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PHENOMENA OF LIFE MAINTAINED AND CONTROLLED BY TWO ANTAGONISTIC PRINCIPLES OF INNERVATION.

BY J. G. FREEL, M.D., MARKHAM, ONT.

(Continued from last number.)

"For he who studies nature's laws,
From certain truths his maxims draws."

The principle of transmission through the same trunk of innervation to and from a centre, is well established in the fifth and eighth pairs. Here fibres for special sense, common sensation and motion lie side by side in the same fasciculus, yet each completely insulated. It is therefore perfectly compatible with known anatomical arrangement and physiological law, to suppose the existence of centrifugal nerve-fibres specially endowed for the regulation of vascular function. The very intimate connection between the nervous systems and the arteries, the innumerable filaments sent to their muscular coats, and the invariable nervous accompaniment to their ultimate terminals, suggest a

controlling influence over vascular action. The continuity of each nerve-fibre, whether tubular, cerebro-spinal, or gelatinous-ganglionic, may, with microscopic aid, be traced from origin to termination, even in its passage into and through another nerve, ganglion, or plexus, its characteristic individuality remains distinct, transference of innervation from one fibre to another is, therefore, a physiological impossibility. Consequently all attempts to explain certain phenomena by "transference" and "reflex action," involve glaring absurdities. The manifestation of pain in regions distant from the seat of lesion, has proceeded heretofore an insuperable *crux medicorum*. The law of antagonistic innervation alone furnishes the true key to unlock this secret, as it does that of every other vital phenomenon. The depressing influence at the seat of disease is communicated to a sensitive centre, which lowers the dynamic force of the dilating centre, thereby necessarily diminishing the *vis nervosa* of the dilating fibres proceeding from the centre, and consequently lessening the supply of blood to all tissues receiving innervation through the fibres involved. The impaired nutrition creates an impression of exhaustion, which, being communicated to the brain, is interpreted by the mind as *pain*—precisely as in prolonged fasting, a sensation of pain is referred to the stomach. In confirmation of the truth of this exposition, the more sensitive tissues involved become more or less atrophied, invariably. Of the two nervous systems, although "all are but parts of one stupendous whole," yet each centre is to a limited extent independent, and can exercise the function of generating impulses independent of the sensorium, and thus inducing involuntary action. Thus irritating sensations may be communicated to a contiguous motor centre, and induce spasm of all muscles to which the motor fibres are distributed, constituting what has been absurdly termed "reflex action." The existence of the law under consideration is convincingly exemplified in the manifest influence of both nervous systems over the digestive process. Emotional impulses exert either an exalting or depressing influence over the dynamic forces, according to their respective characters. Cheerful converse during and after meals, with its attendant exhilarating influences, exalts the dynamic force of the dilating centres, which augments the supply of

blood to the gastric glands, and consequently promotes in a remarkable degree the digestive process. While conversation calculated to arouse the irate passions or create gloomy desponding thought, depresses the force of the more susceptible centres, and thus diminishing the supply of blood, retards digestion, or if the feeling be intense, may absolutely suspend the process. Volitional impulses also exercise great influence over digestion. Gentle, pleasant physical exercise exalts the dynamic force, and consequently increasing the supply of blood, accelerates digestion: while violent exertion, requiring volitional impulses sufficiently strong to influence the ganglia through their motor roots, proternaturally exalts ganglionic force, which contracts the capillaries and consequently retards the digestion. So a strong impulse of the will directed to the third nerve, to contract the internal rectus for turning the eye inwards, exalts lenticular power through its short root, and thereby increasing the *vis nervosa* of the short ciliary, contracts the irian vessels and diminishes the size of the pupil.

In natural recuperative sleep the *neurometer* indicates a depressed state of the cerebro-spinal nervous force, as the pupil is invariably slightly contracted, hence the general inactivity of organic functions, digestion is retarded, respiration and circulation slower, renal function diminished, bowels torpid, and temperature diminished from 1° to 3° .

Experience concurs with science in proving the efficacy of condiments in assisting digestion. A few weeks ago we had the pleasure of listening to an interesting lecture, when the learned professor thought he made a capital hit at the votaries of "No. 6," by portraying the effects of treating the conjunctiva to a dose of pepper, as it is a mucous membrane as well as the lining of the stomach, but the witty professor neglected carrying out the comparison, by giving the effects of treating the eye to crumbs of bread, salt, or any ingesta which is grateful to the stomach. Pepper is unquestionably an exaltant, but, as a therapeutic agent, cannot be used in sufficient quantity to take effect on the ganglionic centres, without producing extensive irritation of the *prima vie*, and thereby inducing great, if not fatal depression. The same objection may be urged against tartarized antimony, arsenic and corrosive sublimate. A glass of dilute

alcohol, taken long enough before a meal to be absorbed, would assist digestion by its exalant influence on the susceptible centres; but as it precipitates pepsin, it is incompatible with digestion during active alimentation. The physiological action of alcohol, as it is illustrative of the law of antagonistic innervation, deserves a passing notice, and especially its pathological sequences.

When habitually imbibed in quantity sufficient to exalt ganglionic force, it diminishes the normal supply of blood, and thereby enfeebles organic function generally. While stimulation, short of influencing ganglionic force, produces no pathological sequelæ, the consequences of deep and continuous potations are most deplorable. It is evident, from a knowledge of the operations of the physiological law under discussion, that a constant exaltation of ganglionic dynamic force must necessarily diminish vital action, not as heretofore absurdly held by the alcoholic action being transformed by some visionary power into a sedative influence; but by producing a state of capillary occlusion incompatible with the nutritive functions. In the first stage of intoxication, while the cerebro-spinal dynamic force alone is exalted, blood is sent in preternatural quantity to all the organs, and their functions increased accordingly. The brain instantly responds, and one idea presses on another in such quick succession that they become blended into an indistinct chain of thought. The functions of the stomach, kidneys, liver, sudoriferous glands, testes, ovaries, &c., are preternaturally exalted. There is great indisposition to sleep or repose, hence the Bacchanal orgies continue uninterruptedly till complete physical exhaustion or till the potations become sufficiently potent to arouse ganglionic actions, and shut off the super-abundant supply of blood. The same physiological state of the two nervous systems exists in the second stage of intoxication that does in narcosis from opium, consequently the same inactivity of organic function.

The brain no longer feeling the vitalizing influence of the blood becomes incapable of perception and sinks into a state of repose called sleep, from which, if capillary occlusion be complete, it may never arouse. Continuous alcoholization necessarily impairs digestive function by depriving the gastric and pancreatic glands of a sufficiency of the element from which

the solvent is elaborated. Hence the anorexia for albuminous food, while the calorific, concentrated in the alcohol, is required in superabundance to feed the consuming flame. The softened and flabby state of the tissues easily allows exudation and even transfusion of blood so deficient in plastic material; hence the proneness to fatal epistaxis—the Schneiderian membrane naturally affording slight support to the vessels, when weakened easily gives way. Effusion into the tissue produces “rum blossoms,” so pathognomonic of the dissolving state, that the victim is already beyond redemption. It seems a universal law that greatly deficient nutrition produces disorganization and ulceration, sloughing or atrophy.

As disorganization and ulceration of the eye follow destruction of the fifth nerve with ultimate loss of function in the nerves of special sense, or atrophy from injury to the posterior half of the spinal cord, and possibly gangrene and sloughing, arising from unbalanced action of the ganglionic centres, and consequent capillary occlusion, so continuous deep intoxication deprives the surfaces which depend principally on imbibition for nutrition, of enough of the plastic materials to sustain vitality: hence ulceration of the conjunctiva, and mucous surfaces of the *primæ viæ*, and often unsightly patches on the skin. Ulceration of the stomach does not, therefore, arise, as generally supposed, from the direct contact of the stimuli.

It is proved by experiments on brutes, and in one instance at least, on man,—that martyr to science, Dr. Stark—that neither the amylaceous nor the albuminous principle of food can alone sustain life for any lengthened period, consequently when the inebriate becomes so far advanced as not to be able to assimilate the fibrinous requisites, his days are numbered—as organic function necessarily ceases for want of material indispensable to vital action.

Unquestionably, alcohol diluted, as a therapeutic in great depression, has no known equal, but a knowledge of the possible consequences, must ever cause the true philanthropist to hesitate before prescribing an agent that may rouse into activity an insatiable appetite. In extra-uterine existence the very first operation in the vital laboratory is to convert lactine into the identical constituents of alcohol for the generation of heat and

throughout life the amylaceous principles, therefore the desire for some kind of stimulation is innate, hence the universal appetite for strong drink, tobacco, or opium, while the smell and taste of material real depressants, create a disgust and are never used or sought after for the production of pleasurable feelings.

The mind is capable of generating impulses of either an exultant or depressant character from its own impressive imaginings or from impressions received through the senses. "Like begets its like" in a physiological as well as a moral and physical sense. Thus the manifestation of genuine passion in another impresses the observer with the very same feeling. The exhibition of joyousness in one, like heat radiates and permeates surrounding minds till blissful feelings pervade a whole company, while the manifestation of deep grief in any one in company, creates a corresponding feeling of sadness in all present.

Emotional exultant influence promotes in a remarkable degree healthy functional activity, and consequently tends to resist morbid agencies, while the depressing passions greatly lower the dynamic forces, and thereby predispose the system to the reception of zymotic influences. Thus, the fear of contracting contagious or epidemic diseases depresses the nervous forces to the very degree required for their admission. Morbid emanations received into the system thus prepared, impress the centres with the identical characteristics of their source. So the sight of one in convulsions will throw a person of impressible temperament into spasms. Sympathy is a term wholly inexpressive of any physiological action, and therefore affords no philosophical explanation of the phenomenon. The image of the condition is firmly impressed on the retina, and being transmitted to the sensorium, creates an impulse of an emotional character, which being sent to the muscles, induces corresponding contraction. Diseases, like troubles, spring oftener from an imaginary than a real cause. During the present prevalence of diphtheria, the poltroon is sure to become a victim of his own dread, and the real remedy will return as often as he imagines he feels its influence. Every one knows that a firm and persistent belief in the fatal termination of an approaching parturition is almost sure to be verified. The depressing emotion counteracts effec-

tually the most potent therapeutic agents. The best remedy is the assurance of safety, which can only be effectual when coming from a medical attendant, in whom she has unlimited confidence. A perfect illustration of the necessary condition for the reception of morbid agencies is afforded in puerperal cases. The consequent depression following labour, so predisposes the system to the reception of morbid agents, that the least possible emanation from the medical attendant, is sufficient to generate puerperal fever. A sporadic case has just terminated fatally here, and women recently confined, as well as those pregnant, are in a state of alarm, which may possibly produce an epidemic. A lady who had been present at the puerperal case referred to, and who had been confined three months, believed she had contracted the disease, the writer was telegraphed to go in haste; he found the patient in the most distressing alarm imaginable, and presenting a most pitiable appearance, but being assured there was nothing but fright, she cheered up at once and laughed at her own folly. In this case a continuation of her own diagnosis, with the Gordonian treatment, probably would have resulted fatally.

