours (!), followed by calomel and antimony gently to effect the gums, strong purgatives, and total deprivation of food, he rapidly recovered; but I think he recovered with difficulty. A few more hours lost to the treatment, and it would have been too late!" This case, read in the light of advanced pathology, is rather startling, though, after the treatment mentioned, it is not surprising that the patient recovered with difficulty; indeed, granting the diagnosis to be correct, though that admits of reasonable doubt, if we had not been told that the patient was of "robust health" we might marvel how he survived the treatment.

Dr. FLEISCHMANN in his remarks on Rheumatism to the *Lancet*, says:—

Since I entered the profession I have had thirty-four cases of acute rheumatic fever under my care. In each case I have depended upon (1) alkalis, (2) opiates, (3) blisters, (4) flannel envelopes; and with those four remedies, the rest of the drug list may be burnt. Had I to treat as many thousands as I have had units, I should seek no further for means of cure. After careful comparative watching, I find the acetate and nitrate of potash is the best conjunction of alkalis. I give a maximum dose of half an ounce of the former and half a drachm of the latter in a claret glass of dill water every two hours, until vomiting or nausea is produced, or failing that, until the sweat ceases to reddens litmus. In some cases it is astonishing the weight of alkaline antidote that is required to neutralise the acid poison. In one case my patient took two pounds of the acetate and a corresponding amount of the nitrate before he had had enough. If these doses are exhibited and borne, the pain is, as a rule, mitigated in twelve hours. I do not feel sure whether it is better in all cases to give or withhold opium; I think it should depend upon the amount of pain, rather than the amount of disease. The complete envelopment in flannel and wadding is a valuable aid, for which we never should forget to thank that admirable physician, Dr. Chambers, of St. Mary's Hospital. Blisters should be a later resort, with the exception of one, half the size of a playing card, an inch and a half below the left cla-

vicle—an application I look upon as an almost certain preventive of cardiac mischief. In all my cases I have had only *one* instance of *original* heart complication, and that was a case rather of carditis than of rheumatic fever (the patient was well and dead in thirty-six hours).

Dr. THOROWGOOD, in a communication to the *Lancet* on Torpor of the Colon as a complication in Dyspepsia, says:—

By careful attention to mastication and digestion of the food in the first instance, and by regular exercise, with the use of cold bathing, and sometimes by wet compress worn over the course of the colon, much may be done to restore tone and to obviate the need of aperients. If, however, these means are insufficient to rouse the bowels to a healthy action, then some of the medicines already named may be tried, or a pill may be given at night containing half a grain to a grain of the watery extract of aloes with extract of henbane, or else a little extract of belladonna. The belladonna often of itself will prove an efficient laxative in cases where pain, spasm and irritability are prominent symptoms. Here, too, the pill of zinc and henbane finds a good opportunity. From ten to twenty grains of good precipitated sulphur, taken in milk and water, with three or four drops of the liquor strychniæ or the tincture of nux vomica, first thing in the morning, I have found a valuable medicine in giving tone and regularity of action to the large intestine. Lastly, I should be sorry not to mention a very mild extract of aloes, made by Corbyn and Co., and known as the extractum aloes glaciale, which I have given as a gentle laxative in cases of uterine disease and piles, and have found the patients to speak highly of it.

In a letter in the *Chicago Medical Examiner*, from its correspondent in Vienna, the following occurs:—I shall first speak of the department of obstetrics and diseases of women, and how they are studied. About 10,000 women are delivered in the two lying-in wards annually. In one of these wards the material is used by Professor Späth, for the instruction of midwives; the other is accessible to students of general medicine, male and female. Adjoining the ward is an amphitheatre, where Professor Braun delivers a clinical lecture, five times a week. Difficult cases are brought in, and delivered, on the table before the class, by the forceps, version, craniotomy, etc., as the case may require. Students are sometimes called upon to apply the forceps. I may here state that a female student (Russian), though strong and vigorous, has been entirely unable, through want of strength, no one or two cases, not very difficult, to extract with the forceps—if it be any argument against female practitioners.

In the valedictory address to the graduates of the Miami Medical College of Cincinnati, reported in the *Lancet and Observer*, we notice the following:

When we contemplate the untold suffering saved to humanity by the discovery of Pare, what need to say another word in extollment of the physician.

Just imagine for a moment one of the battle-fields of our late war without the knowledge of ligating an artery. Arms and legs shot away, wounds from sabres and bayonets in the trunk and about the head and neck innumerable, yet until Pare introduced the use of the ligature, the best thing science could do to staunch blood was to apply boiling pitch, or sear the wound with a hot iron. The spectacle presented by a field hospital, surrounded by furnaces, with cauldrons of boiling tar, and the bleeding victims of war being borne to the horrible ordeal, is one from which the imagination recoils, and the heart sickens to contemplate. John Bell says: "The horrors of the patient, and his un governable cries, the hurry of the operators and assistants, the sparkling of the heated irons, the hissing of the blood against them, *must* have made terrible scenes, and surgery *must*, in those days, have been a horrible trade."

Medical Societies.

CHICAGO MEDICAL SOCIETY.

FRIDAY EVENING, April 16, 1869.

Society called to order by the President, Dr. R. G. Bogue.

Reports of cases being the order of the evening, Dr. N. T. Quales reported the following interesting case of rupture of uterus:—

March 9, 1859, at 2 o'clock p.m., I was called to tend Mrs. L., a strong, healthy Irishwoman, aged 28, in her third confinement—two previous having been instrumental deliveries—told me she had been sick since five o'clock in the morning; pains having been strong and regular; membranes ruptured half an hour before my arrival, and about 15 or 20 minutes later (the pains having continued with increased severity) she felt something "give way," and the pains almost instantly ceased.

