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Original Communications.

ON THE TREATMENT OF DROPSY BY
BALSAM OF COPAIVA.

BY A. F. FALCONER, M.D., SHELBURKE, N.S.

In directing attention to the remarkable diuretic action of this drug, in cases of *dropsical* effusions, I do not claim to have made any discovery, but having been struck with the rapidity and completeness of the removal of serous effusions, by its use I feel justified in bringing its peculiar virtues particularly before the profession. Feeling confident that but few practitioners of medicine, have given it a fair trial in ascites, and that, too often, after having been disappointed by the use of hydragogues, they have had recourse to the trocar, when a simple and effectual remedy may be found, that will achieve the desired result without pain or exhaustion to the already debilitated patient. I have been induced to call attention to the success of the copaiva treatment in dropsical cases, in hopes that a more extended trial may establish its reliability, and secure for others, results as gratifying as they were astonishing to me.

Passing by cases of cirrhosis and chronic peritonitis, with their accompanying effusion, in which after re-accumulation after tapping, I have succeeded in not only diminishing, but completely removing the fluid by the use of the balsam. I will refer to one case, viz., ovarian dropsy, seldom regarded as being amenable to medical treatment, but which, thanks to copaiva, is to-day completely removed, and the patient enjoys better health than she has done for years. Dr. Austin Flint says of diuretics, as a class, that "it is difficult to obtain much effect from them in hydro-peritoneum," and also of the prolonged use of hydragogues "that they are liable to do harm," but never having used hydra-

gogues but in one single case of ascites, I will say of copaiva—as belonging to the "class" of diuretics—that in my hands it has earned the title of diuretic *par excellence*, as it has never failed in promptly and effectually removing the serum, through the medium of the kidneys, with the exception of one case—chronic albuminuria. Its distinguishing diuretic properties, so mild yet so certain, obviating the prescribing of elaterium gamboge, &c., the operation of tapping and ovariectomy, should, in my opinion, give this drug a place in the materia medica which it has never enjoyed, as an active and efficient agent in dropsy, functional or inflammatory.

Mrs. James Stewart, of Melrose, æt. 35, mother of five children, called on me in July last, and informed me that she had consulted Dr. McDonald, of Antigonish, and Hon. Dr. Parker of Halifax, who pronounced her case to be ovarian dropsy, and proposed paracentesis as the only alternative, for without an operation "she must die sooner or later."

I found her considerably enlarged, but not suffering much inconvenience from pressure on the heart or lungs, although the cyst—monocyst—extended from the pubes to the ensiform cartilage. Appetite small, bowels constipated, no symptoms of peritoneal congestion or local inflammation, but had a sense of burning in the right iliac fossa, which, with the increase of measurement, from the ant-sup. spin. process of the ileum, to the umbilicus, would seem to decide the question of the right ovary being the affected one, and giving origin to the cyst. No glandular enlargements, œdema, varicose veins, or any indication of pressure on venous trunks. Respiratory, circulatory, nervous and digestive systems apparently healthy, and hence the idea of cancer of the ovary I rejected as being improbable. Percussion and auscultation corroborated the idea that this was a case of simple uncomplicated cyst without uterine adhesions, or in fact adhesions anywhere. From her statements I concluded the disease to have been developing itself gradually for months before its discovery. Believing that she had no ascitic fluid in the peritoneal sac, and accepting the diagnosis of Drs. Parker and McDonald, that it was "ovarian cyst, and could only be treated by an operation," I hesitated to prescribe any medicine, but remembering the *sharp* action of this drug in several cases of

ascites, I determined to give it a trial in connection with Fer. et Strych. Cit., and at the end of one week a marked change in her appearance was observable, and in the short space of three weeks, the dropsy was entirely gone, the appetite returned, and the general health at present, Oct., 27th all that can be desired.

Judging from former cases, treated by this drug, and which have not recurred, I feel sanguine about the non-appearance of the effusion in the case of Mrs. S., but, even if it should, is not the easy and certain removal of the fluid by this means much more preferable than the painful, alarming, and sometimes dangerous operation of tapping a delicate nervous patient? In every case of ascites or ovarian dropsy I would strongly advocate the use of this diuretic before any operation be performed, feeling assured that its speedy, and in many cases, its permanent effects will surprise the physician, racking his brain to discover a sufficiently powerful drastic or active diuretic that will not further exhaust his patient, and yet prevent the necessity for repeated tapings. In connection with chalybeates, exercise and warm clothing I do not hesitate to say this medicine will, in ascites, supplant the trocar and canula, while in cases of ovarian cyst it will be found deserving of a more extended trial than has ever been accorded to it.

Correspondence.

To the Editor of the LANCET.

SIR,—While agreeing in the main with Dr. Mackinnon's article in your last number, it seems to me that he is inclined to a great extent to ignore the fact that "beef tea" is of very great and real value in those conditions of the system in which the powers of assimilation are much reduced or almost absent. I am not now speaking of the so-called extracts of meat, which are little if any more than the mere flavoring principles of the meat, and though of use as nerve stimulants possess scarcely any nutritive power. But beef tea besides these does, I believe, if properly made, contain a portion of the fibrin of the meat in a state of partial solution, or rather suspension, the finely divided coagulum usually present, consisting probably to a great extent of syntonin and albumen coagulated by heat, and this though insufficient to maintain

life in a man, all of whose functions are vigorously performed, does in a great measure assist in doing so in one whose voluntary muscular action is nearly *nil*. Besides in a large majority of cases where beef tea is almost the sole aliment given, as in the advanced stages of the adynamic fevers, the question is between giving that with a small quantity of farinaceous food, or depriving the patient altogether of food, and in such a case even Dr. Mackinnon himself would not, I think, hesitate to cast his theory to the winds, and give that which the universal experience of medical men long before Liebig's time has found to be of value.

I may here notice, though I should have done so before, Dr. McKinnon's comparison of beef tea with coffee, apple dumplings and potatoes. In the case of the coffee the substance itself consists of cellulose (which is totally indigestible) combined with a small proportion of volatile active principles which whatever their stimulant power, have certainly no nutrition beyond the doubtful one of lessening the rapidity of the change in the tissues. In apple dumplings and potatoes the starch of which they consist is so confined that the boiling water has no power to rupture and dissolve the grains, and in the former the soluble parts of the apple are also confined, so that the apple dumpling tea, or potato water is nothing but water containing a minute quantity of starch in suspension. From beef tea the other hand, the water extracts the flavoring matter and the albumen, unless the product be boiled and filtered (neither of which should be done) when the latter is of course lost.

Further Dr. Mackinnon seems to have adopted Liebig's old division of all food into *tissue forming* or nitrogenous, and heat producing or non-nitrogenous, and that all food before being utilized must be first converted into tissue, neither of which propositions has, I think, been sustained altogether by subsequent experiments by Parkes, Fiske and Wislicenus, and others, which seem to render it probable that but little of the food ingested is ever converted into tissue, but is utilized for the production of heat and force at once; the excess of nitrogen being separated and excreted in the form of urea, and the remainder bearing much the relation to the tissues that the fuel does to the engine; it indirectly sets in motion. If this be so, the use of administering alcohol, starch, in the form of arrowroot, &c., and other easily oxidizable foods

although non-nitrogenous, is to a certain extent explained, as they supply the means of maintaining the exalted temperature usual in persons, with the least possible waste of tissue, the loss of which we are to a great extent prevented from supplying during these diseases, owing to the tissues being unable during the continuance of the morbid state to assimilate the foods which are necessary to maintain a state of health. Beef tea, as a nervous food and also as containing a small quantity of nitrogenous material in an easily assimilated form is thus of great use, as are also the other meat soups, as chicken, mutton, etc., especially as it can be administered in considerable quantity when even eggs and milk cannot be retained; at the same time it would be folly to give it to the exclusion of these when they can be digested.

Dr. Mackinnon, therefore, while no doubt strictly correct in most that he says, is, I think, in error in deprecating the present free use of beef tea, and by his article would lead some to suppose it to be useless, and to deprive their patients of that which, even if its value has been exaggerated, is yet vastly better than giving nothing at all, and allowing the patient to sink without our making any attempt to give food, because what we would like to give cannot be taken.

H. J. SAUNDERS, M.D., M.R.C.S., Eng.

Kingston, Nov. 17, 1874.

To the Editor of the LANCET.

SIR,—I have stated in the number of this journal for last July that beginning with nursing sore mouth, dyspepsia, and dysentery, I gradually found that the search in which I was engaged was one of much wider scope than a remedy for these; that it extended to the class of diseases having their seat in a tender or ulcerated state of the mucous membrane. If this appears to be utopian must we fall back upon its opposite, and say that there is no general principle to guide us, that each disease stands alone, and unconnected, and that a tender and ulcerated membrane in one cannot be cured by medicine, which cures a similar condition in another. In what way then are the numerous cures obtained by others as well as myself to be accounted for? How did it happen that a remedy for dysentery was found to be suited to scarlet fever, typhoid fever and croup, diseases

differing widely in their symptoms, but agreeing in an affection of the mucous membrane? It cannot be doubted that had not the constituents of the medicine been decided by observations of other diseases, the rapid course of croup would have been an effectual obstacle to any investigation based on it alone. Following the same argument, how did it happen that in constructing the medicine an addition which gave distinct evidence of gain in one disease of the mucous membrane, gave similar evidence in all others in which I had an opportunity of trying it, and that a retrogression in one was a retrogression in all. Hence, if these observations are correct, the important conclusion follows that the remedy for a terribly rapid and fatal disease may be studied in another of the same class, where time is of no importance, and life not imperilled.

As in scarlet fever and croup the constituents of the medicine were determined before I had an opportunity of trying it in measles. The child who died after passing through scarlet fever (see *Lancet* for Dec., 1873,) had just recovered from a severe attack of measles. When I first saw her the eruption was dusky red, there was great apprehension, and a fatal termination supposed to be near. Two grains of the squill combination without opium were ordered to be given thrice daily; next day I found her at play in her bed-room, and in twenty-four hours she had in a great measure the aspect of health. Other severe cases of measles have been treated successfully, and I have no failures to record.

Dr. MacIntyre, of Hespeler, was called to a case of great danger on the second day of the eruption; this had a dusky red colour, the face was swollen, eyes tender, and the secretion of tears copious. Pulse 150; the age being eighteen years; some delirium; nearly sleepless for the two preceding days; breathing oppressed, and frequent dry cough. Four grains of the digitalis combination without opium were given, and were speedily followed by long and sound sleep. Next morning pulse 106; no delirium; swelling of face greatly reduced; eyes able to bear light; and cough much lessened. Other four grains were given, and by evening all the symptoms were farther improved; a third dose was followed by a sound night's sleep, and a fourth completed the cure.

Confirmatory of your suggestion in the Sept. *Lancet* that "in malarious districts the addition of

quinine will be found servicable," I send the following from Dr. Aylsworth, Collingwood, being the only communication I have received on this subject. The first letter is dated September 1st, 1874. "Lately I used your medicine in a very severe case, in which shortly before I was called the patient had fainted from pain and weakness; the stools were entirely blood. After I saw him he neither had pain nor stool until his bowels moved naturally. Previously to my seeing him he had been ill for some days, and under the care of a physician." The second letter, dated Oct. 28, says, "your remedy has never failed in giving relief for the time, but cannot in all cases be depended upon for a cure, owing to the character of our location. As a general remedy it is the best I have ever used, nothing else being necessary in many cases." In his third letter, Nov. 6th, Dr. A. says, "I found that although I had nothing better for checking the bowel complaint than your remedy, yet to effect a cure, the site of the town being very flat and sandy, quinine had to be given." I suppose that this statement is to be qualified by that in the preceding letter, the meaning therefore being that although in many cases nothing else was necessary, in others quinine was required to complete the cure.

The "exceptional cases," which came under my own notice, and yielded readily to the strychnine combination had, not, I am satisfied, any connection with malaria. Ague is now one of the rarest of diseases in Galt, and when seen has generally had its origin elsewhere. For my purpose it is sufficient to prove that there are cases that resist both the digitalis and squill combination, and are readily cured by the strychnine without quinine. In last July number several such are given, and I have since seen a few more. Dr. Aylsworth's words imply that in a malarious locality the attacks were mitigated, but that a cure seemed distant till quinine was given; in the "exceptional cases" not depending on malaria, no mitigation follows the administration of the two other combinations, which occasionally seem even to do harm, producing unpleasant narcotic symptoms; the strychnine combination, however, speedily brings about a change for the better. A suspicion has crossed my mind that there may be cases benefitted at first by the digitalis or squill combinations, but by and by requiring a change to the strychnine.

WM. KERR.

Galt, 12th Nov., 1874.

Selected Articles.

ON A REMARKABLE CASE OF TRISMUS.

I feel that but little apology is due for my thus bringing under the notice of my professional brethren the principal features of the following case, which I took upon as the most remarkable one that hitherto I have met with in the practice of my profession.