If then, health and consequent longevity are dependent, to a great extent, upon a felicitous state of the mind, these most desirable attainments are within the reach of every rational being. Physicians especially, who are, or ought to be, thoroughly versed in physiological law, should be very Stoics in practice, setting an example to others worthy of imitation. The writer attributes his continuous good health during forty-five years of professional toil, to his uninterrupted flow of blissful feelings. Disposition is as much under the control of cultivation as any other faculty. If the writer has been sufficiently happy in the selection of his illustrations and their arrangement, to establish the existence of a general physiological law, the very consciousness of having contributed something towards elevating to the rank of a science a profession to which he has devoted a long life, will be a full and precious reward. Medicine as a science will be infinitely more important to mankind than all other sciences combined. We have only to establish its principles on a scientific basis to insure universal assent to its pre-eminence. The secret of the confidence of men of letters in the doctrine of

homœopathy consists in the assumption of the followers of Hahnemann, that their principles are based on a fixed physiological law, "*similia similibus curantur.*" Persons of intelligence who are conversant with the absolute sciences, look through our works in vain for anything approaching a scientific principle to guide the practitioner, consequently without investigating for themselves, the truth of the homœopathic law, as it offers the semblance of a guide, embrace the most flagrant error ever propounded. Let this physiological law once be established, and its principles incorporated in school treatises, and charlatanism will disappear before its light as did astrology and alchemy before the superior blazes of astronomy and chemistry, or as mythology vanished before the effulgence of natural philosophy. The rising generation becoming familiar with the laws that govern their being, will no sooner trust their system, when requiring repair, to the hands of one ignorant of physiological laws, than they would a costly and intricate piece of mechanism requiring repair, to a person wholly unacquainted with mechanical laws.

Markham, Ont., March 27, 1872.

COMPOUND FRACTURE OF THE SKULL.—LOSS OF BONE AND BRAIN.—RECOVERY.

BY THOS. R. DUPUIS, M.D., F.R.C.P. & S. KN.

On the evening of the 16th of July last, I was called to attend a boy aged about ten years, who had been injured by a fall from a horse while going at a rapid pace. The lesion was a compound fracture at the middle of the superior portion of the left parietal bone, with considerable laceration of the brain. The broken piece of bone was nearly an inch and three-quarters long, three quarters of an inch broad at one end, and three-eighths of an inch at the other. One edge of this piece was driven down into the brain in such a manner that its surfaces occupied a position perpendicular to their original situation, while the other edge remained *in situ*, being still attached to the solid

bone by the dura mater, which formed a sort of hinge upon which the fragment turned.

The injury having been inflicted by the sharp edge of a stone, the scalp was cleanly cut and detached from the fractured portion of bone. After exploring the wound with the points of my fingers (which passed in readily to the depth of half an inch or more), and ascertaining its nature, I laid hold of the outer edge of the fragment with a pair of dressing forceps and with very little difficulty removed it, the dura mater readily peeling off, several small splinters were removed from the wound afterwards. Nearly a tablespoonful of brain substance, I should judge, was lost previous to and during the operation. Pulsation in the brain was very distinct, but there was only slight oozing of blood from the wound, which was readily controlled by the application of cold water. When complete hæmorrhage had been obtained, the edges of the scalp—which had been previously denuded of hair—were approximated, a few strips of adhesive plaster applied, and over these a folded piece of cotton cloth, wetted with whisky and water, was retained by a loose bandage. The patient was then placed on a comfortable bed, his head considerably elevated on pillows, six grains of calomel placed upon his tongue, and night-watchers arranged to keep the cloth on his head wet, and to prevent his injuring himself by involuntary motion or otherwise. The patient was comatose during the whole operation.

17th. *Morning.* Patient considerably roused and restless, though still unconscious, vomiting occasionally, pulse quickened, and skin hot and dry; but the wound was looking well. By the aid of an enema the bowels and bladder were freely emptied, which seemed to somewhat allay the restlessness.

Quietness was enjoyed, and the wet cloth to the head ordered to be continued.

17th. *Evening.* Vomiting had continued, pulse quick and hard, skin hot and dry, and tongue covered with a white fur; there was moaning and jactitation, with convulsive efforts to pull the dressing from the wound, in fact, marked symptoms of phrenitis were manifesting themselves. I ordered the hair to be cut close, cold applications to the whole head, a jug of hot water to the feet, and a sinapism to the epigastrium, and gave small doses of calomel and potassium nitrate frequently.

17th. *Morning.* Somewhat quieter, otherwise much the same. Treatment continued.

18th. *Evening.* The unconsciousness had broken up into periods of delirium and lucid intervals, and the restlessness abated at times into comparative repose, vomiting had nearly ceased, and the bowels and bladder responded freely to the action of an enema. The wound presented nothing peculiar. The same treatment was continued, only the calomel and nitre at longer intervals.

19th. Vomiting had nearly ceased; restlessness not so troublesome; delirium not so intense, and lucid intervals greater, pulse softer and slower, patient had taken a little nourishment, the bowels and kidneys were performing their functions, and the skin was cooler. The wound was beginning to discharge matter, consisting of disintegrated brain substance, mixed with grumous blood and pus. As consciousness began to return, and with it voluntary power, paralysis of the left side of the body was found to exist to such an extent that the leg and arm of that side were entirely uninfluenced by the patient's volition. Treatment expectant.

20th. Showed some signs of improvement, reason returning, and was able to take some nourishment, and the bowels, kidneys, and skin were acting moderately. As the patient was rather restless, and the sore had an irritable aspect, I ventured on some small doses of Dover's powder for him, and had a poultice of bread and milk applied.

21st. He had rested better, the sore had a healthy appearance, and he seemed to be somewhat improved generally. The paralysis was more manifest, and he was not so quiet as could be wished. Gave Dover's powder again in larger doses.

22nd. General appearances much the same as on the 21st. Paralyzed side remaining the same, but the delirium seeming slightly increased. The wound was discharging healthy looking pus. The bowels were freely opened by an enema, with great relief to the patient. Dover's powder continued.

23rd and 24th. No marked change, general symptoms showing slight improvement, paralysis remaining the same.

25th. Had gained steadily up to this date, general symptoms good, delirium gone, but the mind fickle, and temper

irritable and capricious, he was continually wanting change in food, position, attendants, &c. Notwithstanding the paralysis, which was perfect in the left half of the body, he was able to get himself up and down in bed. The wound was filled with healthy granulations, which were covered with laudable pus.

August 2nd. Had continued to improve, general symptoms good, paralysis not so complete, but there was an appearance of *embonpoint* that attracted attention, and which proved to be the beginning of anasarca.

8th. I had been sick and unable to see the patient since the 2nd, but now I found his appetite and strength improved, the wound healing rapidly, the intellectual faculties becoming normal, and the paralysis diminishing. The anasarca, however, had increased, and he presented the appearance of being most excessively fat. As the bowels were constipated, and the kidneys not acting freely, I treated him with a purgative dose of pulv. jalap. co., and followed this by a diuretic mixture of potass. nit. tinct. digitalis, spts. æth. nit. et aqua.

10th. The wound was still healing, and voluntary motion increasing in the left side, but the swelling of the body remained the same. As he now complained of pain in his head, and was generally feverish, and moreover, had been taking considerable nourishment, I left him several powders of calomel and jalap, to be taken at intervals of three or four hours.

11th. Patient much relieved by the free action of the powders. The diuretic mixture was continued.

12th. Improving rapidly, wound nearly healed, the anasarca subsiding, and he had so far recovered from the paralysis, that he could drag the left leg along, and nearly support himself on it sufficiently to walk without assistance. The left arm, however, was still quite useless.

18th. Had continued to improve and was much better, appetite and spirits good, though disposition still capricious. The anasarca was subsiding, but not gone, the effects of paralysis were still visible, and especially in the arm, but he was able to be out on the verandah amusing himself at some kind of play. Diuretic continued, and pulv. jal. co. occasionally.

From this time he continued to improve steadily, and about

a month later, all effects of his severe injury had passed away, except a slight puffy appearance about the face, a little clumsiness in his movements, and some irritability of temper. Since that time I have seen him once or twice, and, for aught we can discover, he is as healthy and strong as he ever was.

That patients may recover perfectly after losing a portion of the brain is now well established, and the chief points of interest in this case are, therefore, the paralysis and the anasarca. The occurrence of the paralysis on the same side on which the blow was received, I account for by the supposition of a *contre-coup*, by which laceration of some small vessels was produced, and an effusion into the base of the brain on the right side.

The origin of the anasarca seems somewhat puzzling, unless we refer it to imperfect action of the left kidney, caused by defective innervation. We know that the sympathetic nervous system is intimately connected with the cerebro-spinal, and more or less influenced by it, and therefore may easily suppose that the complete paralysis of one side of the body would affect the functions of the kidney on that side sufficiently to produce the anasarca state observed in this case. I watched the patient's mental manifestations closely during the whole time, but failed to detect any particular morbid phenomenon that seemed to indicate injury to any distinct chronological development. I make this case public with the hope that it may not be wholly without interest to the readers of your valuable publication.

THE THERAPEUTICS OF FAITH.

BY WILLIAM MCGEACHY, M.D., IONA, ONT.

It is a well ascertained modern fact that many noted medicines and remedies, so much lauded by their Authors, have been found on analysis to be possessed of little or no medicinal properties whatever, and yet, according to testimony supposed irrefragable, they have performed numerous cures closely verging on the miraculous, and uniformly proved themselves complete masters of all the ordinary ailments of the nosological catalogue,

besides many others not found in a recognized nomenclature. The palming off of spurious articles of almost every description seems, indeed, an almost inevitable sequence of a high civilization. I say nothing of the healing salves, Indian root pills, infallible bitters, and blood purifiers we see perpetually before our eyes in the public press, as no reasonable person would expect any degree of honesty or principle at the hands of those who derive their gains from the traffic in human life.

An article in "*Tilden's Journal of Materia Medica*," suggests this paper; and knowing that the *Lancet* always supports purity in the profession—always advocates the drawing of strict party lines, so to speak, between the man of science and the charlatan,—always upholds, in point of fact, that such coalitions are essentially immoral, I deem it not altogether out of place to call attention to this and similar Journals, and their pernicious influence on a genuine medical literature.

The Messrs. Tilden and Bates are by trade manufacturers of *fluid extracts*, and a pamphlet is published periodically by the firm, setting forth the virtues of their own preparations of the standard medicines, and of the various other new herbs which their ingenuity and that of the quack world in general can torture into the role of healing agents. We have in it a species of literature holding an intermediate position between the ordinary quack and scientific medicist,—seeking to invoke the patronage of the latter, while resorting to the low schemes and shuffling plausibility of the former. I do not, therefore, hesitate to say that this Journal and all of its class are utterly unworthy the sanction of the profession, and should be discouraged in every possible way. There is indeed, so far as my experience goes, no particular inducement to make use of their standard preparations, that we cannot easily forego, either on the scale of cheapness, purity, strength, or reliability. Not an issue, but some *new remedy* is huddled into the field of therapeutics by this enterprising firm, with the gentlest possible suggestion that the fluid extract, especially as prepared by Tilden & Co., is the only eligible mode of administration. The Journal, too, contains at times, copied from standard periodicals, really interesting information, held out as a bait to the regular profession, and as a specious guarantee of respectability. This gives a leaven of

sanctity to the whole mass, and it is on this very account that it becomes so essentially baneful and disgusting. Young practitioners fall in love with the "new remedies," make trial of them, get bitterly disappointed, and henceforth declare their unbelief in the therapeutical power of any drug.