On examination, I found the os uteri fully dilated, the cord down, but no parts presenting. By introducing the hand, I found the promontory of the sacrum unusually prominent, and by carrying the hand further, it came in contact with the umbilicus, and I made out the position as transverse, the abdomen presenting—the head to the right, and the feet to the left, side of the mother. In passing my hand (right) round in order to get hold of the feet, I found a longitudinal rupture of the posterior wall of the uterus, above the promontory of the sacrum, about 2½—3 inches in length, with intestines protruding. My feelings at this discovery can better be imagined than described. I despatched a messenger for my friend Dr. Paoli.

With the conviction that immediate action offered her the best chance, I decided to turn and deliver at once. I brought down the left foot, and, by gentle traction, succeeded in delivering her, in course of 15 or 20 minutes, of a fullborn, healthy male child—apparently stillborn, yet, after some patient effort, I had the satisfaction of seeing vitality restored.

By gentle traction on the cord, the placenta was expelled in about three minutes. There was now some considerable flooding. I at once gave ʒij. of the fl. extract of ergot (Duffield's), introduced my

hand and replaced the protruding intestines, and, by friction and pressure over the abdomen, caused firm contraction of the uterus before I withdrew my hand. In course of 15 minutes, I repeated the ergot, in order to obtain continued contraction; and having succeeded in this, I applied a moderately tight bind and napkin to the vulva—waited another half hour—the contraction of the uterus continued. I gave gr. ij. of opium, and left orders to call me if anything unusual should occur. At eight o'clock in the evening, I called and found the uterus somewhat dilated, the patient otherwise comfortable. Ordered gr. ij. of opium at once, and to be followed with gr. j. doses of opium every two or three hours, if she was awake.

March 10th, at eight o'clock a.m., I found her feverish and uneasy. She had slept about three hours during the night, and passed urine twice. Pulse 112 per minute; respiration somewhat labored; tongue dry; considerable tympanitis and tenderness about the uterine region; lochial discharges suppressed. Ordered tinct. verat. virid., gtt. 4, every three hours, and pulvis opium and dydrag. submuriatis, of each, gr. j., every two hours, with turpentine stupes over the abdomen: saw her at noon, when she was more comfortable. At eight o'clock in the evening, the pulse was 103 in the minute; the tenderness about the abdomen subsided. Ordered gr. ij. of opium, at bedtime.

March 11th, at eight o'clock a.m., pulse 106 per minute; no great pain; had slept several hours during the night, and taken some nourishment. Treatment continued, with longer intervals between the doses. Also, injection into the uterus of solution of acid carbol., gtt. vj. to the ℥j. of warm water, three times a day.

March 12. Symptoms much aggravated; pulse 120 per minute; tongue dry; tympanitis and tenderness increased; had passed a restless night. Ordered blister, 12×12, over the abdomen, to be left on for six hours. Internally, I ordered quinia sulph., gr. j.; pulvis opium, gr. ss. every four hours, to alternate with tinct. ferri, gtt. xx. On removing the blister, a large, warm flax-seed poultice was applied to the abdomen, and a full anodyne at night.

March 13th. Much improved; little pain besides the soreness from the blister; tympanitis greatly subsided; pulse 112 per minute; tongue moist; bowels moved for the first time since confinement; lochial discharges re-established; took considerable nourishment during the day.

March 14th. Improving; pulse 90 per minute; tongue moist; no pains; and but little tympanitis; treatment continued.

March 27th. Sits up and can walk across the floor. Secretion of milk liberal.

At the present writing, April 14th, 1869, both mother and child are doing well; the mother performs her ordinary household duties, yet complains of occasional soreness over the abdomen.

Dr. G. O. Paoli, in remarking on the foregoing case, gave the following statistics of ruptures of the uterus:—

In the Kingdom of Wurtemberg, in 219,535 births was observed six ruptures of the uterus, being only one in 36,539. Madam La Chapel observed in Paris Hospital only one in 20,000 births.

Professor Jocery Elipse observed two ruptures in 20,056.

Dr. Erringman, of Prague, from 1827 to 1833, observed seven ruptures in 28,085 cases.

Dr. Cedershold, of Sweden, from 1830 to 1831, observed two ruptures in 2334. Churchill, of England, in 42,768 there was 75 cases, making one in every 657 which occurred in Dublin.

Verbal reports of cases were made by Drs. Groesbeck, Paoli, Mitchell, and others.

Mr. T. D. Fitch, one of the surgeons to the Cook County Hospital, reported a case of death from the inhalation of chloroform, which occurred that day at the hospital.

The patient was an adult, native of Sweden, and a laborer. Several months since he suffered a severe injury of his foot and ankle, by a waggon-wheel passing over it. The injury had resulted in extensive destruction of soft parts by suppuration, and carries of the bones of the ankle.

He was admitted to the hospital only a few days since; and a consultation of the surgeons of the institution resulted in the decision that amputation was necessary. The patient had been kept on good diet and tonics during the short time he had been in the hospital, and had taken a glass of wine immediately before entering the operating room. No disease had been detected in the organs of respiration or circulation; and the patient was himself anxious to have the operation performed. The chloroform was administered on a napkin, held over the nose and mouth, not so close as to prevent the free access of atmospheric air.

When the inhalation had progressed from one to two minutes, and ten or twelve inspirations had been taken, an unusual sound was noticed, and the napkin immediately removed. A slight tremor of rigidity or spasm passed over the muscular system; three or four slight efforts at inspiration took place at long intervals, and then ceased entirely with complete muscular relaxation. The heart, however, continued to beat feebly for more than half an hour after the respiration ceased. The most strenuous efforts were made to revive the patient by artificial respiration, and otherwise, for more than one hour. The account of Dr. Fitch was corroborated by Drs. Bevan and Bogue, who were present and assisted in the efforts to restore the patient.

A minute and careful *post mortem* was made the following day, but no disease of the organs of circulation or respiration were found, and no congestion or even fulness of the vessels of the brain.

After the transaction of some miscellaneous business the Society adjourned.—*Chic. Med. Examiner.*

NEW YORK PATHOLOGICAL SOCIETY,

Stated Meeting, April 14, 1869.

Dr. L. A. SAYRE, President, in the Chair.

FATTY LIVER, ATHEROMA OF AORTA, TUMOR OF FALLOPIAN TUBES, ETC.