E. L., a married woman, æt. 52, was admitted into the Meath Hospital under my care on the 24th day of July in the present year. The symptoms under which she laboured were as follows: Her jaws were firmly locked together, and could not be separated either voluntarily or by any amount of force which I considered justifiable to use, even to the extent of admitting the introduction of a spatula, and this state of rigidity was equally well pronounced both while the patient was asleep or awake. In the situation of the right temporo-maxillary articulation was an immovable tumour of the size of a pigeon's egg, giving on digital examination, a cheesy-like sensation. The sternal attachment of the right sterno-cleido-mastoid muscle was remarkably thickened, fully six times as large as that on the left side, communicating to the finger the same cheesy-like sensation; whilst under the right clavicle were two tumours apparently similar in character to that over the temporo-auxiliary articulation, but much smaller in size, not being larger than a hazel-nut, and under the left clavicle were two others of similar character, but still smaller in size, not being larger than a marrowfat pea. Upon the surface of the chest the cutaneous veins were visibly enlarged. Her pulse was slightly accelerated; but no difference in volume was observable at the wrists on either side. Her voice was remarkably hoarse, and the act of inspiration was accomplished with very great apparent difficulty, and accompanied with a loud crowing noise, resembling in character but far exceeding in intensity that heard in croup or in the very worst forms of whooping-cough, and perhaps the most remarkable feature in this extraordinary case was that the sooner asleep was this poor creature the louder would be the noise accompanying the act of inspiration, so much so as to disturb the patients at night, not only in the ward in which she slept, but also those in the adjoining wards, which noise was also perfectly audible outside the walls of the hospital even with the doors shut. With all this she would sleep profoundly but never awoke from her sleep refreshed. This noise was so overpowering as entirely to prevent even an approach to anything like a satisfactory stethoscopic examination of the chest, although such was most kindly and most perseveringly essayed for me by my venerated col-

league Dr. Stokes, who pronounced the case to be in his experience, unique. In her general appearance she appeared to be slightly emaciated; but in all other respects save those mentioned she seemed to be in a fair state of health. She had little, if any, cough. The history which we could collect from herself of her case was briefly as follows: About Christmas last she remarked that she was getting hoarse, and fancying that she had caught cold she procured some cough-bottles, which, however, did not do her the slightest good. Shortly afterwards she remarked the tumour seated over the temporo-maxillary articulation, at first small in size, which from that time increased steadily to its present condition. Early in January she experienced difficulty in opening her mouth, and in February the jaws closed tightly, as they are at present, since when she has been obliged to feed herself by coaxing crumbs of bread through an interstice left by the loss of one of her front teeth when a child. There is not the slightest evidence of her ever having suffered from syphilis, all the evidence tending in the contrary direction.

The diagnosis in this case was involved in obscurity. That the temporo-maxillary tumour might have something to say to the production of the trismus could not be gainsaid. Still, I had frequently seen tumours in this situation larger in size, and apparently of a graver character, where, although some difficulty would be experienced in opening the mouth, yet there never was anything approaching the completely lock-jawed condition this poor creature presented. Again, what was the cause of the extremely exaggerated inspiratory murmur, and the diagnosis being so obscure, naturally it was still more difficult to decide upon the line of treatment most likely to relieve the symptoms. After mature consideration the conviction forced itself upon my mind that the "fons et origo mali" lay deep down in the thoracic region—that a tumour similar in character to those to be observed externally had formed internally, and by pressure on the nerves had set up reflex irritation, whence all the symptoms. In a communication such as this, it would be, in my opinion, out of place to enter into a physiological discussion as to the nature and situation of the pathological changes which might result in the production of these phenomena. On a future occasion it may be permitted me to do so; but at present I must content myself with placing on record facts as they occurred. With this conviction upon my mind, I discarded the idea of tracheotomy, which for a time I had entertained, and determined on making energetic efforts to procure the absorption of the tumour, if such there was. With this object in view I placed her on mercurial inunction, until the gums became tender. No difficulty was experienced in producing this result, and then I placed her on large doses of iodide and of bromide of

potassium. After a few weeks of such treatment all the symptoms commenced to ameliorate, the tumours which were visible diminished in size until at last they disappeared. She is now able to open her mouth, to masticate food (chops, steaks, &c.), sleeps tranquilly, and to all outward appearances seems to be perfectly cured. It should be mentioned, as being to some extent supplementary to the proof afforded, by the success attending the treatment, of the probable correctness of the diagnosis that, when the character of the respiration admitted of a satisfactory examination of the chest, I found in the track of the arch of the aorta, on percussion, dullness; on auscultation, a well-marked murmur, which murmur, however, was not at all detectable over the cardiac region. Both of these signs are so diminishing in intensity as now to be scarcely, if at all, recognisable. In this statement I believe that I shall be fully supported by my friend and relation distinguished Professor Brown, of the Galway College, who kindly examined the case for me this day (October 2nd).

During her treatment she used about six ounces of the bromide and five of the iodide of potassium. The mercury was not employed through the existence of suspicion on my part of any syphilitic complication in the case, but because experience has taught me its value when this used as a preliminary in developing the absorbent properties of the iodides, and with this object in view I also occasionally had recourse to the local abstraction of blood by half-a-dozen leeches at a time.

During the treatment of this case I had reason to feel indebted to my resident pupils, Mr. R. M. Blake, one of my apprentices, and Mr. Clibborn, for the zeal and attention with which they carried out my directions, and to the former of these gentlemen I am also additionally indebted for the accurate notes from which I have been thus enabled to summarise this most instructive and interesting case.—*Med. Press and Circular.*

CLINIC LECTURE ON THE TREATMENT OF SCIATICA.

BY THE LATE FRANCIS E. ANSTIE, M.D., PHYSICIAN TO WESTMINSTER HOSPITAL.

* * * If we are to take first the varieties of the disease in which there is the most decided indication for treatment, we shall certainly begin with the syphilitic; and here I wish to repeat the caution already given as to not accepting too readily the idea that syphilis is out of the question. You will be most tempted to make this mistake when your patient is a lady of good character. But remember that she may have been infected by her husband, and that this may have happened (in conception) without the occurrence of any primary sores. In-

quire carefully in such cases for any history of eruptions or sore throats, but especially ascertain whether there have been any abortions or still-births. Where the patient confesses that there has been chancre, you must not give up the syphilitic hypothesis simply because a number of years have elapsed with few or no recognizable symptoms of constitutional infection; this is a point which has been copiously illustrated in the valuable researches on syphilitic nervous diseases generally which have been going on during the last twenty years. The line of treatment is quite simple. You administer iodide of potassium in rapidly increasing doses till you reach as much as from sixty to one hundred and twenty grains of the drug, or even much more, in each twenty-four hours. This very rarely fails to produce a rapid and complete cure; but if it should prove ineffectual you may resort to the bichloride of mercury, sixty to eighty minims of the liquor ($\frac{1}{16}$ to $\frac{1}{12}$ grain) thrice a day. Very often it will be advisable to give cod-liver oil at the same time.

In a few cases of clearly rheumatic origin, also, we get a clear indication for treatment: the use of iodide of potassium with bark will usually be found to remove the inflammatory enlargement of the nerve, and give speedy relief to the pain. The prolonged use of Kreuznach or Woodhall Spa water is desirable, in order to render the cure complete and permanent.

In the cases where we have reason to believe that the conjunction of the gouty with the neurotic temperament is exercising a pernicious influence, the chief practical deduction must be that the patient should very sedulously avoid beer and all saccharine wines, and should be very moderate in his total allowance of food, especially of meat and other distinctly nitrogenous foods. The careful and prolonged use of Vichy and Neuenahr water may do great good.

But, after all, the gouty, rheumatic, or syphilitic sciaticas form but a small proportion of the mass of cases which may be encountered in practice. The important question in dealing with ordinary sciatica, is—What am I to do with a disease which is essentially a neuralgia, but which is influenced by the special circumstances connected with the anatomical position and the functions which belong to the sciatic nerve?

In dealing with sciatica as a neuralgia pure and simple, we are fortunately provided with means which will give such immediate relief as will greatly solace the patient, and inspire him with that faith in his ultimate recovery, which is always so valuable to the sick, and especially to the nervous sick. I have already explained how necessary absolute rest of the part is, and you will commence your treatment by arranging a proper couch on which the patient is to lie all day, and by making him understand that he is not merely never to put his foot to the ground (except for absolute necessary purposes),

but that he should always lie either prone on his face or (for a few minute's change) on the opposite side to that affected. If he be in pain at the moment of your visit, I advise you to give him a hypodermic injection of one-sixth of a grain of acetate of morphia on the spot. All this is only preliminary; it gives you time to look about you, and deliberately select your line of treatment.

In dealing with simple neuralgias there are four possible main classes of remedies—1, constitutional, which include the regulation of diet and the employment of such medicines as are, in fact, supplementary ailments; 2, the removal of obvious sources of possible irritation; 3, the narcotic stimulant medicines; 4, local applications.

1. As we are not dealing now with gouty sciatica, what I have to say concerning alimentary treatment is mainly in the direction of insisting on a very nourishing diet, and especially the use of fats, beginning with cream, and going on to cod-liver oil. To this we may add the use of iron, or arsenic, or both, inæmic cases.

Dr. Lawson has correctly pointed out that sciatica is sometimes connected with an acid dyspepsia and a tendency to pyrosis. I believe that these cases are less common than he supposes, and that they are mostly found in those who happen to be the subjects of gout as well as of sciatica. At any rate, wherever such symptoms are found they should at once be met by the administration of effervescing alkalies, with small doses of quinia—say a grain of quinia in four ounces of Vichy or of Apollinaris water three times a day. The quinia is here given simply as a restorer of the digestive tone, not with the idea of producing a specific effect upon the neuralgia.

The only cases of sciatica in which quinia is likely to produce specific effects are those in which malaria is the exciting cause, and these are (in England) so rare that I have for practical purposes disregarded them. It is enough to say, here, that when we do encounter such cases we must treat them with the same full doses of quinia, administered before an expected paroxysm, as we should employ in ague itself.

1. The removal of obvious sources of possible irritation refers chiefly to two things. *Cold* should be guarded against by making the patient wear (night and day) a pair of thick flannel drawers. Intestinal irritation should be guarded against by thoroughly evacuating the intestines; it is best to do this by means of a good stimulant enema (ol. ricini, ℥ss; ol. terebinth. ℥ss; gruel, Ojss) thrown high up.

3. Of the narcotic-stimulant remedies, morphia hypodermically injected; is much the most frequently useful, though it is scarcely that panacea for the disease which some have represented it to be. When I tell you that it can rarely be judiciously omitted in the early treatment of sciatica,

am very anxious that you should receive that statement in a reasonable way. The supreme utility of hypodermic morphia is due to the certainty with which (in moderate dose) it will cut short the pain without inducing narcotic depression. Pain is a complex and mysterious phenomenon, and among the many interesting facts concerning it is this—that the long continuance of pulsation, so to speak, of more or less rhythmical agony has a peculiar shattering effect upon the nerve, which leaves it *far more liable to pain than before*. Therefore you will do wisely to prevent, at any necessary cost, the patient from ever having more than a few acute pain at a time. This can usually be accomplished by immediately using the hypodermic syringe when the attack commences; and at this period of the illness you may even give one-sixth or one-quarter of a grain twice in each twenty-four hours, if necessary. But you are on no account to look upon hypodermic morphia as other than a temporary expedient to gain time for the recuperative powers of the system, aided by appropriate tonics, to conquer the morbid tendency.

4. Of local applications for sciatica (or any other neuralgia) some are used with one intention, some with another. *a.* There is a class of local remedies, the sole action of which is to shield the terminals of the nerve-twigs from irritation by paralyzing their sensibility; the result being that the nerve and nerve-centre enjoy comparative force while the influence endures. Veratrine ointment is one example; aconite liniment another. In using the former, you will do well to employ, at first, an ointment only half as strong as that of the Pharmacopœia (four grains to one ounce, not eight), or, if your patient has a delicate skin, you will produce inflammation or pustulation instead of simply numbing the nerves. Lin. aconiti, applied with a broad paint-brush, but very expensive where it has to be applied over a large surface.

b. Mild stimulation of the nerve is, however, on the whole, by far the most satisfactory local method of treatment. This is done in two ways, either by blistering, or by the use of the constant current. Blistering must always be used with precaution, and is almost wholly inapplicable to the irritable skins of aged patients. It is usually best to commence with the application of a blister, not directly to any of the painful joints, but by the side of the spine at the junction of the lumbar and sacral portions. When the epidermis has been well distended with serum, the bladder is to be pricked with needles and drained of fluid without breaking the skin at all. If the malady prove at all obstinate, a series of these "flying" blisters placed successively near to (not actually upon) the foci of the greatest pain will prove highly serviceable.

But in no instance of sciatica ought we to allow the pain to continue very long before putting in

action a remedy which has approved itself in the hands of some of the best observers in Europe, of the highest value for sciatica—I mean the constant battery current, a remedy so powerful (particularly in this form of neuralgia) that, but for the expense and trouble attending its use, it should be employed as the sole treatment in three-fourths of the cases of sciatica. It is absolutely necessary to have a good instrument, such as Wiess's or Stohrer's constant-current machines. From twenty-five to thirty-five cells will commonly be required, and the best method of application, on the whole, is the following: The negative pole (the poles are broad moist sponges) is applied as nearly as possible opposite the roots of the nerves which form the sciatic, and the positive pole is applied in succession to the several foci of pain. The poles should be kept continuously applied for about three minutes at each of these situations, and this should be done either once or twice daily.

The prognosis of sciatica depends mainly upon the age of the patient, in the true physiological sense, and on the length of time during which the malady has already lasted. Eulenburg speaks of it as among the most curable of neuralgias, and so it doubtless is—in favourable circumstances and with the adoption of all proper remedies. But it may be rendered utterly intractable, either by the failing nutrition of the organism in the stage of bodily decline, or by the carelessness of the patient, or of the doctor, in not strangling the disease at an earlier period in younger subjects. No disease with which I am acquainted offers more opportunity for medical energy to find itself rewarded, or for medical supineness to incur not undeserved discredit.—*Med. Times and Gaz.*, June 13, 1874.—*Med. News and Library*.

STAMMERING.

The treatment of this defect is now carried on with much success in France by M. Chervin. His method has been the subject of a favourable report to the Academy of Medicine, in which we find a sketch of the system. The training begins by a respiratory practice, in which the patient learns to steady his voice whilst regulating the respiratory rhythm. Then follows the practice of vowels, which, in fact, constitutes the gymnastics of articular phonation. Lastly comes the demonstration of the functions which the tongue and lips have to perform, and of the shape which the mouth should assume in the pronunciation of each letter of the alphabet. This concludes the initiatory practice. Afterwards we have the combination of letters, vowels, and consonants in the different and respective positions which they may occupy; and, finally, words and periods, with the intonation and expression which they require. The whole con-

sists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the Government have been advised by the Academy of Medicine to give M. Chervin pecuniary support.—*The Lancet*.

NASAL CATARRH.

Numerous cases of this very common and troublesome affection present themselves at this season of the year. They are of all grades of severity, from the recent acute inflammation, characterized by a free copious mucous or slightly purulent discharge to the old chronic *ozana*, accompanied by the fetid purulent discharge, and chronic thickening of the nasal mucous membrane. The partial or complete occlusion of one or both nostrils by the accumulation of hardened secretion, and the swelling of parts is of frequent occurrence, also partial deafness from closure of eustachian tubes. In most chronic cases the inflammation spreading down over the fauces involves more or less the larynx and larger bronchial tubes, producing hoarseness and slight cough with expectoration.