ARNICA.—I might mention many herbs possessed of so-called wonderful virtues, but lest they should be unfamiliar to many of the profession, I take up *Arnica*, as spoken of in the above-mentioned *Journal* for December last. Another reason for making this drug the text of my discourse is found in the fact that many intelligent physicians at one time had some faith in its efficacy, and that, inert as it may be, it perhaps occupies a front rank as compared with many of the eclectic remedies and Shaker herbs with the virtues of which the profession are sought to be gulled. This plant is as well known to the regular profession as any article of the *Pharmacopœia*. It is said to have been brought into notice originally by unscientific herbalists with profuse recommendations touching its benign power, and will doubtless be employed by such long after it has been demonstrated to possess no specific virtues. The tincture and the fluid extract are the usual forms in which we see it, and let us mention just a very few of the wonders which said tincture and fluid extract are alleged to accomplish. It may be noted, *en passant*, that the tincture consists chiefly of diluted alcohol, holding in solution substances slightly stimulating and astringent. Hundreds of Canadian herbs possess similar constituents, and are equally efficacious therapeutically in the indications sought to be fulfilled by *Arnica*. The fluid extract consists of pretty much the same as the tincture, only containing a little less alcohol. The preparations of *Arnica*, in brief, are composed of alcohol, water, resin, and an astringent, bitter principle; but, to refer to some of its alleged special uses:—

1st. **RHEUMATISM.**—"Eminent Physicians," use it, it is said, in this disease, but to fulfil what indications, I for one, am at a loss to discover. A single trial will do more to decide its value in such cases than pages of fools-cap. I assert as the direct result of experience, that *Arnica* has no action whatever in rheumatism, and no influence in the slightest degree over the fibrous tissues of the body, except such as the fancy of the exhibi-

bitor chooses to assign it. On the expectant principle it would no doubt prove a "valuable remedy." Dose of the fl. ext., 10 to 16 drops, prepared by H. A. Tilden & Co., Lobanon, N. Y.

2nd. ACUTE.—The "eminent" Bergius, a great admirer of Arnica, tried both the powder and infusion of the root in this affection, but "things would'nt work", yet, the other "eminent" men quoted by Tilden found it a specific.

3rd. AS A DIURETIC TONIC.—It is as much of a diuretic perhaps, as common Young Hyson tea, and infinitely inferior as a tonic. In the former capacity, its value depends solely on the water and alcohol used in its preparation. To gracely state that it has cured innumerable dropsies, is, if the statement can be believed, the most convincing example yet of the *vis medicatrix nature*.

4th. PHYSIOLOGICAL EFFECTS.—It is stated to have a certain action or influence on the nervous system, so have all resins and bitters, especially when dissolved in diluted alcohol. "R,—— (This gentleman is wise in concealing his name), "regards it as "peculiarly adapted to persons of a leuco-₁ phlegmatic temperament, "but is contra-indicated by augmented excitability of the nervous "system, by general nervous plethora, &c."

5th. PNEUMONIA.—It seems to be of as much use in this disease as so much whiskey, and cannot, therefore, do any possible good or harm, in ordinary doses. I cannot conceive of a rational being having pure imagination so predominant, as to attribute to Arnica any therapeutical power over Pneumonia. Richter, however, something of this opinion, wisely suggests that it be combined with *gumma*, *camphor* and *opium*,—not a bad combination truly in Typhoid Pneumonia, but assuredly of equal efficacy with the Arnica omitted; so, also, as to Alimentation and Carb. of Ammonia. It seems to be used here as a diaphoretic and cardiac sedative. I deny *in toto* that it possesses any such power. I question not that the infusion, if taken very hot, might act on the skin, precisely as so much hot water does.

6th. PARALYSIS OF THE BLADDER!—Try it, and use Tilden's fl. extract, Lobanon, N.Y. Dr Stillé is quoted as saying that it has been recommended for certain forms of Paralysis. Any reader of *Tilden's Journal* is in a position to make the very same

statement. Dr. Stillé, however, is careful not to risk his own reputation by recommending it.

7th. DYSENTERY.—Stillé says again that *Stoll* says that *Arnica* is a specific in this disease, so is *Ipecacuanha*, or was once thought to be, so is the extract of wild strawberry, Canadian Pain Destroyer, Carey's Drops, &c. Still this venerable *Esculapius* thinks it well to add opium and astringents to the main remedy. What the main remedy is supposed capable of doing itself does not clearly appear. It may do as much good as a weak solution of common resin in alcohol, but until I see it proved, I shall take the liberty of doubting it.

I cannot occupy your space in alluding to the alleged marvelous operation of *Arnica* in Epilepsy, varicose veins, scurvy, amaurosis, anaesthesia, and the like, but will conclude by a word or two concerning its use in ordinary bruises and Ecchymoses. This in fact was the purpose to which the plant was originally applied, and almost the only point claimed to which its healing agency had a direct reference. To prevent the discovery of its comparative inertness, Tilden recommends a Formula consisting of Aconite, Muriate of Ammonia, and *Arnica*,—an excellent mixture, no doubt, and if the main remedy be omitted, I challenge any intelligent surgeon to discover it from the action of the lotion, unless made specially aware of it.

Arnica used to be a fashionable application to the condition vulgarly known as a "black eye." It is still so used by many, and with a fair result,—nature and the diluted alcohol seldom failing to make a good job. Let any man, however, try a solution of sal ammoniac, or even of its equivalent sodium compound, in diluted alcohol, and if not as well satisfied with the result, as from the use of *Arnica*, I will confess that Messrs Tilden & Bates, and the whole eclectic world, have at least in one point, been grossly slandered by me. Dr. Garrod knew this at an early period of the history of this drug, and acted upon the knowledge of the fact to expose the spurious claims set up in favor of *Arnica*.

"If used in Epilepsy, combine it with gelseminum, nux vomica, and capsicum, if in Dysentery, with opium and sugar of lead, in Paralysis with ergot, strychnia, belladonna, and electricity, in bruises, with aconite to relieve the pain, and

"muriate of ammonia to stimulate capillary action, but, in no case omit the main remedy, Arnica." So say Tilden & Co., "in effect, and indeed in almost so many words."

"Then again, let our readers remember, the fluid extract, particularly ours, is essential to every well-regulated drug store and doctor's office, that from this the tincture is directly prepared, or, if you choose to use the infusion, add one to sixteen, and you have the best in the world, it a compound infusion, we make it a point to keep the extracts of chamomile and peppermint, &c. Then, again, if you must have a fermentation, the invaluable extract comes into play."

All this, however, is so infinitely disgusting, that the longer I follow it out, the wider the field of censure seems to become. The Messrs Tilden & Co., are by no means noted for the reliability of extracts made by them from drugs admitted on all hands to be standard. To attain to perfection in this would be a laudable ambition, and not—and not—to presume to dictate to the medical world regarding the properties and uses of medicines of which they can know but little when applied to a system of which their knowledge must be unmeasurably less. We want no interested parties to point out to us the "new remedies," and to indicate the diseases in which they should be exhibited, and pronounce upon the particular form of administration, and especially to speak so decidedly of whom they ought to be purchased. Such is an insult and a crime, and should be, on the part of the profession, treated accordingly.

A CASE OF CATARACT EXTRACTION.

By RICHARD A. REEVE, B.A., M.D. Lecturer on Ophthalmic and Aural Surgery, Toronto School of Medicine, and Assistant Surgeon, Toronto Eye and Ear Infirmary.

W. M——, of S——, a hale farmer, æt. 85, has hypermature cataract of the right eye and progressive cataract of the left. The sight has been gradually failing upwards of five years. The right eye is practically blind, but good perception of light is retained. The pupil does not dilate well under atropine

owing to senile muscular atrophy of the iris and slight posterior synechia. There is a good anterior chamber, and the cornea is large. The palpebral fissure is rather short and the eye deep-set.

September 9, 1871. The cataract was removed by flap extraction with a Beer's knife, the patient lying on his back in bed. The lids were separated by Graefe's curved speculum, and the eyeball steadied with forceps. The section was made upwards, just within the corneal margin, and the knife was withdrawn before the completion of the incision so as to leave a narrow bridge near its summit. An iridectomy was then done, and the lens-capsule opened with the cystotome, when the section was finished by dividing the bridge with the scissors. A part of the cortical lens-matter, which had become fluid by secondary degeneration, readily escaped. The large, hard, nuclear portion was extruded through the gaping wound by slight pressure below on the globe. The pupil became clear, and the patient could count fingers. Both eyes were closed by straps of isinglass plaster, and in addition a pad of cotton-wool and bandage applied over the right eye. The room was then darkened. The patient was enjoined to lie passively in bed, and the most nutritious liquid diet, such as beef-essence, &c., was ordered, to be given with the spoon. No pain or inflammatory complication ensued. The eye was examined on the fourth day. The wound had healed and the sight was good. Atropine was applied and the bandage re-adjusted, and the eye subsequently kept under the influence of atropine by daily applications. The patient was allowed to rise at the end of the week, the eye being protected by a shade.

October 14. The patient went home. He could read $1\frac{1}{2}$ Snellen (number) with + 1 lens, and his vision for distance with + 2 $\frac{3}{4}$ was $\frac{1}{2}$ (?).

November 22. The vision for distance had improved to $\frac{1}{2}$. On examining the eye by oblique illumination, a delicate grey membrane with an apparent, small, clear aperture in it, was observed stretched across the pupil. A fine cataract stop needle was passed through the cornea near its margin into the opaque membrane, which was then divided. A central pupil of the normal size was restored, the artificial pupil remaining obscured by opaque tissue. The eye was bandaged, and kept under the influence of atropine.

November 21. The patient returned home, his far vision with + 3 lens being $1\frac{1}{2}$ Jaeger with + $1\frac{1}{2}$, he could read No. 1 Jaeger, and No. 2 (*smaller*) readily.

REMARKS.—The extreme age of the patient, and the exceptionally good vision ultimately recovered, render this case worthy of record. According to Dr. Haas's table, the visual acuteness of the normal eye at 80 years is represented by $\frac{1}{15}$. The normal standard may therefore be fairly considered as regained in this instance. It may be remarked that the patient could see distinctly a light walking stick in a man's hand at over one hundred yards. If the patient possesses sufficient vitality to ensure the speedy healing of the large wound necessarily made, advanced age offers no contra-indication to an operation for cataract. Generally it is advisable to have the patient under one's care for a short time prior to the operation, to enforce such dietetic rules as will afford an additional guarantee of the success of treatment. As a rule, the gradual loss of sight is the only important subjective symptom, and it is a mistake to regard pain as an ordinary concomitant of the cataractous process. Indeed, the failure of the vision, with accompanying pain in and around the eye, occurring without any special cause at the age of 45 and upwards, especially in females, should arouse a suspicion of *glaucoma*, a disease that demands prompt and vigorous treatment. Ordinarily, during the extraction, the eyelids are carefully held apart, and the globe steadied by lightly applying the tip of the finger to its nasal side. A more satisfactory section can generally be made when the eyeball is fixed with forceps until the counter-puncture is made. The objection to the separating of the lids by the speculum, that undue pressure is exercised upon the eye, is almost wholly obviated by the use of the curved stop speculum of Graefe, or of Dr. H. D. Noyes, of New York. An associated iridectomy is especially useful when the pupil is not readily dilatable, to favor the exit of the lens and prevent the bruising of the iris, and it is frequently done to lessen the risk of prolapse of the iris, iritis, and suppuration of the cornea. In this case the excision of a segment of the iris was imperative, because the pupil was too unyielding to admit of the escape of the lens. The secondary cataract seemed due to changes in the posterior capsule, that rendered it opaque with

the exception of the small, apparent hole; and the division of the pupillary membrane was recommended about six weeks after the first operation, because it was feared that any operative interference after a long interval would probably be less successful, owing to further degenerative changes.