Dr. Fimmel exhibited several specimens. The first series was removed from a prostitute 45 years of age, who for the last three months of her life had been in a constant state of intoxication. She died rather suddenly. At the autopsy a fatty liver, weighing five pounds, was found, which was a beautiful specimen of its sort. The upper portion of the organ was globular, as is usual with tight lacers. The heart was hypertrophied, and the arch

of the aorta atheromatous. The uterus contained in its cavity, and in the substance of its walls, several small fibrous tumors, while one of the fibrinated extremities of the fallopian tubes was expanded into a sac of the capacity of a hen's egg.

A RING-SHAPED POLYPUS.

A second specimen consisted of a small uterine polypus removed from a maiden lady 30 years of age. It had a peculiar ring shape at its extremity.

GRANULAR KIDNEYS.

A third specimen consisted of a fine pair of granular kidneys, removed from a convict who died of traumatic peritonitis, the result of a gun shot wound received while attempting to escape. For a few days previous to death the patient presented a bronzed hue of skin, and Dr. Finnell thought that he might find some explanation for it in the condition of the supra-renal capsules, but failed in even finding them.

CEREBRAL SOFTENING.

A fourth specimen was a portion of a brain taken from a man 40 years of age, who, while lodging at a station house, was seized with convulsions, and shortly after died. The lower surface of the cerebellum, and the posterior and lower surfaces of the cerebrum, were the seats of marked softening. The membranes in the neighborhood were strongly adherent.

DISORGANIZED KIDNEYS, URINARY AND BILIARY CALCULI.

A fifth specimen was a pair of thoroughly disorganized kidneys taken from the body of a miser, who died suddenly at the age of 70. He had lived entirely by himself, and subsisted on very little food. At the autopsy the kidneys were found almost worm-eaten, the pelvis being loaded with fat. Each calyx of the organ contained a small calculus. His gall-bladder was occupied by a large sized, oblong shaped biliary calculus. At the time of death the man was wearing three under-shirts, two muslin shirts, two vests, three coats, two pairs of pants, and three pairs of drawers.

DIPHTHERIA.

The last two specimens, making the sixth and seventh, he presented on behalf of Dr. John Beach. Both were examples of diphtheria. One was removed from the body of a male immigrant 3½ years old, who was seized with throat symptoms while the ship was coming up the bay. He died on the fourth day after landing. At the autopsy it was evident that the whole force of the disease had spent itself upon the larynx and trachea.

The other case was taken from a female 4½ years of age. The deposit was likewise thick and extensive, but was also confined to the throat and its vicinity.

LONG CONFINEMENT OF NEEDLE IN PALM OF HAND.

Dr. Mason exhibited the prepared hand of a dissecting room subject. Upon the metacarpal bone of the index finger, and parallel with its long axis, was discovered a pin or needle with its point exactly opposite the metacarpo-phalangeal articulation. There were no evidences of the hand having been crippled during life, while the appearances seemed to indicate that the foreign body had rested in that locality for a considerable time.

Dr. Sayre remarked that the probable reason why the foreign body did no harm in that particular locality was that it was parallel with the tendons. He then related the following case in point: A noted pugilist called on him to have an operation performed for the relief of an inability to approximate the metacarpal bones of the thumb and index finger of the right hand. On examination a foreign substance was detected in that locality, which was supposed to be an exostotic growth. He cut down upon the part for the purpose of removing it, and came upon a portion of the bottom of a tumbler, triangular in shape, an inch and a half in length in one direction, three quarters of an inch in another, and about half an inch in thickness. The patient was, of course, unaware of its presence at the time, but succeeded after a while in recollecting that fourteen years before, while in a drunken brawl, he had smashed a tumbler upon a counter, that it had broken, and the portion had insinuated itself into his palm.

A FUNIS TIED IN A KNOT AND CHILD BORN ALIVE.

Dr. Nolan presented a portion of a funis, which was twenty-four inches long, tied in quite a firm knot. The mother was not preternaturally large, and the child was born alive.

Dr. Jacobi thought, from the appearances presented, that the cord had become tied late in gestation.

Dr. Rogers was of the opinion, inasmuch as some evidences of adhesion were present, that a little time at least had elapsed before delivery.—*Medical Record.*

Selections.

FURTHER UPON THE USE OF CARBOLIC ACID IN CORNEAL AFFECTIONS.

BY A. D. WILLIAMS, M.D.,
OF CINCINNATI.

In a former article upon this subject, I gave in a general way some of the indications for the use of the carbolic acid in the treatment of corneal affections, and particularly in hypopion keratitis. After more extended experience in its use, I have nothing to take back in regard to its peculiar adaptability to the pathological condition of the cornea in this particular form of keratitis, but am disposed to commend its use more than ever. It is certainly a great desideratum in the treatment of hypopion keratitis. But I wish to speak at this time more particularly of its use in the treatment of that stubborn form of inflammation of the cornea, that so often accompanies or follows small-pox.

Every general practitioner, as well as the eye doctor, knows how difficult it is to get an eye well, that is attacked with keratitis after the patient has recovered from small-pox, or during its progress. The mild or severe character of the former, does not determine the mild or severe nature of the keratitis. We may have an extremely ugly keratitis following a very mild attack of small-pox, as I have lately seen in two or three cases. The cornea in such cases either begins by ulceration, or else it takes on the ulcerative process very soon after the keratitis begins. We explain the condi-

tion of the eye generally to the friends of the patient by saying that a pustule has formed on the eye similar to those on the skin. This is a very easy way to explain the matter; but, perhaps, not always true, for we often see the keratitis developed some time after the pustules have disappeared. In my judgment one thing in regard to this whole matter is true, and that is, that the small-pox disease predisposes in some way to the disease of the cornea, aside from the pustular eruption. But be this as it may, physicians are accustomed to look with some degree of dread upon an eye in a small-pox patient, whose anterior chamber begins to fill up with pus, or perhaps, is already full, so that the eye looks absolutely white, as though there was no iris or cornea or pupil about it. This is what is too often seen in small-pox patients. If we look closely, we will find a point in the cornea that is abraded or rough, *ulcerated*. This may be a mere point, or it may cover one-third, one-half or two-thirds or all of the cornea. From these points the pus makes its way in some unexplained manner into the anterior of the chamber, and makes the eye look white. While we are making an unfavorable prognosis, and telling the patient that it will take a long time for him to get well, that his eye will heal up very slowly, and that it may be blind, just here carbolic acid comes to our relief, and enables us to give a more favorable prognosis, and to tell the patient that his eye will heal up in comparatively a short time; and that the resulting opacity will be comparatively small. Of course if the cornea has already sloughed away, the eye is hopelessly blind; but as long as part of the cornea is clear to begin with, we can promise with some degree of certainty that the eye is not lost, which is no small consolation to the patient.