As met with in dispensary practice many of these cases present an evident syphilitic element. A broadened, thickened condition of the bridge of the nose from periosteal inflammation is a common evidence of this taint, also the destructive ulcerated patches in the nares, or more frequently on the fauces bear evidence to the same effect.

The treatment that we have been in the habit of pursuing in these cases of nasal catarrh is very simple, but apparently quite as efficient and successful as any that has been devised. The nasal passages are directed to be cleansed once or twice each day, either by the nasal douche or syringe; a solution of salt and water being used for the purpose.

The following solution is directed:

R.—Iodine Cryst., grs. xii.
Chloroform, ʒi.—M.

To be inhaled two or three full breaths at a time, through either nostril, several times through the day. Slight or recent acute cases yield readily to this treatment alone. In the more chronic cases, and where there is a fetid character to the discharge, ten or twelve grains of carbolic acid cryst. may be added to the above with advantage. General treatment by tonics and mercurial alteratives will also have to be resorted to in the more persistent chronic cases before much impression can be made upon them. The following is the mixture which I usually use in these cases:

R.—Tinct. Cinchona, ʒii.
Syr. Rhie, ʒi.
Syr. Glycyrrhiza, ʒi.
Hydrag. Bi-Chlor, gr. i.

A teaspoonful four times a day to an adult.

Or, in many instances, especially where any laryngeal or bronchial complication is apparent, the following mixture will act more efficiently:

R.—Ammonia Hydrochlor., ʒii.
Morphae Sulph., grs. iii.
Ant. et Potassa Tart, grs. ii.
Syr. Glycyrrhiza, ʒiv.—M.

A teaspoonful four times a day.

Hydrag. bi-chlor. one grain can be added, if desired, and would be more especially indicated if there was any syphilitic complication apparent or suspected.

The partial deafness resulting from closure of the eustachian tubes will frequently yield to the use of the inhalation already mentioned. In more severe and chronic cases, however, the eustachian tubes may become, more or less, firmly agglutinated together throughout their entire extent. The introduction of the eustachian catheter and the dilation of the tubes by forcing a current of air through them is then necessitated. After dilation in this manner a current of iodized air must be occasionally forced through them by the catheter in order to prevent their becoming again closed.

A very great obstacle and discouragement that is met with in attempting to control these catarrhal affections arises from the fact of their so frequent and persistent recurrence after apparent cure. The membrane lining the nasal passages, remains extremely irritable, and sensitive to atmospheric influences for a long time, especially after being subject to repeated and frequent attacks of catarrh. In a climate like ours, subject at all seasons to the most sudden and extreme variations of temperature and moisture or dryness of the atmosphere, it is almost impossible for those once becoming subject to this affection, to so guard themselves as to prevent the more or less frequent recurrence of fresh attacks. By resorting promptly to treatment each time, however, these attacks can be cut short, and the supervention of any unpleasant sequelae prevented.—*Dr. Davis' Medical Examiner*.

INTERNAL HÆMORRHOIDS.

CLINIC BY JOHN BRINTON, M.D., PHILADELPHIA HOSPITAL.

A man, sixty years of age, suffered for thirty years with an enlargement or protrusion from the anus. During the last ten years these tumors have bled and bled profusely. This aggravated hæmorrhage has occurred every three or four weeks, but in the intervals there has always been more or less loss of blood. As a result of this constant drain, his constitution has suffered severely; he is weak and feeble, possesses no energy, and unable to earn his living.

He was admitted to the hospital, and the case furnished the text of Dr. Brinton's lecture, in the course of which he said: Essentially, hæmorrhoids depend upon varicose condition of the veins of the rectum, at all events in their incipient stages. You know, perhaps, that the lower part of the rectum is supplied with blood through three channels: the superior, middle, and inferior hæmorrhoidal arteries. The first named vessel is given off by the inferior mesenteric; the second by the internal iliac, and the last named by the internal pudic arteries. These different hæmorrhoidal arteries are accompanied by their respective veins. As a consequence, the blood from the rectum finds its way back into the general circulation through three channels, to wit, the internal pudic, and inferior mesenteric trunks. The latter, as it ascends, pours its blood into the portal vein, and passes through the liver.

You will thus understand how it happens that the superior hæmorrhoidal vein, a vein of considerable length, destitute of valves, and entering into the composition of the portal system, may at any time be subjected to the general disturbing hepatic influences which tend to produce portal congestion. And you will also see how, such portal congestion having occurred, we may have interference exerted upon the return of the blood from the rectum, through the medium of the superior hæmorrhoidal, and its prolongation, the inferior mesenteric veins.

Now, gentlemen, let us suppose that from any cause, whether portal disturbance, the result of liver trouble, or from constipation, and the accumulated faecal pressure upon the rectal veins, or from other causes, these veins should be kept permanently engorged or filled with blood, what would result? Inevitably there would be over-distension of the veins, accompanied at first by thinning and afterwards by hypertrophy of their walls. In other words, these veins would become varicose, and such varicosity would be most marked at their inferior termination, near the anus, where the venous trunks inosculate freely, and form lips or pouches. That portion of the varix which flows above the sphincter ani, and which is covered

by the mucous membrans of the gut, is known as the internal pile. That which is developed below this muscle, and which has a muco-cutaneous covering, is the external pile.

In its incipient stage, the interior of the dilated or varicose vein is usually patulous, so as to permit the free passage or circulation of blood. In a short time, however, clots form, especially in the external pile. I shall doubtless have frequent occasion to show you how, by an incision of such a hæmorrhoid, a clot can be evacuated from the containing cavity. It often, too, happens that these sacs suppurate and discharge their contents, and there are left only those pendulous folds of skin, tabs, as patients call them, which we so frequently observe fringing the external margin of the anus.

I have spoken to you, thus far, of a hæmorrhoid as a varicosity or dilatation of a vein. But it may be, and most frequently, indeed, is something more, especially when the affection has been of long duration. For then we find that besides the distension of the walls or the vein, there is also thickening and hypertrophy, and that upon the outside of the venous parietes a thick, projecting velvety growth develops. This is well supplied with small arteries, which bleed, too, most copiously, during the evacuation of the patient's bowels. Occasionally this hæmorrhage occurs at almost every evacuation; but usually, I think, the bleeding is only severe at intervals of two or three weeks. In the interim there may be seen bleeding, but generally far less in quantity, and often, indeed, sufficient to constitute a stain.

The external pile inconveniences its possessor by the sense of weight, distension, and irritation which accompany it, and by its tendency to undergo attacks of acute inflammation. It is oftentimes, too, attended by an intolerable pruritus. The internal pile, in addition to most of the above-mentioned inconveniences, is marked also by the bleeding from which is not infrequently periodical and prodigious.

Examination of the patient upon the table followed. To prepare him for this examination and any operation which might be necessary, his bowels had been acted upon by castor oil, followed by the employment of a full injection. He had also been directed to strain over a bucket of hot water, in order to force down the offending growths.

Now, said Dr. B., as I separate the buttocks, you observe the large size of the hæmorrhoidal mass, projecting from above the external sphincter. Mark, if you please, its dark, villous appearance, and its extent of base, embracing almost the entire circumference of the bowel. The surface of the tumour is studded with hæmorrhage points, and as I press upon the mass the blood flows freely. Underneath the pile you observe a projecting ring or fulness surrounding the anus. This is caused by a partial

prolapse of the lower portion of the rectum, dependent, no doubt, on the long-continued habit of constipation into which the man has fallen; for he states that his bowels are rarely moved twice a week; often, indeed, but three times in two weeks. The removal of hæmorrhoid will doubtless relieve this prolapse.

The case is evidently a bad one of internal or bleeding piles. Now, how shall I proceed to their cure?

Excision by the knife or scissors is out of the question. Such an attempt would certainly be followed by a terrible bleeding. Removal by the *ecraseur*, or by a platina wire heated to a white heat by the galvano-cautery, are also objectionable, for both of those methods are at times to be followed by troublesome hæmorrhage. So, also, is the destruction of the growth by the actual cautery, after the method of Mr. Henry Smith, of King's College, London.

The method which I adopt in all these cases of internal piles, and which I confidently recommend to you, is that of ligation. If you follow me closely you will see how this is effected. The patient will now be brought under the influence of ether, and while this is being done I will draw your attention to the *modus operandi* of the ligature in these cases. I have here a stout curved needle with a large eye. This is armed with a strong double ligature—in fact, a piece of fishing-line—which cannot be broken by any strain my hands can put upon it. With this I intend to traverse the base of the tumour, and I shall then strangulate the mass in segments. It will at once occur to you that this procedure may be productive of great pain to the patient when he shall have emerged from the effects of the ether. Not so, if the ligature be properly applied.

In this diagram the mode of nerve distribution at the anal orifice is correctly represented. It is copied from Mr. Hilton's book on "Rest and Pain." You see here the internal pudic nerve sending a shower of branches from above downward through the thickness of the rectal walls. A little distance above the anus these nerve filaments rest *beneath* the mucous membrane, and they pierce this latter, to be distributed cutaneously on the line at which the mucous and cutaneous surfaces become continuous. This locality you can recognise in the living subject by a whitish line; see, here it is on our patient.

He is now fully under the anæsthetic, and I proceed to my operation. First of all, I grasp the hæmorrhoidal mass with this strong toothed forceps, draw it strongly onward, and have it so held by my assistant, Dr. Keating. I then take my scalpel and make an incision along the white muco-cutaneous line I have indicated to you. This incision is not deep, but is sufficient to divide the thickness of the mucous membrane, and con-

sequently also the filaments of the pudic nerves just above their emergence. I next pass through a needle with its double ligature, the point entering in the cut I have made, and escaping above the hæmorrhoid. I divide the ligature and remove needle. The respective ends of the two ligatures are then tied, the upper one over the mucous surface of the pile, whilst the lower one falls in the track I have made with my scalpel. I then surround the bases of both included masses with a thread from either ligature, and knot them very tightly. This I do to prevent any bleeding at the point of needle puncture. This series of manoeuvres I repeat until the entire mass of the tumour is surrounded; in the patient before you three needles and five ligatures are demanded. You have witnessed how forcibly I tie the thread. Remember, that the more tightly you tie them the more perfect will be the strangulation, the less danger of hæmorrhage, and the more rapid the cure.

The operation is finished, the whole hæmorrhoidal growth is strangulated—and you saw how large it was. I then return the mass within the bowel, leaving the free end of the ligatures twisted together and projecting through the anus, in case a possible hæmorrhage might render further manipulation desirable, although this is hardly to be anticipated.

For after-treatment I direct a one-grain old opium pill, to be repeated in four hours, and afterwards as often as may be necessary, to prevent any motion of the bowels. His food will be of a fluid and farinaceous character. The constipation I enforce for seven or eight days, at the expiration of which time I order a more solid diet, which, in all probability, will be followed by a natural motion and the fall of the ligatures, unless they should separate earlier—*Medical and Surgical Reporter, Philadelphia.*

A LESSON FOR YOUNG PHYSICIANS.

The following oath (copied from *L'Hermite et Province*, vol. ii., p. 343,) was taken by young physicians at Montpellier. It was at Montpellier that Rabelais was professor, as also Rondelet, the father of modern zoology:

"I, ———, before the statue of Hippocrates, and in presence of the Professors of this School, and of my dear fellow students, do, in the name of the Most High, swear to be faithful to the laws of honor and probity, in the practice of medicine.

"I will attend the poor gratuitously, and never will I exact more pay than my work is worth. When called upon to visit families, my eyes shall not see what there takes place; my tongue shall keep silent on the secrets confided to me, and my profession shall never serve for the corruption of society, or in the furthering of crime.

"Respectful and grateful towards my masters, I will hand down to their children the lessons I have received from the fathers.

"If I am faithful to my oath, may men honor me; may I be covered with disgrace and scorned by my associates, if I fail." *Nashville Journal of Med. & Surgery.*

ASIATIC CHOLERA.

Surgeon-Major Dr. Robert Pringle, in a paper read before the Medico-Chirurgical Society of Edinburgh, and published in the *Edinburgh Medical Journal* (Sept. 1874), gives the result of nearly twenty years' experience of cholera in the Bengal Presidency. The paper is one of much interest and practical value. The subject is discussed under three heads or questions.

1. What is Asiatic cholera; and where does it originate?

In reply to this question, Dr. Pringle says that cholera is the result of a poison introduced into the system; and that the symptoms, such as vomiting and purging, with cramps and collapse, are due, the former to the efforts of nature to expel the poison, and the latter to the influence of the poison on the nervous system and the circulation. The author has known cases fatal within three hours from the commencement in persons previously quite healthy, and in some of these instances not more than one characteristic evacuation has occurred. In such cases, the fatal result is attributed to the non-exit of the poison. On the other hand, reference is made to the numerous instances of spontaneous recovery amongst religious pilgrims who, having been turned out of crowded lodgings into the open street, or having been struck down in the road, have rallied from the collapse of cholera, with but too visible proofs around of Nature's successful efforts to emit the poison. Now, nothing whatever had been done for these cases, and yet they were *slowly coming to life again*, and these wonderful recoveries were only equalled by the marvellous power of regaining strength to rise up, and in the case of pilgrims, to renew their journey homewards.