It is advised by some authors not to interfere with secondary cataract for several months after the extraction; but the opinion is gaining ground that it is better to divide the obstructing membrane early, while it is thin and easily torn, and a simple needle operation suffices, than by delay to allow it to become so thick and tough as to resist the needle and render necessary an operation that may possibly endanger the integrity of the eye.

The utility of *oblique illumination*, in which a cone of artificial light is directed obliquely into the anterior chamber by means of a strong convex lens, is well illustrated in the diagnosis of cataract and the crucial examination of secondary pupillary opacities, details being observed that would wholly escape detection by the naked eye. In mature senile cataract by oblique illumination, the cortical portion generally presents a greyish color, not uniform but with interspersed opalescent striae, and the nucleus yields a more or less yellow reflex. Even the initial stages in which the sight is but slightly affected, can commonly be diagnosed by the greyish stripes observable at the periphery of the lens, the pupil having been previously dilated, and that form of hypermature cataract where owing to certain retrogressive changes the cortical portion has become diffuse, can ordinarily be detected by the uniform milky-white or dirty grey color of the opacity.

As a result of the removal of the lens in cataract extraction, the eye acquires a high degree of absolute hypermetropia except in cases of originally extreme myopia, and its accommodative power is destroyed. Vision for distance is therefore much impaired, because, owing to the low refractive power of the eye, parallel rays of light are not focussed on the retina, and a strong convex lens is required to correct the defect in the refraction, and enable the patient to discover distant objects.

A still stronger glass is requisite to neutralize the effect of the loss of accommodation, and enable one to read, sew, &c. When the patient's vision was only $\frac{1}{6}$ with the naked eye,

with a $+3$ lens it was $\frac{1}{2}$. For the far vision he required a $+2\frac{1}{2}$ - $3\frac{1}{2}$ lens; for the near, $+1\frac{1}{2}$. The corrective glasses should not be worn, save casually, until three months after the operation.

21 Shuter Street.

TREATMENT OF EMPYEMA BY MEANS OF THE SYPHON-TUBE

BY WILLIAM OLDRIGHT, M.A., M.D., MEMBER OF THE MEDICAL COUNCIL OF ONTARIO, CURATOR OF THE MUSEUM, TORONTO SCHOOL OF MEDICINE.

Besides the case of Empyema alluded to by Dr. Richardson in your February Number as being under my care, I have since had another, in which I have also availed myself of the valuable method of treatment which he has originated. This last case has been far more complicated.

The first case was that of R— C—, age 3 $\frac{1}{2}$. I first attended Bobbie in May 1870, for a small abscess in the thigh, which healed up in a week. With that exception he had always been a strong, healthy boy. I was again called to see him on the 30th of November, 1870, and found him to be suffering from an attack of Acute Bronchitis. His symptoms increased in severity, and on the 4th of December he was very low. face livid, pulse 160, respiration hurried in proportion. Dr. Geo. Wright saw him with me from time to time. After this the urgency of his symptoms gradually abated, but about the middle of December we observed a circumscribed bulging and dullness a little above the left nipple, whilst the rest of the chest was resonant. A few days later the bulging disappeared, and the dullness became less marked in that particular portion of the chest, but became more general. The pulse continued quick, respiration quick and labored. Hectic symptoms also showed themselves. Dr. H. H. Wright was now called in consultation. Being convinced that the left pleural cavity was full of fluid, (Dr. Wright conjectured that that fluid was pus), we determined upon *paracentesis*. This was performed on the following day, 6th of January, Dr.

Aikins having also been called in consultation. On this occasion I introduced a small trocar and canula between the fifth and sixth ribs, on the lateral aspect of the chest. On withdrawing the trocar I introduced into the canula a small nozzle provided with a stop-cock, to which was attached a tube previously filled with water. About eight ounces of pus were then drawn off. The pulse became less frequent, the respiration less frequent and labored. The next day his parents said that he had slept better on the previous night than he had for a long time before. The same form of treatment,—tonics, stimulants and occasional soothing expectorants was given. This improvement lasted for a few days, but on the 14th I deemed it advisable to draw off the pus again. On this occasion I introduced the trocar outside the edge of the *intissimus dorsi*, between the ninth and tenth ribs, posteriorly, directing the point of the trocar somewhat upwards, but at the same time keeping well away from the lower surface of the supra-jacent rib. For the purpose of more effectually drawing off the pus, I adopted a modification of Bowditch's method: I attached the little stop-cock, by means of an elastic tube, to a Mattson's No. 1 Syringe, filled the whole apparatus with water, and drew off about twelve ounces of pus. The exit-pipe was kept beneath water in a basin; and the whole was kept raised above the level of the canula, so that if any air should leak into the syringe, none should be permitted to ascend into the chest. Dr. H. H. and Geo. Wright assisted me on this occasion. The improvement after this operation was more marked, and of longer duration, than after the previous one, the little patient being able to walk about.

I should have mentioned that in withdrawing the trocar at the first operation, I had allowed the point of the canula, (a small one)—to slip back into the paries of the chest; but not having withdrawn the trocar, the slip was easily remedied, in the meantime, however, some of the pus had escaped into the wall of the chest and not finding a way out, had directed its way into the surrounding tissues, forming a tumor about the size of a pigeon's egg. I evacuated it by an incision on the following day, but it did not heal kindly; and finally it became a valvular fistulous opening through which matter continued to escape in small quantities from the cavity of the chest, when that cavity

became distended again, whilst at the same time no air seemed to enter by it. Hence this turned out to be a fortunate accident for the time being, as the parents became averse to any further operation, thinking, I suppose, that such operation only gave temporary relief, and fearing the recurrence of what they judged, from the cries of the child, to be a series of very painful operations. Notwithstanding this adventitious opening, the little fellow began to sink gradually. In the meantime, I heard that Dr. Richardson had been treating a case by means of a tube left in the chest, and having met Dr. R., learned that he had treated the case on the syphon principle, not only drawing off the fluid, but washing out the cavity of the chest every day, or more frequently if desired. I gladly seized at this idea, and after reasoning several times with the parents, they in the course of a few weeks consented to allow the tube to be inserted. The boy was now barely able to drag himself round from chair to chair, and used to sit the greater part of the day with his head resting on the table. appetite gone, body all skin and bone, pulse rapid and weak, discharge somewhat offensive (although its odor was not fully appreciated till it was freely let out through the tube). On the 19th of May the operation of inserting the tube was performed, as described in Dr. Richardson's case in the February number of your journal; Dr. R. being kind enough to assist me in the operation. I introduced the trocar through the fistulous opening already alluded to, instead of making a fresh wound. About six ounces of pus were drawn off. Drs. H. H. and George Wright and Dr. Buchan were also present. From this time forward the little fellow improved rapidly, began to eat heartily, sleep well, and in a few weeks was running about the commons, playing with the other children. At first the daily discharge was from three to four ounces, not offensive. It gradually diminished, till the end of January, 1872, when it was about half a tea-spoonful. After the first few days I intrusted the "washing out" to Mr. J. A. Close, who was at that time engaged in my office. After a time Mrs. C. undertook the management of it. The tube was allowed to slip out two or three times, but was readily replaced, and on one occasion by Mrs. C. herself. On several occasions a drachm or so of clear blood ran from the tube; sometimes the tube would, at the commencement, contain

a string of clot. This was supposed to be due to granulations on the walls of the abscess.

About the beginning of January I inserted a new piece of tubing, the old having fallen out; but in about ten days it also came out, and Mrs. C. did not replace it, as her attempt seemed to hurt the little patient too much. I was not informed of this for some days, and on seeing him I found the sinus so closed, that I could with difficulty introduce a No. 3 gum-elastic catheter. As nothing ran out on withdrawing the stilet, I determined to take out the catheter. The wound opened up afresh twice at intervals of three or four days, and a small quantity of pus, variously computed by the friends at from one to three tea-spoonful, escaped on his bandage. The wound has now been completely closed for about two months, and the little fellow is as hearty as ever, only sighing, once in a while (alas for the instability of human happiness!), for the jellies and other good things of the vanished past.

I hope at a future time to make some remarks on the very peculiar manner in which the fluid seems to have accumulated, as indicated by the physical signs, and to describe the present physical condition of the thorax; also to give a history of the other case now under treatment, which is proving far more troublesome, owing to certain difficulties which are taxing my resources to the utmost, but which I think I shall be able to overcome.

INVERSION OF THE UTERUS.

BY PETROS CONSTANTINIDES, M.D., M.R.C.S. ENG., TORONTO.

It was a superstitious belief of the ancient Greeks and Romans—and the notion still widely prevails among many Asiatic nations—that children born under certain constellations are apt to give, during their birth, a good deal of trouble both to their mothers and to their attending midwives; and these inauspicious periods to parturient women were anticipated with great dread both by the patients and by their friends. Such a strange epidemic of dystocia seems to have visited recently our city, and

there is hardly a practising physician amongst us who has not a tale to relate of some "very hard case" in obstetrics, which he has been called to witness within the last few weeks. Rare and complicated presentations, placenta prævia, fearful hæmorrhages, puerperal fever, and an unusual rate of mortality among confined women, seem almost to have been the rule rather than the exception. In my own, somewhat limited, practice in this field, I have had the misfortune of witnessing within a short time two very severe cases of miscarriage, a case of false conception—or rather spontaneous expulsion from the womb of a mass of hydatids—accompanied by almost fatal hæmorrhage, a case of seven-month twins (the first coming down shoulder first), a case of breech presentation, and a formidable case of inverted uterus.

Early in the morning of the 23rd February last, I was called to attend Mrs. B., in her third confinement. My patient is a well-built, healthy looking young person, of middle height, somewhat anæmic, and of a lymphatic temperament. She is twenty-five years of age. On arriving, I found her lying comfortably in her bed, waiting patiently for her short and tardy pains. She had not been long in labor. On making an examination, I found the os fully dilated, the membranes ruptured, the head low down, just emerging from the pelvis into the soft passages, which appeared to be unusually flabby and relaxed. I at once took my seat by my patient, and waited nearly twenty minutes for a pain, which, if of moderate strength and duration, would to all appearances have sufficed in expelling the child. The long expected pain at last came, but it proved so weak and short that it required another, and a third one, and several more, ere they gave exit to the head, which was followed in time by the well-developed body of a large, healthy, living male child.