Lately we have had quite an epidemic of small-pox in Cincinnati, and during its progress and decline I have had a good opportunity to test the effects of carbolic acid in small-pox keratitis or ulceration of the cornea, and have good reason to be pleased with the general result; have had more or less of it on hand all winter, and at this writing, April 12th, have eight or ten patients on the carbolic acid treatment. I have found that under this treatment the patients would recover in from ten days to four or five weeks, according to the severity of the attack, while under the former treatment, the cases would last an indefinite time, and possibly not get well or heal till the cornea had completely sloughed away, particularly if the attack was severe to begin with.

The carbolic acid treatment is as follows:

Rx.—Atropiæ Sulph., gr. jv. (4.)
 Acid Carbolic, gr. iii.
 Aquæ Destilat., ℥j.—Mix.

Drop into the eye every two or three hours, according to the severity of the attack, sometimes even every half hour; this is for adults. For children use less of the atropine, according to the age.

This I have the patient use constantly at home, and I apply a thirty or forty grain solution once a day myself, when the patient comes into the office. I first cleanse the ulcer as perfectly as possible, and take a small probe, dip it into the solution, so that a very small drop, the smallest possible quantity, may stick on the end, and then touch it to the ulcerated surface and let it spread over the ulcer.

If one application is not apparently sufficient, I make two or three applications in the same way at the same sitting. This I repeat every day or every other day, according to the apparent need of the case. This bites pretty sharply for a moment, and then it is all over. The smarting is more due to the glycerine, than to the acid. Where a strong solution is used, some glycerine has to be added, else the water will not dissolve the acid thoroughly.

An ounce of water will hold three grains in perfect solution, if the acid is rubbed with the water in a mortar (according to Mr. Fennel.) When this solution is dropped into the eye, the patient hardly feels it. It may be used very often indeed, as the cornea tolerates it perfectly. My observations would indicate that it is better to use a weak solution very frequently, than a strong solution less frequently. This I consider to be pretty well established. In using the strong solution, it is very desirable to confine it to the area of the ulcer as much as possible, and especially to prevent its accumulation in the lower cul de sac, as it would cauterize the conjunctiva severely. This can be avoided by working the lower lid over the eye till the tears wash it out.

I treat the patient internally, according to the particular indications in each individual case. Do not lay much stress upon this if the patient has a good appetite and can rest well.

I claim for the carbolic acid treatment, that it is quicker, more certain to check at once the ulceration of the cornea, and thus saves the vision; and that it prevents or modifies in some way the resulting opacity of the cornea. This latter I have observed so often, that I am well satisfied of its correctness. How it does it, I am not able to say. Where there is no abrasion of the surface of the cornea, the carbolic acid treatment is not indicated.

In the last few days I have used this treatment in a case of traumatic keratitis, where the cornea was cut in different directions in its centre by a stick of wood. The wound was suppurating when I first saw it. The chamber was partly filled with pus, and the patient was suffering severely. I used the acid as above, and the patient has ceased to suffer, and the eye is healing up rapidly. I have used it also in burns of the cornea with good effect, but mainly with a view of limiting or modifying the resulting opacity. I often prescribe it as a colyrium in old chronic cases of keratitis, that resist the ordinary treatment for an indefinite time. In such I have had very nice effects from it, especially in attacks of fresh keratitis, that have come on during the treatment of an old keratitis.

These are the main indications for its use, according to my experience; and I must say, that in my hands it has proven to be a valuable remedy in the treatment of corneal affections. I have tried it in the treatment of *diphtheritic conjunctivitis*, but without encouragement; also in granulations, but am not pleased with its effect.—*Lancet and Observer*

Liebig's Food for Infants.

The food which Liebig recommends for infants is a preparation of malt with wheaten flour and milk, to which a little bicarbonate of potash has been added; and the reputation of it in Germany, as an article of diet for children, is considerable. The

preparation is made by mixing 1 oz. of wheaten flour with 10 oz. of milk, and boiling for three or four minutes; then removing it from the fire, and allowing it to cool to about 90°. One ounce of malt-powder previously mixed with 15 grains of bicarbonate of potash, and 2 ozs. of water, are then stirred into it, and the vessel being covered, is allowed to stand for an hour and a-half, at a temperature of from 100° to 150° Fahrenheit. It is then put once more upon the fire, and gently boiled for a few minutes. Lastly, it is carefully strained, to remove any particles of husk, and then it is fit for the child's food. The composition of the food, according to Dr. Liebig, is as follows:

Foods.	Plastic matter. ozs.	Carbona- ceous matter. ozs.
10 oz. milk	0·40	1·00
1 oz. wheat-flour. 0·14	0·14	0·74
1 oz. malt-flour... 0·07	0·07	0·58
	0·61	2·32

The relation of the plastic to the carbonaceous being as 1 to 3.8, which is the right proportion for the food of children.

The effect of the malt-flour is to transform the starch into glucose, and thus the mixture gets thinner and sweeter as it stands; and the bicarbonate of potash is added to facilitate the change, and to neutralize the acid constituents of the flour and malt.—*Detroit Review of Medicine.*

Distended Pericardium, threatening Death; Relieved by Paracentesis.