2. How does the disease spread; and what are the best means to prevent its spreading?

To this the answer is, that the disease spreads through the agency of a poison which, like the small-pox poison, multiplying indefinitely within the bodies of the sick, is ejected by vomiting and purging, and then contaminates the air and the water; and the way to prevent the diffusion of the poison is to confine it as far as possible within narrow limits, and then to destroy it. "One of the most feasible means of spreading the disease is water; and among a water drinking population like that of

India, who obtain their supplies from wells and ponds, and whose sanitary habits of ablution are too well known, and too often witnessed on the margins of ponds and canals, to require description, it need excite no wonder if cholera sweeps off its victims by hundreds." The author believes, from personal experience obtained while in medical charge of the station of Juggernaut, that one of the most active agents in the spread of cholera amongst Indian pilgrims is the so-called "holy food" upon which they chiefly live while at the Shrine of Juggernaut. This food is composed of vegetables, chiefly of the melon kind, in various stages of decomposition, and doubtless often containing the germs of the cholera-poison, introduced by the impure water used in the cooking, and increased by the filthy state of the sheds in which the food is prepared. This food is sent all over India, and is believed by Dr. Pringle to be a frequent source of *apparently unaccountable* outbreaks of cholera. He has great faith in the preventive influence of quarantine in a port, and a *cordon de santé* on land; but he very sensibly remarks that, in order to be effective, they must be thoroughly strict and close. Anything short of this does more harm than good, since it leads to concealment, which allows the disease to spread unobserved, from fear of the punishment attending its discovery. When, therefore, precautionary measures cannot be thoroughly carried out, they had better not be attempted. The author states, as a result of seven years' experience at the civil sanitarium of Mussorie and the military convalescent depot at Lan'our, both in the Himalayas, that not a single case of cholera occurred in which the disease was not the result of a visit to the cholera-infected plains within a period of three days from the onset of the symptoms. In the cholera epidemic of 1872, it was thought that an exception to this rule had occurred, and that a case of true cholera had originated at Mussorie. The sufferer was a cow-feeder living in the centre of Mussorie, and was supposed never to have left the station. Dr. Pringle, however, found, on making close inquiry, that the man had gone with some cows to a village in the plains where cholera was present, and had returned the same day. This visit to an infected locality had occurred three days before he was fatally seized with cholera. A strict *cordon de santé* was supposed to exist between the sanitarium and the infected plains five or six miles distant; hence the concealment regarding the man's visit to his village, which must have been well known to his neighbours. This case affords a good illustration of the difficulties in the way of an attempt to trace the source of infection.

3. The third question which the author discusses is, What is the treatment recommended? And this question he answers as follows. "Do not check the efforts of nature to throw off the poison.

On the contrary aid them judiciously, by draughts of tepid water, to dilute and emit the poison; and, if necessary, even small doses of castor-oil (the indigenous mild laxative of the country where cholera may be said to be endemic); tepid water injects; and the employment of every known remedy, except the administration of spirituous stimulants, to restore the tone of the circulation, and to bring back the natural heat; but, above all, *judicious and persevering nursing*." "Such," he adds, "briefly, are my views, some if not most of which have been advanced by others, but chiefly by Dr. George Johnson in his *Notes on Cholera*."

The author goes on to remark that one of the chief difficulties in carrying out a treatment based on the elimination theory is in avoiding excessive evacuation, whereby the danger of the disease may be increased. He believes that the cases are few in which the natural eliminative efforts require much assistance from drugs, whether of an emetic or a purgative character. Trepid water emetics and tepid water enemata he considers to be the best evacuants in the great majority of cases; while, in some few cases, castor-oil may be given as a mild laxative. On the other hand, all medicines that tend to check vomiting and purging, more especially opium, are believed to act injuriously.

The entire paper, of which we have here given a brief abstract, will well repay attentive perusal. — *Brit. Med. Journal, Oct. 10.*

EXCISION OF CANCER OF THE BREAST BY SCISSOR CUTTING UNDER ETHER SPRAY.

Dr. Benjamin W. Richardson, F.R.S., publishes in the *Lancet*, Aug. 29, an important paper on this subject, from which we find he has himself performed operations with scissors. If this be contrary to the custom of the College of Physicians of which Dr. Richardson is a member, we none the less rejoice that he has refused to be thus trammelled, and we invite special attention to this, his last contribution to our art.

Two cases are related in detail by Dr. Richardson, the result of which he sums up as follows:

The effect of the local anæsthesia.—It is certain that in both these cases the local method afforded everything that could be desired in the way of anæsthesia. It saved all acute pain; it saved the patient the dread of death during the insensibility from a general anæsthetic, and it enabled me to proceed in our task without a thought as to the immediate safety of the patient. It warranted me in recommending the operation.

The method of cutting with scissors.—Local

anæsthesia has many disadvantages. It is more troublesome than general anæsthesia as a detail of practice, and as it leaves the consciousness alive, it fails at times in preventing the fears of the patient. But hitherto the greatest difficulty in operating under it has been the obstacle of cutting through the hard, frozen, insensible part. The resistance to incision by the best cutting knife, and especially to dissection by the knife, is such that I have seen the most skillful surgeons troubled by it; and I have never been able to complain of the objection that had been made to the method on this ground. The difficulty is now overcome by the process of scissor-cutting, which I have here introduced. The advantage of the scissors over the scalpel will be at once proved if any one will take a thick, firm structure—the cover of a book for example—and try to cut through it. With the best of scalpels he will be troubled; but with scissor-blades he will cut with the utmost facility, if the blades be well set. So, in cutting through the frozen animal tissue, the parts can be divided as rapidly as may be wished with the scissor-blades, with perfect accuracy of incision, and as deeply as may be desired. The cutting is also made without any downward pressure, by which pain of pressure is saved. Also in deep dissection the tissues, frozen as they are exposed, can be divided more easily than by the knife; for the harder they are solidified, the easier they are divided by the scissor-blades. In a word, I believe that every cutting operation, in which local anæsthesia is practicable may be performed neatly and effectively by scissor-cutting—and that a much larger number of operations may now be painlessly carried out under the local method.

Effect of the operations on the heart in the cases related.—No fact is more instructive in the history of the patients recorded in this paper than the beneficial effect produced on the function of the heart by the operation. In both instances the cardiac irregularity and irritability were purely due to irregular nervous supply—to nervous irritation and consequent muscular exhaustion. The irritation might have been in part due to the mental anxiety which naturally accompanies the disease, or it might have been due to the irritation of the tumor, and have been reflex in character. Whichever view be correct, the result of the operation was curative, and, as the cases are typical of a class of phenomena of disease, the lesson they teach is extended far beyond them as individual illustrations. They show that as soon as the heart obtains rest from the persistent nervous thrill that invades it, its muscular tone returns, and its irregular motion and excitability cease. Thus, by operating early for the removal of cancer the surgeon acts as physician also, and prolongs the general life by removing the local disease. I am convinced I have seen patients suffering of cancer die from the mental and

local irritation of the disease long before any development of the malady has advanced to kill by destruction of the part or organ involved. —*The Doctor.*

PHYSICIANS' SACRIFICES.

PROF. OLIVER WENDELL HOLMES RECOUNTS SOME OF THEM.

In his address at the meeting in Boston in behalf of a new medical college building for Harvard University, Prof. Oliver Wendell Holmes paid the following tribute to the medical profession :

I come then to the claims of the medical profession on the community. Let me begin by quoting a passage from a recent writer who has said many plain, true, and most unpalatable things to the clergy and the so-called Christian people of England — the author of "Modern Christianity a Civilized Heathenism."

"Men are pleased to call you reverend," he says, addressing the English clergy, "but if such a title belongs to any profession on this earth, it belongs, not to the parson, but the doctor. He it is, who, in some degree at least, is making himself Christ to the suffering and the sorrowing among mankind. He it is who turns out of his bed at midnight to cool the poor man's burning lips, or succour a woman with the tenderest efforts of his skill, who can never pay him sixpence for his trouble, whether her infant lives or not." "What you do cheerfully enough once in a way, he does as a matter of business all day long. Your work is baby's play compared to his."

So writes a Canon of the established Church of England, if common report rightly assigns the authorship of that terrible satire. The physician's life is one of sacrifice. He gives up not only his ease, if necessary, his health, and even his life, but what is dearer to some men, I might also say, than any of these—namely, his habits. He drops his novel with the last chapter unread; he leaves the theatre with the fifth act just working itself up to agony; he gets up from a meal that is untasted; he leaves his pillow unpressed, or springs from it in the dead of night to brave the wildest storms of rain or snow; he has not an hour by night or day when you cannot summon him as if he were a slave and you were his master. He does more than the good Samaritan—he goes to the wayside to look for the wounded travelers, and carries them in his ambulance to his hospital, which is an inn where there is no landlord to pay. He will stoop to wash your feet if you are bruised and maimed, and do for you more than menial service at the call of humanity. These are his sacrifices—what are your gains? The surgeon is constantly saving life. Where would you be without his aid in a case of strangulated hernia? Think of those wonderful and at first sight ap-

palling operations—vivisections, I had almost said—by which hundreds of women had been rescued from inevitable death, and come back to life, as the maiden rose at the words of Him who said: "She is not dead, but sleepeth." And in woman's special hour of anguish what do not she and those that love her often owe to the skill and care by which two precious lives are guarded or rescued? If the physician has not so often as the surgeon or the obstetrician the certainty that he has saved his patient from impending death, he cannot doubt that the measures he has taken not very rarely turn the uncertain balance in his favor. Most men want to live as long as they can, and as comfortable as they can, and the great business of the physician is to help them in realizing both these wishes. I am not one of those whose tendency is thought to be to overrate the efficiency of medical treatment. I have been accused, on the contrary, of undervaluing some of the agencies employed in the treatment of disease. But while I never hope to see the great tidal movements of disease stayed by the employment of any drugs that we possess or are like to possess. I recognize with unspeakable gratitude the control placed in the hands of the physician over every form of suffering and discomfort. When a physician finds his patient panting, suffocating, drowning in the fluid that is crowding his lungs, and boldly thrusting a hollow needle into his chest, pumps it out, and gives him his breath again; when he goes to a patient gasping with asthma, and, pricking an atom of morphia into his skin, so transforms him in the course of a few minutes that, to borrow a sufferer's words, whereas he had been in hell, he was now in heaven; when he visits one who is undergoing the torture of the passage of a gall-stone, and silences the pain with an anæsthetic that says, "Peace, be still," with an almost Divine authority, I feel that nothing comes nearer to the Deity than he who is invested with such beneficent capacities. The pains of surgical operations and of disease have been divested of much, if not of all, of their terror. The agony that seemed inseparable from maternity has been divorced from it in the face of the ancestral curse resting upon womanhood. With the first painless birth, induced by an anæsthetic agent, the reign of tradition was over, and humanity was ready to assert all its rights. It remains for the physician to claim for his art the right of procuring a painless passage out of the world, so far as is practicable, for the patient whom he can keep no longer in it, and without doing violence to the properties of the closing scene, to consider the physical process as one which should be under his exclusive direction.

I trust these grave considerations bring home to all of us the great importance of the medical profession to ourselves and the whole community,

of which we form a part. And yet there is another work that falls to the lot of certain members of the profession more especially, to all in some measure, which has not yet been referred to—I mean the care of the public health. As our cities grow larger and more densely populated, every year adds to the dangers arising from local causes of disease. We know too much of this practically here in Boston, where the death rate is higher, I believe, than in any of our northern cities. We know also the diligent labors of our State Board of Health in the investigation of the sources of sickness and mortality, and their suppression. We have good reason to hope that their efforts will, if seconded heartily by the authorities, result in a great improvement in the health of a city which has prided itself on its freedom from malaria and its care of its citizens. To have good surgeons, obstetricians, physicians, boards of health, you must have good medical schools and sound methods of instruction. We make no secret of the fact, that we are not satisfied with the methods of instruction which were long followed in this school and which prevail very largely throughout this country at the present day. They were as good, perhaps, as could have been expected in a new country, but Massachusetts is not a new country, at any rate, and Boston is not a new city, and Harvard University is the oldest in the land. Its medical department has taken the lead in a great educational reform, the leading of which is to send into your families men who shall be more able to help you in your hour of pain and danger, to make the coming into life and the going out as nearly like the hours of walking in the morning and of closing the eyes in slumber at night as is permitted by the conditions under which we come into being. We want in coming years that this college shall send forth more men like Jeffers Wyman, to enlarge the boundaries of knowledge; more men like George Derby to recognize the sanitary arrangements of all our negligent communities. We want to fit the physicians and surgeons of the future to be to their time what James Jackson and John Collins Warren were to the first half of this century. And it is to further this wish and the effort that springs out of it that we make this appeal to those who have signified their willingness to listen, and to all who feel the importance of a thoroughly-taught medical profession.

TREATMENT OF ERYSIPELAS.—The *Medical Record* states that in the Brooklyn City Hospital the following has proved efficacious as a local application in erysipelas: Acetate of lead, carbonate of magnesia, camphor, each twenty grains, water one pint.

NÉLATON'S METHOD IN CHLOROFORM NARCOSIS.

This was the subject of two communications in the Surgical Section at the Norwich meeting. The method simply consists in inverting the body, and the results are described as most satisfactory. Nélaton believed that death resulted from anæmia of the brain, caused by direct action of the chloroform. He sought to avert the catastrophe by the simple plan of inverting the patient.

Dr. Marion Sims related a case in which Nélaton was present, when, in the midst of Dr. Sims' operation, the chloroformist, Dr. Campbell, said, "Stop! stop! No pulse, no breathing!" and, looking to M. Nélaton, he said, "Tête en bas, n'est-ce pas?" Nélaton replied, "Certainly; there is nothing else to do." Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston, the legs resting, one on each of his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue, and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered and overlooked every moment, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time before there was any manifestation of returning life. Dr. Campbell, in his report, says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and I said, "Gentlemen, she is certainly dead, and you might as well let her alone." But the great and good Nélaton never lost hope, and by his quiet, cool, brave manner he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another; and by-and-by another; and then the breathing became pretty regular, and Dr. Campbell said, "The pulse returns, thank God; she will soon be all right again." Dr. Beylard, who always sees the cheerful side of everything in life, was disposed to laugh at the fear I manifested for the safety of the patient. I must confess that never before or since have I felt such a grave responsibility. Again and again the same scene was enacted, and was graphically related by Dr. Sims, who related a second equally successful case.

Sir John Rose Cormack related, at the same meeting, a case in which the method had proved successful, although the patient remained for a much longer time in a precarious condition. It

fact, his case was one in which the poisonous effects of the chloroform continued for a long time, as in those described by Casper and others.—*Med. Press and Circular.*

THE ORIGIN OF THE TRANSFUSION OF BLOOD.