About a-quarter of an hour after the birth of the child, the pains having now to all appearance ceased, I was contemplating the propriety of administering a dose of ergot, but as there was no unusual hemorrhage and the patient seemed to be exceedingly comfortable, I felt hardly justified in interfering as yet with active measures. Accordingly, having placed my left hand over the somewhat relaxed womb, for to this time I had directed my patient to apply gentle pressure with both her own hands there, while I was attending to the child. I took hold of the cord with

my other hand and made gentle and steady traction in the usual way. I felt the apparently contracting uterus receding beneath my hand into the pelvic cavity. I felt the cord elongating, and part of the placenta to which it was attached already made its appearance at the external outlet. The sensation communicated to my hand was meanwhile identical with that communicated by a naturally expelled after-birth, while my patient experienced no peculiar inconvenience, displayed no unfavorable symptom, expressed no unusual measure of distress; and I was about to congratulate her on the speedy termination of her easy confinement, when, suddenly, with a strong rebound like that with which a large, partially inverted india-rubber ball resumes its natural shape, a large tumor sprung through the unresisting passages, resting its convex surface on the vulva with the placenta firmly attached to it. One glance was sufficient to make me aware of the formidable disaster. I, without loss of time, undertook to detach the after-birth by pulling it off, but the operation was easier conceived than executed, for the adhesions were numerous and strong, while from the ragged surface of the exposed womb the bleeding every moment became fearful. Having detached the placenta, my first thought was to restore forthwith the inverted uterus, but the hemorrhage was now so alarming that instinct led me to press for a moment my fingers on the widely gaping mouths of three or four large sinuses from which my patient was bleeding rapidly to death. All this happened in less time than it takes to relate it. I sent meanwhile for assistance. Dr. Bethune was soon at my side, but ere his arrival I had succeeded in arresting the hæmorrhage; yet, during that very short time the patient was so drained that it was evident the slightest renewal of bleeding would have certainly proved fatal. Dr. Bethune, therefore, being justly fearful of disturbing the clots, advised a postponement for a time of any attempt to return the uterus, and while he went for further advice, I undertook to restore somewhat the sinking woman by means of stimulants. Two hours after the occurrence of the accident, Dr. Bethune returned accompanied by Dr. Philbrick, who finding now the patient in a more favorable condition proceeded at once to restore the parts.

The apparent case with which the inverted organ was

returned went further to convince us all of the extraordinary flaccidity of its relaxed tissues, and although in allowing its partial contraction, while I was making efforts to check the hæmorrhage, I was fully aware of the increased difficulties I was putting in the way of its final return. I could not help thinking then, and I am still fully convinced, that had I attempted to return the uterus immediately after the discovery of the mishap, and while that fearful flooding was going on, I would certainly have lost my patient.

The causes which so simply brought about so formidable an accident in this case were,—

1. An uncommonly capacious pelvis, at least at the outlet.
2. Unusual flaccidity of the uterine walls, indeed of all the soft parts involved in the accident.
3. A firmly adherent placenta.

I have thus endeavored to give as accurate an account of this rather rare accident as I possibly could. Those who have never had the misfortune of witnessing such an accident, may naturally feel greatly disposed to attribute the only possibility of its occurrence, to the extraordinary violence used by a careless attendant, in his efforts to extract the after-birth. But a little experience will suffice, I am sure, to convince the most consorious of us, that the requisite conditions being given—without a combination of which the accident is simply impossible—nothing can be brought more easily about, even in the hands of the most skilful and most experienced accoucheur.

Thanks to the prompt assistance kindly rendered by Drs. Philbrick and Bethune, my patient appeared to be making a good recovery, when, on the tenth day after her confinement, I discovered an extensive abscess forming in the lower-part of her back, which, on being timely opened, gave discharge to more than a pint of thin, healthy pus. Formidable as the gathering appeared at first to be, it proved simply sub-cutaneous, and though it retarded somewhat her convalescence. I am happy to say that my patient at last made a speedy and satisfactory recovery.

Selected Articles.

PUNCTURE IN TYMPANITES.

The propriety of puncturing the colon for the evacuation of gas has occupied a good deal of attention at home and abroad. The subject was started by M. Fousagrives, who related at the Paris Academy of Medicine eighty-four cases of tympanites, and spoke of the operation as not serious. M. Depaul had previously related to the Paris Surgical Society a case in which the colon had repeatedly being tapped. The case was one of puerperal peritonitis, and it recovered.

There is no such novelty in the proceeding as M. Fousagrives seems to think, as will be seen in the sequel.

At the meeting of the Academy of Medicine at Paris on the 15th November, M. Piorry concluded the reading of his memoir on this subject in which he opposed the views of M. Fousagrives. The risk of puncture M. Piorry regards as considerable, perhaps greater than to cut down upon the œcum and then to open the bowel. We ought, therefore, to exhaust all other means before having recourse to this, and to determine the exact anatomical and physiological cause of the accumulation. We should use the œsophagus tube and the rectum tube in addition to other means.

We may here name that Professor Dolbeau, of the Beaujon Hospital, has punctured the intestine in strangulated hernia to facilitate reduction, and stated lately at the Surgical Society of Paris that the practice is successful and not dangerous. Moreover, Dr. Douglas Morton relates in the *Richmond and Louisville Medical Journal* two cases of hernia, in which he tapped the strangulated bowel.

Sir Thomas Watson, in the new edition of his "Lectures" remarks:—

"There is one further expedient which I should recommend in these trying cases, which we know (no matter how) are of necessity fatal. In cattle that are 'blown' by overfeeding on wet clover, a rough procedure, that of piercing the distended bowel with a hay-fork, has often been practised by farmers with

complete success. The distress from extreme distension of the intestines by wind is so intense, the craving for relief from the distress so importunate, and the comfort from obtaining it so great, that, were I the subject of such pressing and prolonged torment, I should beg to have the inflated bowel eased by puncture with a fine trocar, even if I might (what is improbable) so lose a day of painful life. Since this thought was forced upon me by sufferings that I had personally witnessed, I have been gratified to learn, from a communication made to the Clinical Society by Mr. Thomas Smith, that the same thought, as was natural, had occurred to others before me, and being acted on with all the success of which it was capable; by Dr. Braxton Hicks, as well as by Mr. Smith, in this country; and by more than one physician on the Continent."

Those who think it novel have been carrying on an active correspondence in the *British Medical Journal*, and Dr. Clifford Allhutt and several others have put in a claim for priority. It will be seen from some quotations of the letters to our contemporary as well as from what has preceded, that the novelty like many others is old enough.

"The operation might have been first suggested by the practice advocated by the older surgeons of pricking with round or triangular needles the gut distended with air in the course of the operation for hernia," says Mr. G. Symes Saunders, *Mr. Jounal*, and continues, "Pare, Corneille de Soolingon, and Pierre Dionis among others recommended the practice. Heister, in his work on 'Surgery' (Eng. ed. p. 74, 1750), suggests that in pneumatocele, or 'hernia stultonta,' if ordinary remedies fail, the scrotum should be perforated with a trocar, and its contents thereby discharged, 'which will demonstrate whether it was wind or water.' In the same work, Heister expresses doubts of the success of the operation of paracentesis in tympanites. According to Sprengler, in his 'Histoire de la Medicine,' vol. ix. p. 181, Francois de Paulo Combalusier was the first who successfully employed the trocar in tympanites. (Combalusier, 'Pneumatopathologia,' a French edition of which appeared in 1754, 'Traite des Maladies Vouteuses,' traduit du Latin, par Jault, vol. ii. in 12). Benjamin Bell, having observed that this operation was attended with but slight danger in the lower animals, advised that

the intestine should be punctured in Tympanites. Callison, who used Petit's trocar, states that paracentesis may be useful as a palliative ('Syst. Chir. Med.,' par. ii., p. 52). Charles Bell, in his 'System of Operative Surgery, vol. ii., p. 186, does not regard with much favour the practice of piercing the gut with the trocar in intestinal tympanites. C. B. Zang gives very precise directions for the performance of the operation. He plunges a long and fine trocar in the middle of a line drawn from the anterior extremity of the second left false rib to the anterior superior extremity of the ilium of the same side, to the depth of four or five inches. In this way the instrument strikes the descending colon without piercing the mesentery. (Zang's 'Operat. Th.,' iii. p. 289). Zang states that the operation is as devoid of danger as ordinary simple puncture, because, after the withdrawal of the canula, the wound in the intestine does not exceed half a line in extent. In the 'Dictionnaire de Medicine et de Chirurgie,' ed., 1835, L. Ch. Roche, in his article on 'Tympanite,' after recommending the ordinary remedies and attempts to draw off the gas with a syringe, states that, as a last resort, the abdominal walls may be punctured; and, although he considers the operation to be attended with grave danger, states that it has been practised a certain number of times with success. Among more modern works on surgery, Chelius gives similar instructions for the operation of paracentesis in distension of the alimentary canal with air, when the ailment is idiopathic, and not a symptom of any other disease. (South's edition vol. ii., p. 495). Olivier operated on twenty patients in Bolivia, South America, of whom eight recovered in a three weeks, the others died, probably from not having been subjected to treatment till too late. The cause of the disease was attributed to overloading the stomach with half-cooked vegetable food, and drinking badly fermented liquid prepared from maize. (Vide 'New Sydenham Society's Year-Book,' 1861, and Schmidt's Jahrbucher, vol. iii., 308)."

"A little boy, æt. three years, suffering from peritonitis, attended with great pain and tympanic distension of the abdomen, presumed to be tubercular, says Mr. G. D. Brown. Opiates were administered freely, nevertheless, the pain was intense, and the chance of saving the boy appeared to be hopeless. To give

some case to my patient, with a small-trocar I punctured and removed one or two drops of pus and a quantity of foetid air. Immediate relief followed. The operation was repeated in a few days owing to re-accumulation, and the patient recovered.

"One case which occurred twelve years ago I well remember," says Dr. Wilkes; "Mr. Stocker called me up in the night to see a man just admitted for intestinal obstruction, and as his sufferings were great we put a trocar into his colon. It gave him great relief, and the operation was attended by no harm." The case is reported by Dr. Hilton Fagge in the *Guy's Hospital Report*, 1869.

"At present, we can say that in extreme tympanites after failure of the remedies it is highly desirable to tap the intestine," says Dr. Braxton Hicks, and continues, "perhaps when we know more of the operation we shall find the risk of extravasation less than supposed, and then we may say that in such cases the operation is not only highly desirable but necessary." — *Medical News*.

BROMIDE OF CALCIUM AS A NERVINE.