Mr. Wheelhouse, records (*Brit. Med. Journ.*, Oct. 10th, 1868) the following case which he attended with Dr. Allbutt, September 18th, 1866, C. S., a gas-pipe layer, was admitted into the Leeds Infirmary under the care of Dr. Allbutt, suffering from very acute rheumatism, both muscular and arthritic, accompanied by dyspnoea and oppression. On examination, the pericardium was found to be considerably distended with fluid, and there was acute pain in the region of the heart. A large blister over the heart and full alkaline and opiate treatment was ordered for him.

On the 19th, at 11.30 P.M., Dr. Allbutt was urgently summoned to the assistance of this poor man, who was said to be dying. On reaching his bedside, he found that this statement was unfortunately only too true; and having, in the practice of the late Professor Trousseau, seen three or four instances, in which the operation of paracentesis pericardii was resorted to for the relief of similar conditions, he determined to seek surgical aid for his patient.

I reached the patient within half an hour, and found him sitting up in bed, his head resting on his hands, his elbows on his knees struggling for breath. He was covered from head to foot with a copious cold sweat, and his hair was dripping; his skin was dusky and cold, his eyes sunken and glazed, and for two or three hours he had been unable to speak. The case needed but a few words of explanation from Dr. Allbutt, who, telling me that he believed all medical treatment was exhausted, asked my opinion as to the possibility of saving the man by paracentesis. I believed that there was, so far, no successful case of this operation on record; but,

with dissolution staring the man so closely in the face, I felt that, at all events, he could not possibly be placed in a more critical condition by the operation, and therefore determined to give him the chance. I rapidly mapped out the area of pericardiac dullness; and, bearing in mind the normal position of the heart, I assumed what would probably be its altered position. My object was to strike the sac at the lowest possible point, and to avoid coming into contact with the thin walls of the distended auricle.

I chose for my purpose a small trocar. This I placed on the upper margin of the fifth rib, half an inch to the left of the sternum; and inclining it upwards and inwards, thrust it steadily forward through, the intercostal space, towards what I believed to be the centre of the ventricle. I pushed it onward until I could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, I advanced the canula well up to the heart, until I could feel and see, and demonstrate to those around, the impulse of the heart as communicated to the instrument. The trocar was then withdrawn, and the fluid allowed to escape. This it did at first in a steady stream, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale pink coagulable serum, and, upon the whole, about three ounces escaped. During the operation the patient gradually obtained relief; and after the canula was withdrawn, the bed-rest was removed, and the was able to lie down. The breathing was relieved, and was now only 36 per minute; and he was able to whisper to us that he felt unspeakable relief. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dullness was decidedly diminished. The operation was followed by several threatenings of syncope, which were, however, warded off by large and repeated doses of brandy, all other medicines being omitted.

Next day, the cardiac dullness had not increased; but in the evening the breathing became more laboured, and considerable delirium came on. Another large blister was placed on the region of the heart, and half a drachm of liquor morphine was given; ten drops were also ordered to be repeated every six hours. From this time the patient steadily improved, and on October 13th was discharged cured. On his discharge, the pericardial dullness was little if any, beyond the normal extent. There was a loud blowing systolic murmur heard over the apex.

Such is the case as you will find it briefly recorded by Dr. Allbutt; and my only object in bringing it again before you at the present time is, first, that I may say that the cure has continued perfect, and that the patient is still alive, and able to follow his employment; and secondly, that I may contrast the method by which I performed the operation, and attained perfect success, with that adopted by Prof. Trousseau in, I believe, every instance with a fatal result.

I used the simplest means I could think of; disturbed the natural relations of the important viscera with which I had to deal as little as possible, and was content with present relief, leaving all after-conditions to chance. I felt that, with a small trocar and canula, I could do very little harm

unless I had the ill fortune to strike the distended auricle; for I could not doubt that a light hand would so easily recognize the touch of the ventricle that any chance of its penetration was remote; and, having succeeded in withdrawing the fluid, and in obtaining decided relief to the laboring heart, I was content.

In Professor Trousseau's case, on the other hand, a very different plan was adopted. A free incision along the intercostal space was followed by a studied exposure of the bag of the pericardium; the pericardium itself was next laid freely open and evacuated; and finally, in the hope, I presume, of insuring its after adhesion to the walls of the heart, it was washed out with an iodized solution. I feel that had I, in the present instance, adopted this more heroic plan, my patient would undoubtedly have died before I could have completed the operation.

I attribute my success, then, to the simplicity of the means adopted; and I think that the case proves that, when all other means have failed, a distended pericardium may be tapped with safety, and with a fair prospect of rescuing a patient from the jaws of immediate death.—*Med. News and Lib.*

Cases of Syphilis Treated Without Mercury.

Dr. Charles R. Drysdale and Mr. Robert W. Dunn, M.R.C.S., read at the Harveian Society, London, on March 18, 1869, the following cases:

Case 1.—Charlotte D., aged 16, seen by Dr. Drysdale, August 2nd, 1863, with roseola, alopecia, and enlarged posterior cervical glands. Had felt a small sore on the vulva a month or so before, which healed of itself. Patient complained of pains in the head. To take the following mixture of chlorate of potash:

R. Potassæ chloratis gr. v.
Acidi hydrochlorici dil.....gtt. v.
Aque ʒ.
Ft. haustus ter diessumendus.

Under this treatment the disease progressed favorably. She had slight angina, which was treated by a chlorate of potash gargle. By the month of October, 1863, the roseola had disappeared, and she was in very good health. The patient was pregnant at the time.

Case 2.—T. P., a young man, aged 20, father of Charlotte D.'s child, and subsequently her husband, came soon after the appearance of Charlotte. He was suffering from gonorrhœa and a scaly syphilitic eruption, sore throat, enlarged posterior cervical glands and inguinal glands. Treated by the chlorate of potash mixture, he lost all of his symptoms in about two months. The child, with which Charlotte D. was pregnant was born at full time, but only lived seven weeks. It was said to have died of convulsions. Charlotte D., in the year 1865, then in excellent health, brought her second child to be seen by Dr. Drysdale, then five months old. No trace of syphilis was seen on this child, and although it, as well as both of its parents, have been under observation since that date, no further traces of the disease have been marked in any of them. Such cases are, of course, of themselves sufficient to demonstrate that, contrary to the doctrine of John Hunter and his school, syphilis tends

to wear itself out in many constitutions in about a year and a half or two years.