Dr. Chereau, the talented paleontologist of *L'Union Médicale*, well versed in chronological researches, has published in two late numbers of that journal (Nos. 108 and 110, 1874), interesting articles in which he strives to prove that the first idea of transfusion originated in France. It was first suggested by a friar named Robert des Gabets, in 1651. The latter states that another friar, named Eloy Pichot, gave him the idea, upon which the former had two silver canulae constructed, connected with a leather pocket the size of a walnut, the canulae being provided with valves to prevent regurgitation. Seven years afterwards, Des Gabets gave a lecture on the subject at a conference held at a nobleman's house, where many foreign gentlemen were present, especially Englishmen. The inventor, however, never practised the operation which he had suggested, and we find that, in the *Philosophical Transactions* of London of Nov. 19th, 1666, the success which attended the transfusion of blood from one animal to another is mentioned. Lower being the operator. In 1667, Jean Denis, of Paris, assisted by Emmerez, performed transfusion, first from one animal to another of the same species, then different species were used, and the operation was modified so as to transfuse arterial blood into veins, and *vice versa*.

On the 15th of June, 1667, the same surgeons ventured upon man, first upon a young patient suffering from fever, who had been bled twenty times to mitigate pain. The carotid blood of a lamb was used, and successful results were obtained. In the second place a porter was hired for the experiment. He received into his veins about twenty ounces of the arterial blood of a lamb; and was pleased with the operation.

In Sept. 1667, the *Philosophical Transactions* contained a paper in which the discovery of transfusion is claimed for Great Britain; and on Nov. 23rd, 1667, transfusion was first performed in England, upon a man called Arthur Coga, a lamb also furnishing the blood. Hence Dr. Chereau states that to France must be left the honor of having emitted the idea, to England the merit of having first put it into practice. The author of the article very carefully and minutely adds all the necessary references. He also proves, by original documents, that transfusion was never actually forbidden in France, as has been stated. The authorities only insisted upon certain precautions being observed.—*The Lancet.*

TRANSFUSION OF BLOOD.

An interesting experiment was performed on Friday last, in Fall River, Mass., by Drs. Julius Hoffman and Louis Weyland, of this city. Herman Dubois had suffered from consumption for five years, and had become very weak and debilitated. Physicians advised him to seek a warmer climate, but he had not sufficient strength to avail himself of this chance of relief. Dr. Hoffman had transfused blood from animals—dogs and lambs—to the human subject with success in six cases, and it was determined to make the experiment upon Mr. Dubois. Dr. Hoffman described the operation as follows:—“A healthy active lamb was taken to the room where the patient reclined. The animal was laid upon its side. An incision was made on one side of the larynx, exposing the carotid artery. When this artery was fully exposed, a ligature was tied around the vessel, shutting off completely the blood current. At a distance of about an inch and a half below the ligature, a powerful pair of forceps was applied to the artery, compressing the vessel perfectly. Thus there was a space between the ligature and the forceps which could be opened without danger of hemorrhage. A small incision was made into the artery in this inclosed place. Then a glass tube slightly bent was inserted into the artery. A small isthmus or constriction had been made in the part of the glass tube inserted into the artery, which enabled the tube to be tied into the vessel. After the tube had been secured in the lamb's artery, everything was ready for work upon the patient. In Mr. Dubois' arm the vein at the bend of his elbow connecting the basilic and cephalic veins was exposed. A bandage was tied around below the proposed incision to prevent a flow of venous blood from the wound. After exposing the vein by an incision an inch long, forceps were placed above and below, shutting off the blood current from a space about half an inch long. The lamb's neck was then brought close to the patient's arm, and the pressure of the forceps upon the lamb's artery relaxed. The blood rushed through the tube, expelling all the air. Then the opposite end was skilfully inserted into the patient's vein, and the pressure of the forceps upon the lamb's artery removed. The bright blood leaped through the tube and entered the system of the patient. The stream was kept up for one minute and forty seconds. Then the compression was removed, and the tube removed. Yesterday I heard from Mr. Dubois, and he had sufficiently recovered his strength to enable him to visit a warmer climate this coming cold weather, with good prospects of regaining his health. The lamb is alive and doing well. A lamb used in the same manner in a former experiment in this city is

alive, and is now tied in a stable in an adjoining street. The human subject was so much benefitted that he spent the summer in the Catskills, and is now in Baltimore."

A PRACTICAL POINT IN THE OPERATION OF OVARIOTOMY.

BY DR. ATLEE, PHILADELPHIA.

Dr. Atlee calls attention to the following very important practical point in the operation of ovariectomy. It is this; *immediately after making the incision through the walls of the abdomen, the index finger should be pushed up to the region of the umbilicus, and if it can be swept freely across from side to side it must be within the abdomen.* This, of course, is an easy matter when no adhesions exist. It is always possible, in parietal adhesions, when the finger is inside of the peritoneum. It is not possible, without the most unwarrantable violence, when the finger is between the layers of the abdominal parietes. The non-observance of this rule has led to the separation of large portions of the peritoneal layer of the walls of the abdomen, even when no adhesions existed, the operator having mistaken the peritoneum itself for an adherent cyst-wall. When, however, parietal adhesions do exist, the mistake may be more excusable and more readily made, particularly in such a case as the one just related, where the peritoneum is thickened and more strongly incorporated with the cyst-wall than with the wall of the abdomen. The most convenient and infallible test of being within the abdomen is *the ability to freely move the finger to and fro past the umbilicus.*—*Phila. Med. Times.*

NERVOUS DISORDER FROM CONSTIPATION; RELIEF BY PURGATIVES.

A married female, aged 28, and having two children, one four years old and the other ten months, under the following circumstances applied for relief to Dr. Lockhart Clarke, at the Hospital for Diseases of the Nervous System. A few months ago she began to feel occasional headaches so much that she was frequently afraid of falling. These symptoms were accompanied by great confusion of mind and depression of spirits, so that any little excitement would cause her to shed tears. Her friend stated that she was naturally very lively and intelligent. She said that she felt as if she could not answer correctly when she was asked a question; in fact her brain seemed, as she expressed herself, "to be in a muddle." Then her sight became affected, so that she was unable to read or do needlework; and soon it became so much impaired

that she had difficulty in recognizing persons whom she knew well. At the same time every object appeared double. At first, the distance between the visible objects was small, but gradually increased until it reached nearly a yard. The optic disks were quite healthy. About the same time she complained of a continual noise in her head, like "little bursts," as she expressed herself. There was also extreme drowsiness, so that she felt it almost impossible to keep awake, even amidst loud noise. When she presented herself, she had a stupid, heavy, and sleepy appearance. She was very thin, and had been losing flesh for the last few weeks. The bowels were always obstinately constipated, and had been particularly so lately. The abdomen was full and resisting. Under the impression that she might be suffering from the effects of nursing, her medical attendant had given her large quantities of quinia and iron, which, as she thought, made her worse. She was ordered five grains of calomel and eight of compound extract of colocynth at bedtime, to be followed in the morning by an enema, consisting of an ounce and a half of castor oil, one ounce of turpentine, and one pint of gruel, to be thrown forcibly up the bowels. The result was an enormous evacuation of fecal matter, containing numerous and very hard scybala. A decided relief of all her symptoms very soon ensued. The enema was repeated every two days for several times, and was followed each time by still greater improvement, until, at the end of a fortnight, all that she complained of had entirely disappeared. On inquiry, three months later, she was found to continue in good health. This is certainly a very instructive case.—*British Med. Journal. Med. News and Library.*

IMPORTANCE OF THE PURITY OF CHLORAL HYDRATE.

Dr. Oscar Liebreich has recently published a paper in the *Berliner Klinische Wochenschrift*, in which he calls attention to the important subject of the purity of chloral hydrate, and the effect which its deterioration may produce on the patient to whom it is administered, and on its reputation as a remedy. The case, he says, is different from that of such a substance as quinia, the adulteration of which will only reduce, but not pervert the proper action of the drug. With chloral and other substances prepared by analogous chemical processes, the result of the manufacture may be the formation of compounds which if administered, produce an altogether different result from that intended. The process of manufacture is one that requires great care; and it seems that it is at least difficult to insure the purity of chloral if made in large quantities. Liebig himself who discovered

it, never attempted to make more than a few grammes at once; and Dr. Liebreich was so convinced when he brought it into notice as a medicinal agent, that purity was necessary for success, that the first supplies were made under his immediate superintendence. At present it is manufactured in various places, and the result is that in some parts of the continent, notably in Saxony and Switzerland, it has fallen into disrepute. Dr. Liebreich has made a collection of specimens of the drug used in cases where it has failed to produce its proper action, and possesses, he says, some horrible chemical compounds which he would not venture to give to a human being. He prefers the crystallized form of chloral hydrate, as the most stable. It may contain hydrochloric acid: this is no disadvantage if the proportion remain the same; but if it increase it indicates that the formation of dangerous compounds may be going on. Sometimes the hypnotic action is increased: this he attributes to the production of chlorine compounds, which are more readily changed into chloroform than chloral itself is. An acid reaction arising from the formation of trichloroacetic acid does not show that the chloral is unfit for use, though it weakens its action. In pure chloral this action is limited, while impure chloral is liable to the constantly-increasing production of acid compounds—not trichloroacetic acid—of a deleterious nature. Dr. Liebreich remarks that the German Pharmacopœia is in error in fixing the boiling point of chloral hydrate at 95 Cent. (203° F.). This, he says, is correct for anhydrous coal, but the boiling point of chloral hydrate is not constant.—*Brit. Med. Jour.*

SINUS SIMULATING DISEASE OF THE HIP-JOINT TREATED BY VILLATE'S MIXTURE.

In the "Notes of Hospital Practice" in September No. of the *New York Med. Journ.*, the following case, which was treated in Bellevue Hospital, is reported.

The patient was a man aged twenty-five years, who had been previously an orderly in the hospital. He had received an injury to the hip by a fall, and from this an abscess developed, which opened and left a sinus, continuing for months. From the fact that there was pain both at the hip and at the knee, morbus coxæ was suspected, and the patient was placed in the wire breeches. It was decided, however, to try the effect of *Villate's Mixture*, as an experiment. Injections, containing one part of the mixture to four of water, were applied to the sinus every third day, each injection being carefully washed out with water. After a week or ten days the thigh was very much swollen, and this was attended with considerable constitutional distur-

bance. This readily passed away, and it was found that the sinus had sloughed out, leaving a healthy granulating surface, which slowly healed.

The original formula of the mixture is as follows:

R.—Liq. plumbi subacetatis, ʒj.
Zinci sulphat. cryst.,
Cupri " " aa ʒss.
Aceti vini albi, fl ʒvjss.

M. Dissolve the sulphates of copper and zinc in the vinegar and then add the subacetate of lead. Shake before using.

It is well to begin with a more dilute solution than was used in the present case, in order to avoid the risk of sloughing.—*Med. News and Library.*

THE RELATIONS OF FOOD AND FORCE.

Man derives his force from his food: the oatmeal porridge of Robert Burns contained potentially "The Cottar's Saturday Night"; and "Measure for Measure" was only the transmuted form of Shakespeare's viands. But, before either transformation was possible, that alchemist crucible, the brain of the thinker, was indispensable. That very food in other systems might have taken the form of a wild debauch, or of the sustained ravings of acute mania—of a desperate struggle in battle, or of tender dalliance. From his food man derives originally any force that he may manifest. He supplies from it not only the daily needs of his existence, but he also stores up force in reserve as a force-capital. From this capital he draws in any exertion, he pays it again with every meal—provided it be digested and assimilated. From this fund of stored-up capital he draws the force necessary for the continuation of his existence, when a quinsy obstructs his swallowing, and on the reserve indeed he lives. But that withdrawal of force has been accomplished at the loss of so much weight: there has been a certain consumption of his stored capital, or, in other words, of his body-weight. Or, under other circumstances, he is exposed to a cold chill night on the open moors without food or shelter. He maintains his temperature, and involves the force requisite for the maintenance of respiration from the reserve stores in his system. Such is the store on which the shipwrecked mariner lives until he is picked up. Body-wasting tells of the consumption going on in the famished system. Accident and experiment have alike demonstrated that the reserve-fund of ordinary animals represents a certain fixed amount. In man, this is equal to the expenditure of from eight to ten days' force. In other words, man's reserve is equal to ten days' outgoings. Such is the time a shipwrecked sailor, or an imprisoned miner, or a dying person past anything but mere moistening of the lips, will sur-

vive. The fund of force-capital will, alone and unassisted, carry a man over ten days' ordinary outgoings. In the hibernating animals, the stored-up fat has its consumption economised by a cosy non-conducting medium around, and a body-temperature as low even as 34 degs. Fahrenheit, is sufficient to support the life of the animal through a long winter.

The necessity for food to maintain the temperature is seen in the daily allowance of fat to the Esquimaux in winter, and in the tendency for the Arctic voyager to consume inordinate quantities of fat, by which means he sustains the extreme cold. As a contrast to this may be adduced the case of the *Arracan*, a barque which was recently burned in the Indian Ocean. There were four persons in one boat, with provisions which, though carefully husbanded, were consumed on the fifteenth day. After this they had only one bird devoured among them, and sea-blubber for which they dived, an unknown factor, and some blood from the head of one of themselves. Yet for seventeen days longer did these unfortunates survive, when they were picked up by a passing ship. Ultimately they all recovered. The conclusion which is unavoidable is, that this long survival was alone rendered possible by the high temperature which surrounded them. Had they been in cold regions they would have soon succumbed, because their stores would have been burnt out, expended in maintaining their body-temperature, and so would not have been available for conversion into action.

In the same way the stored-up force of the body can, with very slight aid, maintain life for about ten days in the sinking invalid, if the person be in bed, with the loss of body-heat reduced to a minimum by bed-clothes, and the demands upon the system also reduced to the lowest point. If exposed to cold, the invalid would soon sink in the attempt to maintain a temperature compatible with life. But, protected against such loss, the body-stores are available for other ends, viz., the manifestation of force.

It would appear that, while all manifestations of energy evolve heat as an outcome of the combustion going on, whether in muscular or in cerebral action, the converse does not hold; and the food-fuel, freely burnt by the Esquimaux to maintain his temperature, does not in undergoing oxidation produce any obvious action, or serve any other end than the mere production of heat.