According to Dr. William A. Hammond (*Boston Med. & Surg. Jour.*), "Bromide of calcium is a white crystalline substance, very soluble in water, and readily decomposing on exposure to the atmosphere for a few minutes. The aqueous solution is at first colorless, but it soon becomes tawny from a portion of the bromine being set free. Its taste is similar to that of the bromide of potassium, though somewhat more pungent and disagreeable. The formula of bromide of calcium is Br. Ca., and its combining equivalent is 98 (Br. 78, Ca. 20=98); 100 grains, therefore, contain about 79.5 grains of bromine. The dose is from fifteen to thirty grains or more for an adult. It is especially useful in those cases in which speedy action is desirable, as, owing to its instability, the bromine is readily set free, and its peculiar action on the organism obtained more promptly than when either of the other bromides is administered. Chief among these effects is its hypnotic influence; and hence the bromide of calcium is particularly beneficial in cases of delirium tremens, or the in-

somnia resulting from intense mental labor or excitement. Thus, I gave a gentleman who, owing to business anxieties, had not slept for several nights, and who was in a state of great excitement, a single dose of thirty grains. He soon fell into a sound sleep, which lasted for seven hours. The next night, as he was wakeful, I gave him a like dose of bromide of potassium, but it was without effect, and he remained awake the whole night. The subsequent night he was as indisposed to sleep as he had ever been, but a dose of thirty grains of bromide of calcium gave him eight hours of sound sleep, and he awoke with all unpleasant cerebral symptoms—pain, vertigo, and confusion of ideas—entirely gone. In a number of other instances a single dose has sufficed to induce sleep, a result which rarely follows the administration of one dose of any other of the bromides. In some exhausted conditions of the nervous system, attended with great irritability, such as are frequently met with in hysterical women, and which are indicated by headache, vertigo, insomnia, and a mental condition of extreme excitement, bromide of calcium has proved in my hands of decided service. Combined with the syrup of the lacto-phosphate of lime, it scarcely leaves anything to be desired. An eligible formula is—*R.* Calcii bromidi ζ i; syrup lact. phos. cal. ζ iv. *M.* ft. sol. Dose, a teaspoonful three times a day in a little water. In epilepsy I have thus far seen no reason for preferring it to the bromide of potassium or sodium, except in those cases in which the paroxysms are very frequent, or in cases occurring in very young infants; of these latter, several, which had previously resisted the bromide of potassium, have yielded to the bromide of calcium. It does not appear to cause acne to anything like the extent of the bromide of potassium or of sodium."

NEW REMEDY FOR SMALL-POX.

Xylol, xylene, or ethyl-benzine as it has been respectively called, is one of a homologous series of hydrocarbons, of which the well-known benzine and toluene form the two first. These hydrocarbons are all formed from coal tar naphtha. Xylol was first procured by Hugo Muller, but its nitro-compound had previously been discovered by Warren De la Rue in 1856. Coal tar

naphtha is submitted to fractional distillation until the part which boils at 141° is separated, this is submitted to the action of fuming sulphuric acid, which dissolves the xylol and leaves the other hydrocarbons. The xylol is then separated by distillation from this mixture.

Xylol is said to have been used by Dr. Zuelzer, the Senior Physician at the Charitè Hospital at Berlin, with great success in cases of small-pox. The theory of its action would appear to be that xylol is taken up by the blood, and acts as a disinfectant. The vapour seems to the writer to possess faint, and not very well marked, anæsthetic properties—this may be due to the presence of a small quantity of benzol, or the other hydrocarbons. The antiseptic properties of this group of compounds are well known, and thus probably the specific action of this one. The boiling point is variously stated at 139° to 140° . The specimens examined by the writer, generally commenced to boil at about 135° C. The specific gravity was $\cdot 866$.

It is said that the purity of xylol is of importance, but unfortunately there is no very ready method by which the ordinary practitioner might detect its purity. It should be soluble in fuming sulphuric acid, but it is not soluble in the ordinary sulphuric acid of the Pharmacopœia.

It has a faint odour something like benzol, and an aromatic taste. The dose is three to five drops for children; ten to fifteen drops for adults every hour to every three hours. It is quite harmless in reasonable doses. In Berlin it is given in capsules. As it is very insoluble the best method of giving it would be in an emulsion of almonds. When once assimilated it is rapidly oxidized in the body, this fact being demonstrated by the production of a peculiar odour in the urine, which, however is quite distinct from xylol itself.—*C. R. C. Tichborne, F. C. S., Medical Press and Circular.*

VEGETABLE POWDER.

According to the *Mouvement Médical*, "vegetable powder" is for some purposes superior as an application to linseed meal. Unfortunately, the nature or composition of the preparation is not given, yet the following remarks regarding it may have an interest for some of our readers:

The powder in question is finely granulated and dark coloured, more so than linseed meal, its odour reminds one of oleaginous grains; its taste is sweetish. Applied to the tongue this powder gives a sensation of freshness, to which succeeds one lightly acid. It is easily soluble in water, and when mixed with a little saliva immediately acquires a semi-mucilaginous consistence.

The last property shows the very hydrometic power of this powder, which we continue to call, for want of a better name, "vegetable powder," in fact, while being very finely granulated, it gives to the finger a sensation of the dryness which linseed meal leaves; it absorbs a great quantity of water, and with a spoonful of this powder a poultice the size of one's two hands may be made; this presents the appearance of very soft pulp, more equally mixed with water than that obtained from linseed meal, and preserving its humidity much longer.

Water is everything in a poultice. If it is more efficacious in this form than as a lotion, it is because the poultice has a certain weight, reduced certainly as much as possible, but much greater than that of a bandage steeped in fluid, it is also kept in its place by a slight pressure, those different actions cause the water to penetrate more closely into the tissues. The poultice is, so to speak, but a medium for the fluid, of what use is it then when the water which it contained has completely evaporated? The first condition, therefore, of a poultice is to preserve as long as possible the water employed in its preparation.

But it may be said that it is easy to make a linseed-meal poultice more hydrometic by increasing the proportion of meal; in other words, making the poultice thicker. This is true, but at the same time it would be both cruel and useless to try to persuade a person suffering from phlegmon or peritonitis to keep a weight on the affected part. The second condition, therefore, of a poultice is to be as light as possible, so that the place which is inflamed and in pain should easily endure this therapeutic means of cure.

The "vegetable powder" presents this double advantage, being very hydrometic and absorbing much water it can be used in small quantities, forming a soft and very deep paste, and further, by reason of its slight bulk, very light. But besides

this, the specific gravity of the powder is less than the linseed meal, so that lightness is added to persistent humidity to make of a poultice prepared from this substance a typical production.

Let us add, that linseed meal contains acrid matter which excites the skin, and a fatty oil, which, in contact with the air, absorbs oxygen, develops fatty acids, and, so to speak, produces rust, another cause of cutaneous irritation. The "vegetable powder" is less disposed to produce this last phenomenon. We do not say that the inconvenience is entirely obviated, but we believe it is less than when linseed meal is employed.

The first impression which the patient experiences to whom a poultice made of this powder is applied, is a sensation of freshness, in a few moments a slight reaction supervenes, heat arrives, but this is not great, and is merely temporary, freshness soon returns, and remains as long as the application lasts, this may be prolonged for a considerable time on account of the light weight of the poultice.

Poultices of this description have recently been applied to a case of an infant affected with peritonitis, in a case of phlegmonous erysipelas, of two persons with abscess of the armpit, of several females affected with metritis or-meto-peritonitis, and in one of phlegmon of the breast, also of a patient who had suffered upwards of a year with serofulous ulcer of the arm,—in each instance with complete success.—*Medical Press and Circular.*

SCARLET EFFLORESCENCE OF THE SKIN, PRODUCED BY THE EXTERNAL APPLICATION OF BELLADONNA.

By J. G. WILSON, M.D., F.R.S.E., Professor of Midwifery
in Anderson's University, Physician-Accoucheur
to the Glasgow Maternity Hospital, &c., &c.

The two following cases, in which the external use of belladonna produced an exanthematous eruption on the skin, resembling that of scarlet fever, appear to me deserving of record. That belladonna, when administered internally, sometimes produces a scarlet rash on the skin, is a circumstance which has long been known. The fact that it occasionally does so is shown by

its introduction into practice as a prophylactic or preventive against scarlet fever, in accordance with the homœopathic axiom of "*similia similibus curantur.*" A scarlatinoid eruption from the external use of belladonna is certainly very unusual. Although I have for several years past frequently and freely applied belladonna externally as an anti-lactescens, both in hospital and in private practice, the two following cases are the only instances in which I have observed any scarlatinoid rash as a result of its employment.

CASE I.—Mrs. E——, aged 26; primipara: sanguine temperament: was delivered of a fine healthy child after a labour of no unusual difficulty. In the course of a few days after confinement, it became obvious that, owing to a defective condition of the nipples, there was little or no prospect of her being able to nurse the infant; and, consequently, all attempts at lactation were abandoned. The usual means for arresting the secretion of milk were had recourse to; and, notwithstanding the use of saline laxatives, abstinence from liquids, &c., the breasts became very full, hard, and painful. On finding this to be the case I ordered the breasts to be well rubbed with the belladonna liniment night and morning. This treatment was regularly continued for three days, with the effect of reducing the engorgement of the breasts very much. On the 4th day from the first application of the belladonna, my attention was directed to a bright scarlet eruption on the patient's face and chest, and which, in less than twelve hours, had extended nearly over the entire surface of the body. I should mention that prior to the appearance of this eruption no febrile or other unfavourable symptoms had supervened—the pulse was generally calm, and the skin cool. The appearance of this eruption naturally alarmed my patient very much—the pulse rose in frequency, and there was a marked increase in the temperature of the body. She complained, moreover, of a slight soreness and dryness of the throat; more or less restlessness, and a tendency to delirium; there was indistinctness of vision, with dilated pupils. On examination of the throat a slight degree of redness was observed about the fauces. The combination of these symptoms, although sudden and irregular in their occurrence, led me naturally to suspect puerperal scarlatina, and I, consequently, began to dread the ultimate result. In the belief then entertained that I

had to do with a case of scarlet fever, the treatment appropriate to that disease was at once resorted to. The eruption remained well out for three days, and then gradually disappeared, and with the disappearance of the eruption the pulse became calm, the skin cool, and sore throat vanished. The pupils, however, remained more or less dilated for several days after the other symptoms had departed. The urine was examined from time to time, and found free from all traces of albumen. There was not the slightest appearance of any desquamation of the cuticle. The patient had suffered from scarlatina when a child, and had not been exposed, so far as she knew, to contagion, before her confinement. She made a speedy and good recovery.

The second case occurred a few months subsequent to the former. Mrs. ———, aged 27, multipara: of a leuco-phlegmatic habit of body. After some unusual exertion, was suddenly seized with parturient pains, and after a short and rapid labor was delivered of a premature still-born child. There was no other notable peculiarity about the labor. On the 3rd day after *accouchement*, the breasts became very much distended and very painful. She was told to take saline aperients, to avoid fluids, &c. As this had little or no effect in relieving the tumified breasts, I ordered them to be rubbed twice a day with the linimentum belladonnae. Three days after this treatment had been tried, the breasts became greatly reduced in size, and the pain was almost gone. The liniment was now discontinued. On the following morning, the nurse called my attention to a scarlet rash over the patient's chest, and which by the evening had become diffused over the entire body. The pulse, which had before been calm, was now 98, and the skin was hotter than usual. She complained of indistinct or confused vision, dryness of the throat, and there was a slight tendency to delirium. On examination, the pupils were found much dilated and sluggish, and there was a little redness about the fauces. At first sight I was disposed to consider the case as one of scarlatina, but ultimately came to the conclusion that the symptoms just described arose from the absorption of the belladonna. The previous case, the dilated pupils, &c., the absence of the usual premonitory symptoms of scarlatina, chills, lassitude, headache, &c., tongue not presenting the white strawberry look so characteristic of mild scarlet fever,

were the points on which my diagnosis was based. Acting upon this view of the case, I prescribed opium in small and frequently repeated doses. In four days the eruption had quite disappeared, the pulse became calm, and the skin cool. The pupils did not, however, regain their normal size for a few days longer. There was not the least desquamation of the skin. The patient recovered quickly and well. The complete absence of desquamation of the skin, the persistent dilatation of the pupils, and the patient's rapid recovery tend, I think, to prove the correctness of my diagnosis.—*Glasgow Medical Journal.*

STRUCTURE OF THE RED BLOOD-CORPUSCLES.