Case 3.—Mary B., aged 13, came under the care of Mr. R. W. Dunn, July 10th, 1865. When first seen she complained of painful micturition, discharge, and pain in the labia majora, which on inspection, were observed to be much swollen and enlarged. Aug. 17. She had a discharging bubo in the left groin; labia much swollen, and painful micturition continued; appetite bad; pulse 110; poultices to bubo; ammonia and bark fomentations to labia. August 24th. Groin still discharging; roseola over the body; bark and nitric acid; poultices to groin. August 31st. Angina and roseola; gargarisma potassæ; riss medicinam. Sep. 7th. Rash paler; throat better. 14th. Psoriasis syphilitica on face, legs and arms; repeat same medicine. 21st. Cervical glands greatly enlarged.

R. Tinct. ferri perchlorid., gtt. v.
Aque,..... ʒij. t. d.

26th. Complained of pain in right arm and elbow-joint; glands in the neck enlarged and painful; rash fading; repeat. Nov. 10th. Skin hot and dry; pulse 120; pains in the limbs.

R. Liq. ammoniæ acetatis, ʒiij.
Ammon. sesqui-carb.... gr. xij.
Ætheris chloric,..... ʒij.
Aque,..... ʒvj.
ʒj. t. d. s.

Nov. 30th. Much better; only a few spots on face; cervical glandular enlargements nearly gone; to take cod liver oil and vinum ferri. Jan. 5th, 1866. Complained of pains in limbs; a few spots still seen on the face; to have change of air, and live well. April, 1866, looked quite well—indeed, the picture of health—and said she had not felt so well for years; a few cervical glands still enlarged. In 1867, she was quite well, with no relapse; and in 1868, continued quite well, without any relapse. In this case the space of one year was sufficient to remove all symptoms in what at first seemed a severe case, and apparently without any probability of a relapsing taking place.

Case 4. Emma P., aged 24, was seen at first by Dr. Drysdale, February 10th, 1864, with ulcers and mucous tubercles on the soft palate, and roseola on the trunk and limbs. This was a very slight case. She was treated by means of gargles of chlorate of potash, and a mixture containing the same ingredients, until the month of April, 1864, when, all symptoms having left her, she came no more for a time. She has repeatedly been seen since that time, but without any symptoms of specific nature being remarked. In January, 1866, she attended with toothache, and at that time was free from all symptoms of syphilis. This patient had been married for some years, but had no children, nor had had any miscarriages.

Case 5. Catherine C., aged 24. April 25th, 1864, with stains of café-au-lait color on face and breast, and spots of psoriasis on thighs. Was under treatment for these symptoms for the space of four and a half months. The treatment consisted of gargle and mixture of chlorate of potash. The eruption, though far more tedious than that of Case 4, gradually disappeared. The patient was seen in 1866, in excellent health, by Dr. Drysdale, no relapse having occurred.

Case 6. John L., aged 17; seen first by Mr. Dunn, on the 24th June, 1864, with sore on the penis, very slightly, if at all, indurated; but with multiple enlargement of the inguinal glands. Treated by means of a mixture of chlorate of potash, the sore soon healed up, and he left for a time. Sep. 8th, 1864, he returned, with a scaly, syphilitic eruption over the body, face, and extremities. Treated by chlorate of potash mixture. Sept. 26th. Sore throat; ulceration of the tongue. *Repete medicinam*, and use an astringent gargle. Oct. 24th, Discharged without any further symptoms. No relapse since that date.—*Med. and Surg. Reporter.*

Aneurism of the Splenic Artery: Rupture and Death.

By E. M. CORSON, M. D.,
OF CONSHOHOCKEN, PA.

On the first day of January, 1866, I was called to see Mrs. S., æt. 28; a lady in good circumstances; married and the mother of two children. She was quite fleshy, and when I first saw her, she was suffering from intense pain in the epigastrium, extending through to the back.

The administration of half a grain of sulphate of morphia, and dry cups applied along the spine, soon relieved her. At about the same time next day, she had a similar attack, and was relieved as before. What seemed unusual, was the fact of the patient being able to be about in a few minutes after the paroxysms. On account of the periodical nature of the attacks, and no assignable cause for them being apparent, it was thought that if she could be brought under the influence of quinine, the pains might be stopped.

The full effect of the drug was obtained, but to no purpose, as far as breaking up the paroxysms was concerned.

Thinking that the pain might be reflex, and caused by some uterine trouble, that organ was examined, and some slight inflammation of the os uteri discovered. This soon subsided under treatment. The pains, however, still continued to recur daily, and with increasing force, and if not relieved with morphia and cups to the spine, would last for hours. We next had recourse to alteratives, and gave in turn, Fowler's solution, the iodide and bromide of potassium, etc. This treatment continued for some months, and as the system had become accustomed to the morphia, and several grains were now required daily to relieve the pain, we gave hyoscyamus, aconite, belladonna, cannabis, and other remedies of that class, but could find none to afford any relief. All the remedies mentioned were faithfully tried at various times for a year. On account of the large quantity of morphia it was necessary to take by the mouth to relieve the pain, we substituted the hypodermic method, and with the happiest results. One half grain given in this method afforded instant relief, and agreed with the system so well that the lady could attend to her duties all the time.

Ice to the spine was tried but without success.

In April, 1867, she became pregnant, and a hope was entertained that this change in the system might result in a cure, at least when she should be confined. About the eighth month of gestation, Nov. 3d, she was seized with an unusually severe

paroxysm of pain, and died in a few moments, completely exsanguinated. Thus in a few moments the case terminated, that had baffled all treatment for a period of twenty-two months. During all that time, there was not ten days the patient did not suffer excruciating pain.