Hydrocarbons furnish the bulk of our acting force, and are the fuel of the body *par excellence*; but nitrogenised materials also furnish force in their oxidation, though to a much less extent. Nitrogenised food rather evokes the manifestations of energy than provides the material convertible into force. This subject will engage much of our attention when considering the question of the relation of stimulants to the body-fund of force, in the treatment of disease.

In the normal condition of man, the daily production of energy is regulated by the amount of food taken and assimilated, and especially by the nature of that food. It is well known that a man cannot undergo, without a distinct sense of fatigue, the same amount of physical exertion after a meal of fish than he can after an equal weight of beef or mutton, or still more of bacon. It is not by any means equally well known that the same holds good of intellectual effort. It is not our own individual experience merely, but that of observant friends, that a sustained effort of several hours' continuous writing is quite feasible after a breakfast of fat bacon, which is impracticable after an equal quantity of fish. The concentrated force-bearing food, animal fat, is, weight for weight, convertible into a much larger and more serious piece of brain-work than is a less concentrated form of food, as starch, or even than fish, laden with phosphorus though fish may be. Such is a simple fact. On the other hand, when there is a good reserve-fund of force capable of meeting heavy demands, then a meal which may contain rather those constituents which are manifestors of energy than the bearers of force—which enable the individual to convert his stores into actual force—may enable that person to evoke a larger amount of force than he could evolve by a meal of force-bearing food. It is obvious, however, that such demands upon the reserve-fund must be made in moderation, else the physiological capital will be reduced below the safe minimum, and the man will be approaching the verge of physiological bankruptcy. The widespread use of neurotics, of nitrogenised vegetable stimulants over the face of the globe, stands in a curious relationship to the manifestation of energy; to the conversion of hydrocarbons into force within the body. By such combination does man, especially civilised man, find that he can get more out of himself; and, in the keen existence of modern times, some such combination seems actually necessitated. In the abuse of such means of giving out force do we find the explanation of much of the prevalent ill health, and even actual disease, of our times; the body-machine is worked at too high a pressure, and early exhaustion is induced. We are all familiar with the exhaustion produced in a woman, perhaps a strong and healthy girl at first, by repeated and quickly successive pregnancies and lactations. The organism is prematurely worn out by the excessive demands made upon it first by the fœtus, and then by the suckling babe. The mother's system is worn out, and she quickly succumbs to intercurrent disease, or falls into a condition of impaired health, or lowered vitality. She has largely exhausted her physiological capital in manifestations of force.

In the same way, at the end of a summer season a member of a hospital staff may feel himself exhausted by the efforts made during the winter and

summer sessions. He feels that a slighter and less sustained effort is sufficient to exhaust his powers, that a lighter day of toil is enough for him, and he seeks in the country, in fresh air, simple food, long hours of rest, and in pleasant and agreeable recreation or indolence, that restoration of his force-fund, that which he feels desirable, and even imperatively necessary.

For it is not merely the storing up of fat, or sugar in the body that is to be aimed at. Such accumulation alone is practically useless; it must be accompanied by the capacity to convert these stores into force, or it is of no avail. There must be also some action of the nervous system, at which we can as yet only guess, which produces the conversion, and which is indissolubly connected with an unexhausted condition of the nerve-centres. We all know that a man may be weighty and obese, and yet we recognise that he will not withstand a severe call upon him, such as by acute disease. We say he has not the requisite stamina in him; but what that stamina is, we do not yet know. We know that its presence endows him with resistive power, and enables him to successfully undergo severe demands upon his vital forces. He seems much in the position of a bank whose funds are locked up in securities which cannot be readily realised, and so are not practically available in the hour of need. It is nearly as bad as not having the funds at all.

Nevertheless, the stores of force which can be called out at the time of need, which furnish the body heat, muscular action, or nerve-force, and intellectual labour, and are all originally furnished to the system by the food taken in and assimilated—food either furnished immediately by vegetable forms or mediately through herbivorous animals: without food the system soon exhausts the reserve it normally possesses, and perishes by actual starvation. The reserve fund, too, is itself an important matter not only as a means of maintaining life when the system is from any cause deprived of nutriment, but also as a means of securing the active working of the system in its daily toil.

This division of the whole question may fitly be terminated by a brief consideration of the position of alcohol in relation to food and force. It has been too much the fashion to overlook the fact that alcohol is one of the most readily combustible of the hydrocarbons, and that in its oxidation it furnishes heat or force. The recent researches of Anstie and Dupré are establishing beyond doubt the oxidation of alcohol within the body; and, if that be established, alcohol is a force-bearing food, of a readily available character. After all, the navy's notion that a pint of sound ale enables him to get through the last hour of his toil all the better, may not be an ill-founded one. For ale usually (the fuller bodied ales certainly) contains a large amount of carbo-hydrates in what the brewers terms "saccharine", so that there is not only the alcohol,

but also the other force-bearing material in a readily oxidisable form furnished to the organism in the much loved draught. That, in addition, the action of the alcohol upon the nervous system is such as to unlock a certain amount of the reserve-store, is something more than probable. Nevertheless, the borrowed sum may be repaid by the liberal supper, and the navy or carter may have found out empirically the practically easiest, and, perhaps, even the most economical method of raising the force requisite for the discharge of the last portion of his day's labour. But, still, the ale does actually furnish a readily available force-bearing food, besides enabling the individual to borrow from himself.—*British Med. Journal.*

SALTS OF LEAD IN EYE-WASHES.

The use of the salts of lead as local applications to the eye. It is nothing new that these salts form insoluble precipitates when exposed to the action of the secretions of the eye, and that where there is abrasion of the surface of the cornea from wounds or inflammatory process the use of these agents may lead to the formation of opaque white patches, which disfigure the beauty of the eye, and when they lie before the pupil interfere with vision. Most of the modern writers on the eye refer to these lead deposits on the cornea, and some of them caution against the use of lead applications in case of corneal ulcer: yet nearly all speak of preparations of the acetate of lead among others to be used in a class of cases in which ulcerations are most likely to occur. Thus Soelberg Wells, author of the standard English work on diseases of the eye, speaking of the treatment of phlyctenular ophthalmia, of acute and chronic granular ophthalmia, and of chronic granulation, recommends acetate of lead applications. (On page 71 he says: "But if any infiltrations or ulcerations of the cornea exist, the acetate of lead should never be used, as it will be precipitated upon the cornea and give rise to very marked stains." On page 77, after recommending acetate of lead along with sulphate of copper, and nitrate of silver, in the treatment of chronic granulations, he says: "Great care must be taken never to order any preparation of the salts of lead if there is any abrasion of the epithelium of the cornea, or any ulcer of the latter, as it will produce an indelible lead stain." As if in these diseases ulcerations and abrasions of the surface of the cornea, though not at first presenting, were not constantly liable to occur, so that no care likely to be taken will prevent the liability to the formation of these indelible lead stains. Abrasions of the cornea are not only liable to occur in these diseases but are easily overlooked, and may not in every case be readily detected except by the use of a lens and oblique illumination, and

in this way the danger of lead stain becomes still greater. That this danger is not merely theoretical, my own frequent experience has taught me. Nothing is more common, especially in hospital practice, than to have patients present themselves with a white patch on the cornea, which is recognized as a lead deposit—perhaps just before the pupil, abolishing all useful vision—the history of the case being that the patient, having an inflamed eye, got a prescription from a physician, very likely without any caution as to its use, or a wash from the nearest druggist, or somebody's "Eye-water." The inflammation may have passed away, but the application used to relieve it has left its mark forever. Or the patient may have used the remains of a lotion prescribed for some former trouble, in which there was no abrasion of the cornea, in some subsequent attack in which abrasion did occur, with a lead stain as a result. Or, as often happens, a patient gives to a friend, suffering from what seems to him the same trouble, the wash which has afforded relief to his own symptoms, but does that friend an irreparable injury. Another frequent and provoking experience is, that a patient with some chronic affection of the conjunctiva, though frequently told from the first of the obstinate nature of the disease, gets discouraged and disappears for a time, to return with a disfigured cornea, the result of using a lead wash obtained on a physician's prescription, or the gift of some officious friend.

I go into these details of my experience of the evil results of the use of a popular prescription, sanctioned by the authority of some of the best-known writers, to show how liable such accidents are to occur, and to justify my opinion that lead applications to the eye should be wholly discarded, and the public be taught to look upon them as dangerous. Certainly there is no necessity for using this remedy, when there are so many others equally good, and their use unattended by such dangers. Williams, of Boston, is the only authority I have consulted who takes this common-sense view of the matter.—*Dr. Mathewson, Med. Record.*

FISSURE OF THE ANUS.

CLINIC BY ERSKINE MASON, M.D., ADJUNCT PROF. OF SURGERY IN THE UNIVERSITY MEDICAL COLLEGE.

To-day, gentlemen, I propose to show you some cases of fissure of the anus, and a case of the ulceration within the sphincter, giving you as in my former lectures, a brief description of these affections as regards their general history, symptoms, diagnosis and treatment.

The symptoms of which the patient complains are usually these:—Great pain on movement of

the bowels, and this often lasts for a considerable time after an action of the bowels. The character of the pain is often compared to the passage of molten lead, or a hot knife cutting or tearing the bowel. Indeed, in aggravated cases the pain is so severe at this time as to compel a patient to lie down and rest. As a result of all this, a movement of the bowel is constantly dreaded, and in some instances is postponed for days, which sooner or later brings about dyspeptic symptoms, and render the patient's condition truly miserable. Nor is pain only attendant upon going to stool; while exercising or even when sitting down, they may be subjected to sharp lancinating and bearing-down pains. You also read, if you do not meet with cases, where the uterus and bladder are so affected that the source of trouble is supposed to be located in these organs; pains in the back and limbs are also a very frequent accompaniment of fissure. If you will carefully study the anatomy of the nerves supplying this region, you at once see why these symptoms are present. A spasmodic contraction of the sphincter muscle is very often present; and a slight discharge of blood may be noticed at times, especially while at stool, which leads the patient to believe is the source of his hemorrhoids; the pain experienced from this affection has often led people to suppose they had cancer. The cause of this severe pain is due no doubt to exposure of some nerve filament to pressure of the feces, and into such a state of irritation or inflammation does it pass, that the slightest touch, or the pressure of the opposite side of the bowel, is sufficient to bring about these distressing symptoms.

The cause of fissure you will often find due to constipation; the passage of hardened feces tearing the delicate mucous membrane. A not unfrequent cause in the female will be found due to the acrid discharges which at times are observed from the vagina, which produces excavations around the verge of the anus. In this hospital we meet with great numbers of these fissures, a result of venereal disease. These, with the want of cleanliness on the part of some, will constitute the enumeration of causes.

This affection is met with at all ages. It is very common in females, and especially in young girls, whose constipated habits render them peculiarly prone to it, and who often, through a sense of delicacy, suffer for years before seeking proper relief, and from this cause you may see quite a train of anomalous symptoms presenting themselves, which may all have their starting-point from a fissure of the anus. Now, with reference to treatment, and this may be divided into medical and surgical; the latter, however, is by far the most satisfactory in every way, and might say almost in a moment cures the patient. Under the head of medical treatment, we place

the use of mild cathartics, so as to render the fæces more soluble; this, however, but mitigates suffering for a time. Second, the application of astringents and sedatives, as belladonna, zinc, tannic acid, or any other astringent, as nitrate of silver, to the fissure itself. This certainly will greatly relieve the pain at times, and in young children, and at times even in adults, has been known to cure; but you should not place too much dependence upon it, nor waste them by prolonged use of these means if you can avoid it. When they act as curative agents, they do so by destroying the exposed filaments of nerve in the ulcer or fissure, and the parts are then put in a state of rest, and then the fissure takes on healthy action and heals.

Our surgical treatment acts just in this way, viz., by putting the parts at rest. This is accomplished by either of two methods: over-distending the sphincter, paralyzing it for a time by means of the fingers; or else dividing the muscle with the knife. I will put in practice on these two patients both these methods, so you will see exactly how it is done, after I have given you a slight description of them.

Both these methods I believe we owe to French surgeons; the division of the sphincter to Boyer, the over-distension to Recamier. Over-distension is now perhaps more frequently done in this city, certainly in this hospital. In doing this we may make use of an instrument that has been devised for this purpose, which is very much like a bivalve speculum, the blades of which are caused to separate either by closing the handles, or by means of a screw. When you use the fingers, which I think are far better, you place your two thumbs well into the rectum so as to include the whole of the sphincter, then, grasping the buttocks with the fingers, you forcibly distend the sphincter as you bring the thumbs against the tuberosity of the ischium. This at first sight may appear a very rough and harsh mode of operating, and is so regarded by some, who, I believe, for this reason denounce it, and again because it has been said to have given rise to undue laceration of the tissues, and troublesome hemorrhage. I have resorted to this means a great number of times, and have never seen any bad results follow. It is true, I have heard of considerable bleeding taking place after its use, and of one case where cellulitis followed. When we use the knife we draw the blade through the centre of the ulcer or fissure, so as to divide the mucous membrane (if it has not already disappeared under ulceration) and some or all the underlying muscular fibre of the sphincter. Whether to divide all or only a portion of the muscle, is a disputed point. That a superficial incision will suffice, in many cases, in relieving pain and curing the disease, I know from personal experience, and it does so just in the same way

that a caustic may act, viz., in dividing an irritable or inflamed nerve. Should you desire to be more certain of the result of the operation, a free division of muscle, thus securing a longer period of rest to the parts, is best, and by many this is always done. Ever after either of these methods, in a few days the normal action of the muscle is restored as a rule. I have heard of cases where its normal condition did not return after forcible distention, and patients as a result suffered from incontinence of fæces; they must be extremely rare, else we should have heard more of them. Some have seen fit to combine both these methods, and in some instances it may be of service; thus a few weeks ago, after stretching a muscle as far as I deemed safe, and yet on withdrawing the thumbs it did not appear as if distention had accomplished enough to paralyze or impair its tone, I drew my knife through the fissure, and the result was most gratifying. Both these methods have their strong advocates; they are both excellent and will accomplish a cure. If you operate without either, the knife is the least painful, and if the fissure is but slight and superficial, a slight incision is all that will be required; should the patient (as some always do) have a great dread of the knife, we can effectually relieve them by means of our fingers. Though myself practising over-distention more than incision at present, I am not quite prepared to recommend one method as much superior to the other. In those cases, which for want of a better name, we call neuralgic affections of the rectum, and which often is accompanied by spasmodic contraction of the sphincter, we have a group of symptoms very like those caused by fissure. Yet no ulcer or fissure is detected. In these cases, over-distention of the sphincter is the operation to be practised. With reference to the after-treatment, there is but little to be said. As a rule it is but necessary to keep the patient in bed; but for a few days you had better keep him quiet, preventing him from taking exercise, as walking or standing for any length of time. I have had patients after the operation of incision, or over-distention of the sphincter, resume their ordinary occupation on the following day and no trouble follow. I do not advise you, however, to allow your patient to do so in cases where you can as well prevent it. After the operation, patients as a rule are at once relieved of pain, and are rapidly restored to health. In weak, nervous patients, who have long been sufferers, some little interval will at times elapse before all symptoms which they formerly suffered from will cease; and here you must pay attention to their general condition, such as the issue of tonics, proper diet, and out-door exercise. In speaking of the operation by incision, or dividing the sphincter, I omitted to tell you that even if there be more than one fissure present, one incision will suffice, that being sufficient to place

the parts at rest. In those cases of perineal fissure in the female, do not be too free with your incision in that direction, else we might have incontinence of feces follow. This, no doubt is due to the action of the transverse perineal muscles as well as the other muscles around the vagina which take origin from the perineal centre or body, by their traction keeping the parts from heaving. Again, by a too free incision in this locality we may weaken the part which is known in the female, by anatomists, as the perineal body, and upon which the integrity of the female perineum depends.—*Medical Record.*

THE PASSAGE OF THE HAND INTO THE RECTUM.