Nothing can better illustrate the difficulties that beset the determination of the minute points of microscopical inquiry than the discrepancy of opinion that exists amongst the best observers in regard to the structure of the red blood-corpuscle. For many years it was held to be indisputably a cell, and to consist of a definite cell-wall enclosing cell-contents. For some time past, however, a change of opinion has been visible; and in most of our text-books of physiology, if it be not expressly stated, it is at least hinted at as probable, that the corpuscles are homogeneous semi-solid bodies, the surface of which may perhaps be a little more condensed than the interior. The remarkable experiments of Mr. Roberts, of Manchester, on the action of the anilin and tannin, though at first apparently in favor of the cell theory, were yet subsequently considered to be explicable on the theory of homogeneity, by supposing that these agents hardened the surface, and so led to the phenomena observed. The peculiarity and persistence of the form of the red corpuscles, and their behavior on the application of pressure, are certainly in favor of this latter view. A paper, however, by Dr. Joseph Richardson, of Philadelphia, which we have just received, speaks strongly in favor of the old cellular view. This gentleman's experiments were conducted upon the *Menobranchus*, which he obtained from the Cayuga lake in Western New York, the blood corpuscles of which animal are, as is well known, gigantic, being about 216 times larger than those of man. In endeavoring to discover

some indications of the presence of a cell wall, he found quite unexpectedly that the colored portion possesses the remarkable property of crystallizing with great readiness within its envelope. Dr. Richardson states that, on slightly concentrating the blood of this animal, one or two crystals form in almost every corpuscle, and the effect of their formation and elongation is precisely what we might expect to be produced by bodies of similar shape contained within an ordinary bladder partially filled with fluid, the ends of the corpuscle being in some instances thrust out till the length becomes a third greater and its breadth correspondingly diminished, the nucleus being closely compressed against the prism. In other instances, where the corpuscles lie across, the whole corpuscle assumes a lozango or rectangular form, in which state it may be mounted dry. Dr. Richardson further argues—though this is less satisfactory evidence—that on briskly stirring, freshly drawn blood with several times its volume of water, the coloring matter can be withdrawn, leaving the cell membrane intact. And finally, he has succeeded in dividing a corpuscle under the microscope with a sharp needle, the contents escaped, while the cell-wall shrank up around the nucleus into a perfectly hyaline particle. From these researches he concludes that the older theory, which asserts that the red corpuscle of the vertebrates generally are vesicles, each composed of a delicate, colorless, inelastic, porous, and perfectly flexible cell-wall, enclosing a colored fluid, which is sometimes crystalizable and is freely miscible with water, explains the physical phenomena presented by the red globule far more satisfactorily than any other hypothesis that has hitherto been advanced.

Without disputing the accuracy of the observations here recorded in reference to the corpuscles of the Amphibia we would just remark that it by no means follows that the structure of the corpuscles of the higher animals is at all similar, and we are still disposed to hold the opinion of Dr. Gulliver, that, in mammals at least, the red corpuscles are nuclei, and as such are probably homogeneous in composition, and destitute at any rate of a proper cell-wall.—*London Lancet.*

A PLAN FOR FACILITATING THE REDUCTION OF STRANGULATED HERNIA BY TAXIS.

"The objects to be attained in the treatment of hernia in a state of strangulation, are the release of the protruded parts from stricture, and their replacement within the abdomen, provided they are in a suitable condition. These objects are usually sought to be accomplished either by taxis or by operation with the knife."

Some years ago, a nurse in one of the medical wards in the Meath Hospital had a reducible femoral hernia. She neglected to wear a truss, and one day it consequently became strangulated. My father, being the surgeon on duty, tried taxis, as did also the other surgeons, without success. After consultation, an operation was decided on, but every argument failed to persuade the patient to submit—she would rather die than be cut. After the surgeons had left, the clinical clerk (since a very distinguished medical officer in the army) and I thought it a good opportunity to study the relation of the ring to the sac. The result of our examination not a little surprised us. On withdrawing my finger from the ring into which I had inserted it, we heard a distinct gurgle. My fellow-student pressed the tumour, and it passed into the abdomen. The patient lived for many years afterwards, and performed her duties in the hospital. I have since frequently tried to repeat this happy manœuvre, and with most satisfactory results.

For inguinal hernia in the male, the index finger is applied to the lowest part of the scrotum. This is invaginated (as in Wutzer's operation for radical cure), the finger being passed behind the testicle and cord up to the external ring. The hernial tumour is then pressed downwards over the finger towards the back of the hand, so as to make the structures in the ring tense, and consequently smaller. The invaginating finger is then forced firmly upwards and outwards in the direction of the internal ring. As soon as the finger is firmly grasped, the hand should be slightly turned, and the finger pushed towards the middle line. Considerable force may be safely applied in this way, as all the delicate structures are behind the finger, which acts mainly on the stricture. On withdrawing the finger, the hernia

can usually be easily returned. The same principle is equally applicable to femoral hernia. This plan may have occurred to others; but if so, it is perhaps not generally known, and any suggestion by which a cutting operation may be safely avoided is acceptable to the practical surgeon. My colleague, Mr. Porter (surgeon to the Queen in Ireland), was much pleased with the success of this plan in a case of inguinal hernia strangulated four days, and he has since tried it himself with satisfactory results.

The advantages which I claim for this procedure are—1. The strangulated portion of the ring is dilated before any pressure is applied to the bowel, 2. Much greater force may be applied to dilate than could safely be brought to bear when the intestine itself is employed for dilation, as in ordinary taxis, 3. There is much greater probability of returning the bowel into the abdomen in a good condition, and, consequently, in a number of cases avoiding a dangerous surgical operation.—*Dr. Smyly in the British Medical Journal.*

MANAGEMENT OF EPILEPSY.

Dr. Brown-Sequard recommends, in the treatment of epilepsy the following combination of the bromides of ammonium and potassium:—

R Potassii iodidi, ʒj.;
 Potass. bicarb., ʒij.;
 Potassii bromidi, ʒj.;
 Ammonii bromidi, ʒiiss.,
 Inf. columbæ, ʒvj.;

S. A teaspoonful before each of the three meals, and three teaspoonfuls at bedtime, with a little water.

Dr. Robert Bartholow's (*Fish Fund Prize Essay*) plan of treatment consists in giving a powder, containing two scruples of bromide of potassium dissolved in water, three times a day, and after the cessation of the paroxysms a drachm dose at bed-time only. It is now well known that a patient cannot omit his dose for a single day without danger of having the attacks return, and he cannot be considered exempt until he has passed two years without a convulsive seizure.

To prevent the development of bromism, Dr. Brown-Sequard is in the habit of combining arsenic with the bromide of potassium. Since using this combination, he has not observed so much the debility caused by its prolonged administration. The use of iron, strychnia, the hypophosphites, is also indicated to maintain the health of epileptics during a course of bromide of potassium. The hygienical means consist of abundant food, wine, outdoor employment, and a careful regulation of the moral life.—*Medical Press and Circular.*

THE CONCOURS IN FRANCE.—A competition by *concours* for the office of surgeon to the Charité Hospital at Lyons commenced on December 14th, and lasted four days. There were six candidates—Drs. Aubert, Christé, Fochier, Leriche, Magnien, and D. Mollière. The subjects of competition were: 1. A lecture of twenty-five minutes' duration, on the anatomy and physiology of the hand; 2. A description of the influence of pregnancy on traumatism, and the influence of traumatism on pregnancy; 3. A description of erectile tumours, and ligature of the femoral artery in its lower third; 4. A written account of a clinical case (traumatic lesion of the elbow in a child); 5. A clinical lecture on the case of a child aged 12, who had pes valgus, and had been admitted into hospital in consequence of the foot having become painful. The contest, which appears to have been a very close one, ended in favour of M. Fochier.

SULPHATE OF IRON AS A LOCAL APPLICATION IN PHLEGMASIA DOLENS.—Dr. R. W. Crighton was led many years ago to employ the sulphate of iron as a local application in phlegmasia dolens, from its great success reported by Velpeau from its use locally in erysipelas. It had been employed exclusively in that form of phlegmasia dolens commencing at the calf of the leg and extending upwards to the groin, where the veins are chiefly involved. It had been applied as a lotion (twenty to thirty grains to one ounce of water), as hot as the patient could comfortably bear it, generally by means of spongio-pilino. All the cases so treated had made good and rapid recoveries, contrasting favourably with cases formerly treated by leeching and ordinary hot fomentations. Muriated tincture of iron was, at the same time, given in large doses. The same method of treatment was suggested in other cases of phlebitis. The action of these remedies was referred to their power of controlling vascular dilatation, and also to their antiseptic powers.—*British Medical Journal.*

The Canada Lancet,

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TORONTO, APRIL 1, 1872.

COLLEGE OF PHYSICIANS AND SURGEONS' HALL.

It is now six years since the Medical Council was called into existence, and yet the Members have no College or building in which to meet, or hold their examinations. This is a circumstance very much to be regretted, and one which demands the most serious consideration. It is sometimes exceedingly difficult to obtain at the proper time a suitable building in which to meet, besides the trouble and annoyance, not to say inconvenience, which is occasioned by it. It is generally conceded by all that the future meetings of the Council should be held permanently in Toronto. The situation is most central, and well suited for the permanent establishment of such an institution as is required by the Council. A building sufficiently large could be erected for a moderate sum, and wings could be added at a subsequent period. It should have offices for the various officials, an Examination Hall, Library, Museum, &c., but in the meantime a moderate sized building would suffice. We are of opinion that if this matter were properly brought under the notice of the Government with the unanimous approval and support of the profession throughout the country, a grant might be obtained sufficient to erect a building for the use of the Council. It cannot be said of this that it is sectarian in its nature, and we can therefore see no good reason why it should not receive the attention of the

Government. The proceeds of the College at present are no more than sufficient to pay the working expenses of the Council, and therefore some scheme must be adopted in order to secure funds for the purpose above mentioned.

If the Council had a building of their own in which to meet they could then with much less trouble and expense hold their professional examinations *semi-annually*. In fact, these examinations should be held more frequently, so that no injustice may be done to those candidates who may fail to pass in one or two subjects at the final examination. It is certainly a great hardship to compel the unsuccessful student to wait a year before he can again present himself for examination. In reference to this matter we would suggest in the meantime the propriety of granting permits to practice in the interval in cases in which the candidate may have failed in one or two of the less important subjects, such as, for example, Practical Chemistry, Medical Jurisprudence, or Sanitary Science.