The autopsy revealed the cause of death, and without doubt, the cause of the pain. The splenic artery had been converted into a large aneurism, which had ruptured and caused death. The spleen was rather larger than usual, and on making an incision into it, the contents ran out, of the consistency of molasses, and of a muddy color. All the other organs were healthy. One reason why the aneurism had not been discovered before death, was on account of the fleshiness of the patient and the situation. I am unable to assign any reason for the periodical nature of the pains, and would be glad if any of your readers can do so. The case is certainly a remarkable one.—*Med. & Surg. Reporter.*

Brisk Trade in Doctors.

A friend in Illinois favors us with a card of Dr. T. W. —, Milwaukee, Wisconsin, who announces to the profession that the States of New York, Ohio, Michigan, Minnesota and Wisconsin, have passed laws that no person can practice medicine unless he is a graduate of some medical college, and as a diploma is *prima facie* evidence of such graduation, he offers them for sale, "*bona fide* and recognized throughout the world," for a very reasonable rate.

Dr. T. W. —, claims to represent a medical institution chartered by the Legislature of Wisconsin, and runs a hospital and collegiate agency in Milwaukee. We have no acquaintance with the statutes of that state, but if they do thus favor an unwhipped rascal, who makes it his business to aid other rascals to escape the laws, those statutes had better be repealed and modified as becomes a Christian commonwealth. If any of our friends will agree to give T. W. —, M. D., a lift for this swindling, we will take pleasure in forwarding his full name and exact address.—*Phil. Med. and Surg. Reporter.*

Another Medical College in Philadelphia.

It is whispered in medical circles that a number of medical men have it in contemplation to start another regular medical college in this city. The names of several of the proposed professors have been mentioned to us, and undoubtedly they would give a high character to the institution.

There is, there always is, plenty of room for another college here:—but only for one kind of a college. That is, for one combined with extensive hospital advantages, one which will not pander to the prevailing low standard of education, one which will be under the thumb of no clique, one in which no "hereditary rights" will be known, one in other words, different in some respects from any now here. *Med. and Surg. Reporter.*

PROF. A. JACOBI has resigned his professorship of Diseases of Children in the University of New York, and has accepted a similar chair in the College of Physicians and Surgeons.—*Medical Record.*

Earth Closets.

The water closet, although a very convenient and almost indispensable appendage to a first-class residence, is open to many objections, arising from carelessness in its management, freezing of pipes, etc., which are too well known to need specification. The earth closet, improved as it has been already, and doubtless will be, is destined, if we mistake not, to prove a formidable rival to the water closet.

The general principle which gives value to the earth closet is the power of earth to deodorize decaying and decomposed organic matters. This is due partly to its absorbent power upon gaseous compounds, and partly to chemical reaction, between the substances of which earth is composed and the offensive matters. The absorbent power of earth upon effluvia has been long known. In rural districts the practice of burying clothes to rid them of smell caused by too intimate contact with that personally disagreeable, but to hop-growers exceedingly useful little animal, the skunk, is a common practice. It is well known that excrementitious matters, covered with dry earth, are not only completely deodorized, but form the most valuable of all known fertilizers.

The mechanical construction of earth closets, as they are now made, is such, that by a very simple movement, matters deposited therein are instantaneously covered with a layer of dry earth, and, thus deodorized, may be removed with as little offense or trouble as ashes.

The plan is commendable in many points of view. On shipboard its introduction would obviate the most intolerable nuisance. In hospitals it would greatly promote the health and comfort of both patients and their attendants. It is equally applicable to dwelling houses, wherever situated, and under any circumstances whatever, and is as applicable to a commode as to a room set apart for the purpose. It removes all danger of impregnation of wells with excrementitious matters, an accident now of frequent occurrence, and the cause of frightful epidemics.

Its universal adoption would lessen the demand upon the water supply of cities to a very large extent—an important consideration. It can be made convenient in use, and lastly, but not by any means least, such a system might be made to restore to lands the large amount of valuable fertilizing matters which now flow through the sewers of seaboard towns to contaminate the waters for miles around.

The value of this now wasted sewerage is enormous. It may be estimated in millions annually. Engineers have racked their brains to devise some means of utilizing this waste; it seems to us that the earth closet is the true method for its accomplishment. Not that we believe the principle has been yet wrought out to perfection, but that it is capable of being applied so as to cover all the requirements of the case.

Our attention was first called to this subject by the perfect absence of smell, and the superior cleanliness of the earth closets of the Oneida community, an association which, whatever its errors of belief, is not open to any criticism on the score of cleanliness. These closets are daily cleaned, without inconvenience, by simply drawing away the earth and deodorized matter with the receptacle allotted

to them, and replacing it by another. The compost is used on their lands, and is considered an extremely valuable manure.

We are glad to see that public attention is being directed to this matter on both sides of the Atlantic, and we trust the subject will be discussed, and the matter tested until its merits are fully established. A patent is pending at the Patent Office now on a very ingenious earth closet, the invention of an Englishman. As soon as the patent issues we shall probably illustrate the subject in these columns.—*Scientific American*.

Concerning the Obstetrical Properties of Ergot of Rye.

M. Ameville presented the following case, which gave rise to a discussion upon the properties of the ergot of rye, in the *Société Medico-Pratique de Paris*:

On the 24th of last May, I was called by a midwife to see a lady, thirty years of age, large, strong, and a primipara. Two hours after the child was delivered, the placenta not having come away, the midwife had administered some ergot of rye; but instead of producing thereby the expulsive pains she had expected, the uterine contractions confined themselves to the muscular fibres of the neck, which closed completely. When I arrived the child had been delivered about five hours. The os would admit only with difficulty the end of the finger; the introduction of the hand to reach the placenta was not to be thought of. Both the midwife and family were greatly alarmed, because from time to time there were slight discharges of blood; and the midwife, fearing a hæmorrhage, did not dare leave the patient. Having in the first place reassured their minds, I ordered that an injection of tepid water be made upon the neck of the uterus for eight or ten minutes, and that this be repeated if necessary at the end of an hour. I returned two hours after and found that the spasm of the neck had almost entirely yielded, and that the os was supple and sufficiently dilated to admit the end of the hand shaped into a cone. I therefore gradually produced complete dilatation, and having introduced the hand and detached the placenta, which was still adherent at one of its edges, I completed the labor.