PROF. SIMON'S CLINIC HEIDELBERG.

The subject of rectal and vesical explorations, which has attracted so much attention in England and America during the last two or three years, was illustrated by Professor Simon upon this patient in the most practical manner. The passage of the hand into the rectum as a means of diagnosis, I believe, originated with him, and, bold and reckless as the procedure may appear to many, it is destined, when better understood, to prove a most valuable means of diagnosis. To be able to pass the hand and arm, per anum, to a point in the abdomen that the left kidney and false ribs can be felt, and the abdominal wall, of the same side, to the median line, be lifted up, at every point, upon the ends of the fingers, seems almost incredible; and yet I saw this practised by Professor Simon upon his patient. Both Mr. Wells and myself, at the request of the Professor, made the same exploration, with a satisfactory result.

For a what I have seen and heard of this procedure, at the clinique of Professor Simon, I am convinced that the dangers and accidents supposed to attend it have been greatly exaggerated. He says he has met with no difficulty, except, now and then a little incontinence of the feces, which, however, continues only two or three days. The preparation for the operation consists in complete anæsthesia and in thoroughly washing out the large bowels. The late Professor Simon prefers to do so by hydrostatic pressure, using for this purpose a graduated glass cylinder with a faucet near its bottom, and a long rubber tube terminating in the ordinary clyster nozzle. From two to three quarts of water usually suffice, the apparatus is held by an assistant three or four feet above the patient. Professor Simon has now operated eight times through the anus for recto-vaginal fistula, and he thinks the procedure is preferable to the ordinary method where the fistula, and he thinks the procedure is preferable to the ordinary method where

the fistula is situated high up. Why not approach the male bladder in the same manner, in cases of chronic catarrh and ulceration, and of great enlargement of the prostate gland where micturition is attended with difficulty? Cystotomy, under such circumstances, I have long thought to be not only a justifiable procedure, but one likely to be attended with good and encouraging results.—*Dr. N. Bozeman, Med Record.*

A NEW METHOD OF APPLYING PLASTER OF PARIS BANDAGE.

As I have experienced considerable difficulty in removing plaster of Paris dressings when applied by the roller bandage, and especially when obliged to remove them on account of pain caused by an increase of the swelling, I respectfully submit to the profession a method of application by which these disadvantages may be avoided:

Having procured a woollen or cotton stocking sufficiently long to reach to the knee-joint, I cut from it, as a pattern, six layers of coarse red flannel (one-quarter of an inch larger to allow for shrinkage). The flannel is then soaked in water, pressed, and laid over the back of a chair ready for use. A one-quarter-inch cotton rope is now sewed to the posterior median line of the stocking. The plaster of Paris being in process of preparation, the stocking is cut in the anterior median line, applied to the fractured limb, and laced up in front, including the rope, extension and counter-extension being kept up by assistants, and the fracture adjusted.

Each layer of the flannel is now separately saturated in the plaster paste, and applied, three layers to each side of the limb, being careful to avoid covering the rope. After this is done, a layer of plaster paste is applied to the flannel, and, when this has become sufficiently dry, a coating of shellac varnish is applied, which produces an elegant finish, and also gives firmness to the splints. The varnish will dry in about fifteen minutes.

This dressing can be removed in from three to five minutes, by loosening the rope from the plaster and cutting the thread which binds it to the stocking. The rope having been removed, the plain stocking surface can be cut through with an ordinary pair of scissors. The splint is then removed in two lateral portions, each half of the stocking remaining attached to its corresponding splint.—*Dr. WACKERHEGEN, N. Y. Med. Jour.*

TETANUS CURED BY NITRITE OF AMYL.

The patient was a convict at the penitentiary on Blackwell's Island, and under charge of Dr. A.

F. Curtis, of the Charity Hospital staff. Three days before tetanic symptoms set in, had received an injury on the skin from a fragment of stone. Beyond the wound no signs of trouble manifested themselves till the attack was induced by exposure to cold. The first symptom noticed was a loss of consciousness; but it proved, from the after-history of the case, that this was not complete, as the patient, during the paroxysm, suffered severe pain in the wound, with darting flashes upward. When examined next day by the physician, tetanus was well marked, but, after the administration of five drops of the nitrite of amyl by inhalation, the muscles were very much relaxed, and the patient decidedly relieved.

Ten minims of Magendie's solution were given hypodermically afterward, and followed by a hot-air bath. Next morning the case was so far relieved as to allow of the mouth being opened one-fourth of an inch.

The patient never had epilepsy. The case was of considerable interest, in showing the immediate benefit from the inhalation of the nitrite of amyl, not only in checking the muscular spasms, but also in quieting the pain.—*N. Y. Med. Four.*

DOUBLE CANCER OF THE BREAST IN A MALE.

The *Medical Times and Gazette*, of August 1st, contains the history of an extremely rare case of the above, occurring under the care of Mr. Wagstaffe, at St. Thomas's Hospital. The patient was sixty-one years of age, well developed and well nourished, and a blacksmith by trade.

In the left breast the disease had begun eighteen months previous; grew without pain during eleven months; during the last month only, had caused shooting pains and interfered with the use of the left arm. The skin covering the tumor was red, thin, and adherent. Below and to the outer side of the nipple the growth projected as a smooth, hard, semi-elastic, oval mass, about two inches in transverse diameter, somewhat nodulated toward the nipple, which was retracted.

In the right breast the lump had been noticed for three months; could not be seen, but could be felt, as a small nodule, under the nipple. No abrasion of the surface on either side, nor any discharge from the nipples; no distinct enlargement of the axillary glands, but there was some doubt about those on the left side.

Both breasts were removed at the same sitting, by semilunar incisions; the wounds healed rapidly; and at the end of two months there was no return of the disease. Careful examination of the tumors showed them to be typical scirrhus.

In the remarks appended to the case occur the

following points of interest: It is surprising, if cancer by preference attacks organs undeveloped and retrograde, that it appears so rarely in the male breast; that, in this case both breasts should have been affected, with no evidence of universal dissemination, or constitutional disease, not even lymphatic glands being involved. There was no family history of cancer, and the disease could not be attributed to any local cause.—*N. Y. Med. Four.*

TRANSFUSION OF BLOOD IN ANÆMIA BY THE IMMEDIATE METHOD.

The anæmia of the patient was brought about by a necrosis of the tibia seven inches in extent. Iron and other tonics failed to cause any perceptible improvement, and it was decided to try the effect of transfusion to him by the method employed by Dr. Joseph W. Howe, who performed the operation in this case.

The apparatus consists of an aspirator with tubes and needles so adapted as to transfer the blood from the donor to the recipient. The instrument is prepared for use by first placing it in a vessel of warm water, and putting into the barrel of the aspirator a solution containing ten grains of the carbonate of ammonia.

The patient was prepared by cutting down on the cephalic vein of the arm and exposing it. (This is only done when the vein cannot be detected through the skin.)

Before inserting the needle in the vein of the donor, a bandage was tied around the arm tight enough to compress the veins but not the arteries. When everything was ready, the needles were inserted into each patient, and six ounces of blood allowed to flow first into the instrument, and then continuously injected into the patient. Immediately after the transfusion, the pulse became fuller, the appetite and strength increased, and continued so for one week, when anæmia again became noticeable. The patient now refused to have the operation repeated, on the ground that he might receive some disease with the transfused blood.

Dr. Howe has practised transfusion in this way on four cases, and so far without any bad results.—*N. Y. Med. Record.*

Medical Items and News.

Dr. Sidney Ringer and Wm. Murrell report in the *Lancet* excellent results in the treatment of winter cough and bronchitic asthma by the inhalation of ipecacuanha.

LIFE SUSTAINED BY NUTRITIVE ENAMATA FOR A PERIOD OF TWENTY-TWO DAYS.—At the last meeting of the Bristol North District Medical Society, Dr. J. B. Whitaker, of Fall River, Mass., reported the following case: A strong muscular man, 32 years of age, strictly temperate in all his habits, on the 3d day of May last, drank, by mistake, about three ounces of very strong, caustic potash lye. Antidotes were administered as soon as possible, but the injury was so severe that for thirty-nine days the patient could swallow only the most dilute liquids, and nutrition was aided by injections of beef-tea, gruel, &c. At the expiration of this time, a complete stricture of the œsophagus was formed, which prevented all attempts at deglutition for twenty-two days following. Efforts were made to overcome the stricture by the use of bougies, but not even the smallest could be passed. The patient was seen by Dr. Knight, of Boston, in consultation; and after a careful examination with the laryngoscope, and vain attempts to pass an instrument through the stricture, an unfavorable prognosis was given. Subsequent efforts, however, to dilate the stricture were successful, and a small bougie was passed into the stomach, after which a larger one, so that the patient could swallow fluids, and was improving satisfactorily. Subsequently, an attack of pleuropneumonia set in, from which he died seven days after the stricture had been overcome. The following is a summary of the case: Thirty-nine days supervened from the time of the accident to the formation of a complete stricture of the œsophagus. For twenty-two days, the patient was wholly sustained by nutritive enemata; and for seven days previous to his death he was able to swallow liquid nourishment with tolerable freedom.—*Boston Med. & Surg. Journal*

PHOSPHORUS PILL.—Take of Phosphorus, 2 grs; Balsam of Tolu, 120; Yellow Wax, 60 grs. Put the phosphorus and balsam of tolu into a Wedgwood mortar about half full of hot water, and when the phosphorus has melted and the balsam has become sufficiently soft, rub them together beneath the surface of the water until no particles of phosphorus are visible, the temperature of the water being maintained at or near 140°. Add now the wax, and as it softens mix thoroughly with the other ingredients. Allow the mass to cool without being exposed to the air, and keep in a bottle immersed in cold water. It may be softened with a few drops of rectified spirit when made into pills. Dose, 3 to 6 grains.—*British Pharmacopœia.*

Dr. C. J. B. Williams has been appointed Physician Extraordinary to Queen Victoria. A well-merited honor, say the English medical journals.

NELATON'S METHOD OF RECUSITATION FROM CHLOROFORM NARCOSIS.—This method of treatment is based upon the hypothesis that death is due to cerebral anæmia, and consists in inverting the body, in order that by force of gravity the blood may be restored to the brain, while the respiration and circulation are renewed. Several striking cases of apparent death from chloroform narcosis have recently been reported in the *British Medical Journal*, in which recuscitation was accomplished by long-sustained inversion. The fact that no death from chloroform has been known to occur during labor is explained in this way—that in a *active labor*, there can be no cerebral anæmia, inasmuch as every pain throws the blood violently to the head, producing congestion of the cerebral blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition.—*British Med. and Surg. Journal.*

Those of our readers who are subscribers to the *London Practitioner* will be glad to hear that Dr. T. Lauder Brunton is to be the successor of Dr. Anstie. To our thinking the choice is most judicious. We believe Dr. Brunton to be, intellectually, one of the foremost of the London profession. Dr. Anstie is stated to have left a family with very slender resources, and measures have been taken to raise a memorial fund, which it is proposed shall be especially applied to the completion of Es-son's education, the father's plan for which the family are not in a pecuniary condition to carry out.—*Medical Times*, (Phda)

APPLICATION FOR BURNS.—M. Lebigot, in the *London Lancet*, recommends the following mixture as having been very successful: Cape aloes four ounces; water, ten ounces; alcohol (90°) three ounces. The ingredients are to be melted together in a china plate over a slow fire, allowed to cool, and then filtered; after which three more ounces of alcohol are to be added. It is then ready for use. A table-spoonful of the liquid mixed with a teaspoonful of acetate of lead and twenty table-spoonfuls of water constitutes an excellent remedy. It is to be applied morning and evening on the burnt parts.

THE SIMPSON MEMORIAL.—The Simpson Memorial Fund, which now exceeds £6,000, is to be expended in part for a new maternity hospital, and in part for a statue of Simpson. The latter, which will be about twice the size of life, is nearly completed, and will soon be sent to London to be cast in bronze. The late Prof. Simpson is represented as seated, in his gown, and in the act of lecturing. The general effect is spoken of as highly satisfactory, and worthy of the great man whose memory it will perpetuate.—*Medical Journal*, N. Y.

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TORONTO, DECEMBER 1, 1874.

STATE HYGIENE.