While upon this subject we take occasion to refer to the remarks of the Ex-President of the Council, Dr. Covernton, in his address at the December meeting, in reference to the remission of subjects accorded our graduates at the Royal College of Surgeons, London,—of all subjects but Anatomy, Surgery, and Physiology, and we think that in turn an equivalent remission at least should be accorded to all graduates of this and other British Colleges. We would even go further than this in reference to Canadian graduates who have gone to England and passed these Colleges, by admitting them to registration without any examination. Surely the Council should be satisfied with the professional status of Canadian graduates who have received the additional degree of M.R.C.S., or L.R.C.P., in London or Edinburgh, without dragging them through another examination. Besides, we maintain that every encouragement and consideration should be shown to those graduates who have the ambition, the energy, and the determination to qualify themselves so thoroughly for the practice of their profession.

It is certainly most illiberal to force these young men who have a status equal, if not superior, to that of many of their examiners, to pass through the ordeal of another examination, with the attendant loss of time and further drain upon their al-

ready depleted purses. We trust, and feel confident, that this will receive the attention of the Council, and that sooner or later justice will be done, by enactment if necessary, to this most deserving class of men.

NOTES AND COMMENTS.

VACCINATION IN VARIOLA.—Tyndale in the *Medical Record*, strongly recommends vaccination in small-pox previous to the exacerbation of the fever on the third day. He maintains that it will cut short the disease by relieving the general symptoms of small-pox, and causing a well-marked eruption on the spot vaccinated. The progress of the vesicle is very rapid, owing, he supposes, to the increased activity of the capillary circulation. The above idea is not new to the profession, but is one which has not received that attention which it merits.

A writer in the *Medical Record* of March 1st, takes the Medical attendants of the Prince of Wales to task for not issuing more scientific bulletins in reference to the condition of the Royal patient, ignoring as they did the new method of clinical description, Thermometry and Sphygmography. He complains that such expressions as "better," "worse," "rallying," "sinking," "relapsing," and finally, "recovering," are unscientific, and do not accurately express the real condition of the patient.

He may be reminded, however, that these bulletins were expressly for the public, and would not have been understood if expressed in other and more scientific terms. We have no doubt also, that these eminent men kept a minute scientific record of the state of the patient, from which these bulletins were made for the benefit of the public. It would not have encumbered them much, however, to have expressed the temperature, respiration, and pulsation, for the benefit and satisfaction of the professional public also.

CONJOINT EXAMINING BOARD.—It is stated that all of the English Universities have accepted the Draft scheme as proposed by the College of Physicians and College of Surgeons, England, for a Conjoint Examining Board. It is quite likely that this scheme will soon be carried into effect.

OVARIOTOMY WITHOUT CLAMP OR LIGATURE.—Dr. J. F. Minor, of the *Buffalo Medical and Surgical Journal*, describes a *new method* of operating in the removal of ovarian tumors by *enucleation*, without ligature, clamp, or cautery. The process of enucleation of the tumor at its pedicle in the cases recorded by him, was attended with very little hemorrhage—not any more than occurred in the breaking up of the adhesions elsewhere, and the operation was easily performed, the pedicle being as readily separated as the adhesions to the peritoneum, omentum, and other parts.

TRAUMATIC TETANUS—RECOVERY. A case of Traumatic Tetanus is reported by Dr. Cushing in the *Pacific Medical and Surgical Journal*, March 7th. The wound was situated in the calf of the leg. Symptoms of Tetanus supervened about two weeks after the receipt of the injury. Calabar bean, $\frac{1}{2}$ grain of the English extract, and 15 grains Chloral Hydrate were administered every two hours. Enemata of brandy and morphine were also ordered. Under this combination of remedies the patient slowly recovered.

THE MEDICAL DEPARTMENT OF TRINITY COLLEGE.—The following gentlemen have successfully passed their examinations in this institution—primary, final, or both:—F. D. Astley, J. Albright, O. R. Allison, W. Boyle, W. Blako, R. A. Callighan, G. Griffith, H. Howitt, W. James, R. Kains, T. Lean, H. Lang, L. More, J. B. Moran, C. W. Marlatt, P. McDonald, W. Millman, A. McKay, H. Ross, G. R. Rathorford, G. Steacy, S. S. Stephenson, J. Tamblin, S. Wallis and G. Wilkinson.

EXPLANATION.—In consequence of the strike among the printers in this city, we have been unable to issue the Journal as usual on the first of the month, but hope that under the circumstances our readers will excuse the delay in publication.

REGISTRATION OF DEATHS, &c.—A correspondent calls our attention to the fact that the present Act is very imperfectly complied with, especially in country districts. In some instances the medical man is not in attendance at the time of death, and may not be aware of it for some time afterwards. In other

instances the deceased may not have resided in the same district as the physician, and of course he cannot be expected to attend to the registration under these circumstances. We would suggest that the burden of registration be thrown upon the friends of the deceased, by making it compulsory, and forbidding any clergyman to celebrate, or sexton to permit a funeral, without the production of a "burial certificate," to be obtained from the Division registrar. It must come to this if we ever expect to have a more perfect registration of deaths. We maintain that the duty of registering deaths should not be shouldered upon the medical attendant. A great deal of gratuitous work is necessarily imposed upon medical men, as every general practitioner knows—without being compelled to attend to a matter of this kind. No physician will refuse to fill out the certificate as to the cause of death, when it is brought to him, and that is all that should be required of him.

TRINITY COLLEGE.—A special Convocation of this University will be held on the 12th inst. (April), for conferring degrees in medicine.

ONTARIO MEDICAL COUNCIL.—The professional examinations in this College will be held in the Convocation Hall, Toronto University, commencing on the 3rd, and continuing until the 9th inst.

HONORS.—The following gentlemen, members of the medical staff of Trinity College, were elected to the fellowship of the Obstetrical Society, London, on the 7th of February last.—Norman Bothune, B.A., M.D., Edin., M.R.C.S., Eng., &c., J. Alger. non Temple, M.R.C.S., Eng.; J. E. Kennedy, B.A., M.D. Dr. Agnew, of this city, was also elected a fellow of the above Society.

ELECTIONS.—Dr. Yeomans, of Mount Forest, having been assured of the support of a large number of friends, has consented to become a candidate for the representation of the Saugeen and Brock Division in the Medical Council, at the next election.

Dr Bray, of Chatham, has withdrawn his name as a candidate for the representation of the Western and St. Clair Division in the Medical Council, owing to claims of professional duties upon his time. He has retired in favor of Dr. Poussetto, of Sarnia, who has been requested by a number of his friends to become a candidate for this Division.

PHARMACEUTICAL.—We have received a sample of pills and granules prepared by William Warner & Co., Philadelphia, and we beg leave to bear our testimony to the careful manner in which they are put up. The pills are beautifully sugar-coated and of moderate size. The granules are a most convenient and pleasant mode of administering such remedies as arsenious acid, strychnine, &c. We can confidently recommend these preparations to the profession.

APPOINTMENTS.—Thomas Henry Thornton, M.D., of the village of Consecow, to be an Associate Coroner for Prince Edward. Dr. Wright, of the village of Waterloo, to be Associate Coroner for the county of Waterloo.

VICTORIA COLLEGE MEDICAL DEPARTMENT EXAMINATION.—The following gentlemen have passed their examination—Final—J. S. McCallum, (gold medalist), Angus Nichol, (silver medalist); William S. Boyle, (honorable mention), M. Washington, Colin Campbell, J. A. Abbott, H. Brant, — Shepherd, J. S. Ferguson, T. S. Barclay and R. Carter. Primary—William H. Johnson, F. C. Lawrence and William Philip.

ALPENA MINERAL SPRINGS.—The bathing-houses at these Springs will be opened for the accommodation of visitors and invalids on the 1st of May, 1872. This is a favorite resort for those afflicted with chronic ailments of various kinds, and has been very highly spoken of by those who have availed themselves of it.

CORRESPONDENCE.

MEDICAL BILL.

To the Editor of the Canada Lancet.

SIR,—The draft of amendments prepared by the committee, published in the March number of the LANCET, is certainly anomalous, if not unwise. The 7th clause aims at over-riding the Magna Charta and the Bill of Rights, by converting the Registry office into a medical Star Chamber—where the Registrar is to be endowed with absolute power over the moral character and professional status of every member of the College—

while the victim is to be denied the ordinary redress by appeal. The inalienable right to a fair trial before an impartial and disinterested tribunal, is the palladium of British liberty. Should a clause, so inimical to the spirit of modern legislation, pass inadvertently the challenge of the law officers of the Government, it would certainly be disallowed by Her Majesty, or be declared unconstitutional by the judges. There is no reason why criminals procuring registration through fraud, should not be tried by the ordinary courts, and if found guilty imprisoned, besides having their names expunged from the record.

The 4th clause is a literary curiosity—*sui generis*. The inference is irresistible that the framers considered that the only parties who could ever possibly desire a public recantation of errors, exist in "the general school" alone, as a provision whatever is made for a public expurgation of homœopathic and eclectic apostates. The introduction of such a partial clause, was wholly a work of supererogation, as no sane physician could possibly ever desire so strange a metempsychosis, while the cool neglect in not providing for homœopathic recusants, is a manifestation of heartless misanthropy unworthy of a liberal profession.

The essential principles in practice for which Eclectics have contended, having been fully conceded, the Old School and the New will necessarily coalesce, not by legislation, but by natural law. As in countries with a mixed population, the majority in possession of the educational institutions invariably in time, impress their language and usages on the minority, so the overwhelming majority here, in possession of the medical institutions, in the absence of dividing principles, will inevitably absorb the minority.

J. G. FREEL, M.D.

PUERPERAL FEVER.

At a recent meeting of the Medical Section of the Canadian Institute, allusion was made to the prevalence of puerperal fever at the present time, and to the reputed fatality which had accompanied the attack in the neighborhood of Brampton. The treatment which seemed to be most favorably received, as having

been most successful in Toronto, was as follows. Tonics (especially quinine and acid), stimulants, plenty of nourishment, opiates, and, where flatulence and typhoid exist, small doses of turpentine. In some cases reported, as much as six ounces, or more, of brandy per diem had been given with the result of lowering the frequency of the pulse, and increasing its volume. Externally applications of bags of bran steamed were constantly applied hot to the lower part of the abdomen. Warm vaginal injections and frequent sponging of the parts.—*Cont.*

BOOKS AND PAMPHLETS RECEIVED.

THE EYE IN HEALTH AND DISEASE. By B. Joy Jeffries, A.M., M.D. Lectures on the Eye, Harvard University. Boston. Alexander Moore. Toronto. Adam, Stevenson & Co. Pp. 119.

This is an admirable little work, and contains a fund of practical information. It treats of the anatomy and physiology of the eye, the various diseases and defects, the uses of the Ophthalmoscope, artificial eyes, and glasses. It also contains type for testing vision.

RESTORATIVE MEDICINE. By Thomas King Chambers, M.D., &c. (Harvard oration), with two sequels. Phila. H. C. Lea. Toronto. Copp, Clark & Co. Pp. 85.

OBITUARY.

We regret to announce the death of Dr. William Hillier, of Enniskillen, in the month of August, 1871. He was a graduate of Queen's College, Kingston, and a student of Trinity College, Toronto. He practised very successfully in the above locality, and enjoyed a wide spread reputation. By his kindness, skill, and attention, he had won for himself many warm friends among his patients, and was highly respected by his fellow practitioners.

Law Respecting Periodicals, Newspapers, &c

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

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