I cite this case, to demonstrate to you once more the impropriety of administering ergot of rye in certain circumstances, in which, on the contrary, direct intervention should be resorted to; and also how its administration may hinder, at least momentarily, the performance of the necessary procedure; and again, to show the influence of tepid injections upon dilatation of the os.—*L'Union Médicale*, No. 24, 1869.—*Buffalo Medical Journal*.

—Professor Nickels, of the Academy of Science of Nancy, in France, recently met his death in a very peculiar manner—by accidentally inhaling the vapor of concentrated hydrofluoric acid, while engaged in making experiments to isolate flourine. Professor Nickels was the author of many valuable published scientific works.—*Medical and Surgical Reporter*.

Medical Items.

"SUITS FOR MAL-PRACTICE."—*Mr. Editor:*—Two suits for mal-practice against members of the Massachusetts Medical Society, have, the past week, been brought to a successful termination. The first was brought against one of the older members of the Norfolk District, for alleged mal-treatment of a broken thigh. The plaintiff claimed \$10,000 for a shortening of 2½ inches. It was proved to be shortened only 1½ inches; that this amount of shortening was not unusual; and that the treatment had been good. The trial consumed three days. The jury returned a prompt verdict for the defendant.

The second suit was brought against a suburban physician of age and repute, for alleged deformity of the little finger after a dislocation of the elbow, fracture of the radius, and lacerated wound over the fifth metacarpophalangeal articulation. Damages laid down at \$5,000. The plaintiff's lawyer threw up the case; and the judge dismissed the action.

Having passed through ourselves the pleasant experience of a suit for mal-practice, we can the more heartily sympathize with the defendants, both of whom are most deserving members of the profession. Had the verdict been for the plaintiffs, the practice of surgery would have been too hazardous for comfort in this state. D. W. C.—*Boston Med. & Surg. Journal.*

BISMUTH A WRITING FLUID.—If we write with a pen dipped in a solution of the nitrate of Bismuth, after it is dry nothing can be seen, but as soon as we plunge the paper in water the writing will become distinctly visible. Secret intelligence has been conveyed in this way by writing between the lines of ink with the solution of bismuth.—*Medical Record.*

CASES OF SNAKE-BITE TREATED BY HALFORD'S METHOD.—A correspondent of the *Medical Times and Gazette* reports three cases of snake-bite, treated successfully by Halford's method, which consists in injecting into one of the large veins liquor ammoniac, diluted with two or threetimes its quantity of water. Twenty or thirty drops of the solution should be introduced.—*Ibid*

DIABETES CURED BY PEROXIDE OF HYDROGEN. Mr. J. J. Bayfield (*British Medical Journal*) reports a case of diabetes cured by peroxide of hydrogen. He commenced with half-drachm doses of the ethereal essence of the peroxide, and gradually increased it to three drachms a day.—*Ibid*

A CASE OF PETRIFICATION.—The following singular case of petrification was recently published in the *Criminal Zeitung* of Dec. 4th, 1868:

Amos Broughton, of Wayne County, Iowa, died six years ago, and recently on disinterring the body it was found in a state of petrification, like a marble statue. Every feature was perfect, and the whole face life-like. The weight of the statue was 400 pounds. Broughton weighed just before death 200 pounds.—*Med. Record.*

JEFFERSON MEDICAL COLLEGE.—*On dit* that Professor Pancoast who has for so many years been the distinguished Professor of Anatomy in the Jefferson Medical College in this city, is about resigning if he has not already done so. Who will be his successor? Several names are canvassed—but one name, that of Dr. Hayes Agnew, carries with it a weight which will insure success, if indeed, the Trustees of the University of Pennsylvania are so short-sighted as to submit to the loss of a man who is to them a tower of strength.—*Med. and Surg. Reporter.*

Two cases of death from chloroform have recently occurred in this city, in which every apparent care was taken to guard against such a result. We doubt not that there are yet to be found, despite many similar cases that are constantly occurring, many enthusiasts for this anæsthetic who are still ready to affirm that it has no direct agency in causing death. Such, however, can no more be convinced of their error than was the Indian who missed his way:—"Indian no lost! only wigwam gone!"—*Medical Record.*

—The following "item" will account for some of the "missing numbers" that we occasionally hear of. "Mr. Holloway, the new Postmaster of Indianapolis, discovered in the basement of the office-building, locked up in a room, fifty-five bags filled with undistributed mail matter, accumulated during the past winter."—*Med. and Surg. Reporter.*

—Since writing our editorial on "Medical Graduates," we have seen a communication from a medical gentleman at White Pine, from which we extract the following:—"I am much disappointed with this dist. regarding a physician chance at the present time. There is more Dr. her than would patch H—a mile. If the were doctors but the most of them is quacks and humbugs—the advertise strongly and get what ever paying practice there is going in fact there is but little money in this country and what is the rich man has it all and when the are sick the go to San Francisco."—*Cal. Med. Gazette.*

—Literature and science will be well represented in the next French Corps Legislatif. Among the candidates likely to be elected without much opposition are nine University Professors, four historians, three naturalists, twenty one novelists, one hundred and fourteen barristers, seven poets, thirty-two journalists, and fifteen physicians.

—The anatomical museum of the St. Louis Medical College was destroyed by fire recently. It was the richest and most valuable of its kind in that section of the country. No insurance on it. We presume the loss included Dr. Pope's extensive and valuable private collection.

Books and Pamphlets Received.

Proceedings of the State Medical Society of Michigan for the years 1867 and 1868.

We this month are under an obligation to the Editor and Publishers of the *Medical Record*, for the enclosed plates, at cost price, illustrating Prof. Dalton's Lecture on Trichina.