The epidemic of small-pox now prevalent in Montreal suggests the enquiry whether our existing Ontario Act relative to vaccination fairly meets all the requirements. We think not, but that, on the contrary, it has fallen far short of accomplishing all that is necessary. The intimate railway connection between the Provinces cannot fail in the diffusion of the disease; it is therefore highly important for the protection of the public that the Legislature now in session should so amend the Act as to make vaccination compulsory. It would surely be a work of supererogation to demonstrate in the pages of the *Lancet* the protective influence of vaccination, as our readers are familiar with Simon's reports, as also with the records of the Army and Navy Medical departments. Dr. Atkins on this subject remarks, "One very obviously beneficial result of vaccination has not been so much appreciated and noted as it ought to be—namely, that while the epidemic influence of small-pox greatly increased during the practice of inoculation, it has been greatly diminished since vaccination has been adopted. Moreover, it has been clearly shown by the systematic inspections instituted by Her Majesty's Privy Council under the direction of Mr. Simon, that it is hopeless to expect to be free from the fatal epidemics of small-pox of greater or lesser extent, so long as unvaccinated children are allowed to accumulate as they have been found to do."

The Vaccination Act to be thoroughly efficient should provide for the appointment of a health officer or officers for every city, town and township in the Province, who should either personally or

by deputy visit every school section, vaccinate, or where the cicatrix is unsatisfactory, revaccinate all the children assembled, and whose further duty it should be to make periodical returns to a central Board of Health. Dr. Balfour and other writers have clearly demonstrated that in the effluxion of time there is a gradual impairment of vaccine protection; this fact should therefore be impressed on the public mind by the newspapers throughout the several Provinces of the Dominion. Another important point to be attended to is the necessity of guarding against the deterioration of the virus of cow pox, which losing its specific property ceases to be prophylactic. This would most effectually be accomplished by the Government making arrangements for the supply of virus once or twice humanized to all health officers. No legislation is more likely to be universally approved than that which has for its object the preservation of the health, consequently of the vigor, mental and bodily, and happiness of the people. As *apropos* to this question we insert a letter from Dr. Gregory, a leading writer of the day, published in Braithwaite's Retrospect for 1841, and whilst agreeing in the main with the argument and deductions, we enter a decided protest against his suggested test for the security of vaccination, viz., by inoculation at distant periods from the date of vaccination. Dr. Gregory thus writes: "Will revaccination protect, and for how long? The true answer, I believe, to be as follows: The value of revaccination is in one sense proportioned to the effect produced. If revaccination produce a full eight day pock with areola, it stands *loco primæ vaccinæ*, and the individual may be said to open a new policy of vaccine insurance, dated from that period. On the other hand if the revaccination produces little or no effect (a mere irritated papula) nothing is taken by the motion. The individual remains *in statu quo ante* revaccination. But then comes the question, will a modified effect serve to fill up the measure of vaccine protection decayed during the preceding ten, fifteen, or twenty years? This is the pinching part of the question. My persuasion is, that you cannot thus multiply degrees of vaccine protection. Two imperfect vaccinations do not, in medical arithmetic, equal one perfect one; no, nor three—nor four nor twenty. Modified or imperfect revaccinations, therefore, in my estimation, are worth nothing. They irritate the arm, and that is all.

The constitution is uninfluenced by them. I may be erring in this, and I am ready to correct the error, if it can be shown to be an error, but all my experience goes to this. The doctrine of proto and deuto-vaccination will soon emerge in that of trito, and ultimately as time creeps on in poly-vaccination, will a man be perfectly safe who is vaccinated every year? I have now brought you to a point which I have been anxious to gain; I have never yet addressed any one, in writing, on the subject, and I now write to you on it, because I see that you have considered it well: that you have thrown off the trammels of Jennerian pathology, and are contented to think for yourself. Observe, I say, Jennerian pathology, not Jennerian practice. I feel assured that you do not view vaccination as a kind of small-pox. The term *variola vaccinae* was incorrect in pathology. Cow-pox is a something that alters the human blood and indisposes it to take small-pox, but it is not small-pox. A coating of gold secures our salt-spoons from the action of chlorine, but gold is not chlorine. Small-pox after vaccination is a first attack of small-pox, and may be followed by a second, some twenty or thirty years hence. Well, then what is to be done to fortify the public mind in the matter of vaccine security? How long are we to go on thus showing annually or epidemically our practical distrust of vaccination? The sooner we come to a decision on the subject the better. There is one, and only one way, in which that can be done. Not by revaccination, but by inoculation at distant periods from the date of vaccination. Now, vaccination has the extraordinary power of giving to the human body, the singular power of resistance to the variolous effluvium—the antagonistic principle. What wonder, therefore, can it be if time should demonstrate that the power of resistance thus conferred is confined within certain limits, as thus: 1st. The power of resistance is complete (both as to casual and inoculative) for the first ten years of life. 2nd. The power of resistance given by cow-pox ceases *quoad* inoculation, before it ceases *quoad* the casual or infective mode of access. 3rd. The power of resistance given by cow-pox ceases in certain constitutions before it ceases in others. 4th. The power of resistance is diminished by any great changes taking place in the human frame, whether brought about by puberty, change of climate, or a long fever, or lastly by gradual and insensible changes taking place in the system.

These views of Dr. Gregory may be regarded as purely speculative, but the fact is unquestioned that an increased susceptibility to small-pox is maintained up to the age of thirty, after which period it would appear that the chances of taking the disease decline. Mr. Simon from observations made in twenty-four years in nearly 6,000 cases of small-pox contracted after vaccination, thus tabulates the degrees of protection in the following classes: 1. Best protected, having more than two typical marks. 2. Sufficiently well protected having two typical marks. 3. Moderately protected, two or more passable or one typical mark. 4. Badly protected, having bad marks, or only one passable mark.

AMERICAN PUBLIC HEALTH ASSOCIATION.

In the *Medical and Surgical Reporter*, Philadelphia, Nov. 21, is given a report of the second annual session of the American Public Health Association. The Association met in the Hall of the College of Physicians, and continued in session four days. Several very interesting papers and essays were read and discussed. Representatives were present from all parts of the Union. Dr. Stephen Smith, of New York, President, occupied the chair, and Dr. E. Harris acted as Secretary. Dr. Henry Hartshorne delivered an address of welcome, after which he read a very interesting paper on "Excessive Infant Mortality in Cities, and the means of its Prevention." Dr. R. Black, of Ohio, next read a paper on "The Influence of Hereditary defects upon the health of the people, with suggestions in regard to Prevention and Eradication." At the conclusion of Dr. Black's paper, Dr. Richardson of Philadelphia made a few remarks. He regarded hereditary disease as the effect of a law of nature the opposite of the "survival of the fittest," and which he had formulated three years ago as the "extinction of the unfit." The "health of the tenement populations, and the sanitary requirements of their dwellings" was the subject of a paper by Dr. James of New York which was read by the Secretary, the author being absent. Dr. H. B. Baker presented a report of the "Death-rate of each sex in Michigan," in comparison with Dr. Farris' Life Table of Health.

Districts of England." A paper on "Hospital location and construction" was next read by Dr. J. S. Billings of Washington. He advocated temporary wooden hospitals, intended to last but 10 or 12 years, in preference to large and costly buildings. He also pointed out the special advantage of a floating hospital, on flat-bottomed boats, and containing a certain number of patients. In case of epidemics they could be removed from each other. Two valuable papers, one on the "Sanitary relations of hospitals," by Dr. Wm. Pepper, and the other on "Hospital Architecture and Ventilation," by Dr. P. Pfeiffer, of New York, was next read, and with the preceding papers referred to the committee of publication.

In the evening session Rev. Dr. Osgoode of New York delivered a discourse on the "Relations of Health and Higher Culture." He contrasted ancient with modern society, pointing out the evil tendencies of the age. He also referred to the bad methods of cooking food in this country; he said our vices and follies came in great part from what goes into the mouth. The cannon and the sword had at times done terrible work; but the cigar and the whiskey bottle were likely to beat them both.

Prof. S. D. Gross read an article upon "The Factors of Disease and Death after Injuries, Parturition and Surgical Operations." The Dr. dwelt particularly upon neatness in all surgical operations, and cleanliness in the care of wounds, thorough ventilation of hospital wards, &c. He said the mortality in most hospitals was frightful. In his opinion no single ward should have more than six or eight beds, and no hospital more than one hundred patients. He also advocated the establishment of hospitals for convalescents where they would be free from the risk of contagious diseases.

On the second day a paper was presented by Dr. Ezra Hunt on "Building Ground in its Relation to Health and Disease." He strongly condemned the building of houses on foundations made up of earth mixed with refuse and rubbish; such grounds will absorb large quantities of water, and being covered from the sun's rays hold the dampness, and this together with the decomposition which naturally takes place are among the most prolific causes of typhus and typhoid fevers during the winter months. He also strongly advocated the dry earth system for water closets, and thorough under drainage in cities.

Dr. Dusey of Washington also read a paper on

"The Gathering and Inspection of fresh vegetables, fruits &c." The next paper was by Dr. E. Harris of New York, entitled a report upon the "Vital statistics and the methods of public health administration in the cities and towns of North America." Dr. J. M. Toner of Washington then read an essay on "Conditions and Accidents which endanger, limit or prevent vaccination from giving full protection for small pox." He recommended the appointment of public vaccinators by State and City Governments. He also referred to spurious vaccination which might even result from the use of good lymph. When the pustule formed earlier than the 8th day it might be pronounced spurious. The vaccine vesicle might be retarded in its course, but if accelerated beyond a day or so its protective character is destroyed. Dr. Snow read a paper on the question, "Does small pox become epidemic?" in which he stated his belief that it was not so, in this country at least. Important papers connected with sanitary science were next read by Dr. Bell, Brooklyn, Drs. Brown and Rodenstein, New York, Dr. Miller of Chicago, Dr. Chandler of Yale College, &c., &c.

Dr. Stephen Smith of New York read a very interesting paper on "The Reciprocal Relations of the Public Health Service and the Highest Educational Qualifications of the Medical Profession." He referred to the growing confidence of American communities in preventive medicine, and expressed a hope that in future the term physician might be better defined than in the past. Dr. Sturgis of New York followed with a paper on the "Relation of Syphilis to the Public Health, and Dr. Beard on "Hay Fever or Summer Catarrh." Several other interesting papers were read which we have not time nor space to refer to. The meeting was on the whole a most interesting and profitable one, and reflects creditably upon the advanced state of public hygiene among our friends on the other side of the line.

Dr. Toner was chosen President, and Dr. Snow Vice-President for the coming year. The next meeting is to be held in Baltimore on the 2nd Tuesday in Nov., 1875.

Before the work of the present session closed Dr. Gross, of Philadelphia, moved the following resolution:

"Whereas, It is the solemn duty of every civilized government to provide means for the safety, happiness and preservation of the health and lives of its subjects, and whereas, a large number of the diseases

incident to the human race are induced by causes inherent in our modes of living, and by a want of knowledge of the laws of hygiene, therefore be it *Resolved*, That a committee consisting of a member of this Association from each State and Territory of the Union, of which the President of this Association shall be chairman, be appointed to petition Congress at its next session to institute a Bureau of Health to be located at Washington, with a branch at the seat of each State and Territorial Government, and we humbly invite the earnest co-operation of the auxiliary branches of this Association, and of all kindred bodies in the Union in carrying out the objects of this resolution."

TORONTO EYE AND EAR INFIRMARY.

The seventh annual meeting of this charity was held in the rooms of the institute on the 27th ult. After the chairman's address the reports of the secretary and surgeon were read, from which we gather the following:—There were under treatment last October, 7 in, and 23 out patients; and there were admitted up to 30th Sept., 1874, 74 in, and 431 out patients. There were discharged during the year: in patients, 72; out patients, 411. Out of the total number of cases, viz: 535—420 were eye, and 115 ear cases. There has been a marked and gradual increase, from 120 patients during the first year, to 535 during the year just passed. The average stay for each patient is 40 days.

The receipts for the year were \$2,852; expenditure, \$2,727, leaving a balance on hand of about \$125.

The following is the result of treatment: Diseases of the eye under treatment, 30; cured, 116; improved, 114; relieved, 70; incurable, 9. Diseases of the ear cured, 33; improved, 39; relieved, 25; incurable, 5; cases not registered under treatment, 13.

The following officers were appointed for the ensuing year, viz:—Messrs. A. T. McCord, President; A. Dredge, Vice-President; W. T. Mason, Secretary and Treasurer; and Messrs. William Elliott, Robert Wilkes, M.P., E. J. Palmer, W. J. Macdonell, J. H. Mason, John McBean, William McCabe, LL.D., Samuel Platt, and S. R. Briggs, Directors.

After the moving of a few sundry resolutions the meeting adjourned.

At a subsequent meeting of the new Board, Dr. Roseburgh was appointed senior surgeon, Dr. Coleman, surgeon, Drs. Agnew and Hillary, assistant surgeons; and Dr. C. H. Lavelle and Mr. G. S. Ryerson, clinical assistants. Mr. F. Hart was re-appointed superintendent, and Mrs. Hart, matron.

THE ONTARIO MEDICAL ACT.

Not long ago the Executive Committee of the Medical Council ordered it to be advertised in the public prints that "upon the conviction of any person practising medicine, &c., in violation of the Ontario Medical Act, one-half of the fine which may be recovered will be paid to the prosecutor." Two months have elapsed since that time, and yet we have heard of no prosecutions. This is not from want of quacks to prosecute, for there are plenty of them in our very midst, but evidently from an unwillingness on the part of the public to interfere, or it may be because the reward is not a sufficient inducement. The penalty attached to a violation varies from \$25 to \$100, but magistrates generally impose the smaller sum, the half of which is a mere bagatelle. The Executive Committee will therefore either be obliged to hold out greater inducements, or take the matter into their own hands, and institute proceedings. If they do neither, matters will probably remain as they are, until after the new elections, which will take place in June next.

CLOSURE OF VICTORIA MEDICAL SCHOOL.—Lectures have been discontinued in the Victoria Medical School, the Faculty having resigned its connection with the University. The reason assigned for this step is the want of sympathy and assistance from the University, and not having a sufficient number of students to make it independent of such support, the Faculty wisely decided to close. Arrangements have been made with the Toronto School of Medicine, by which the students lately in attendance at the Victoria School shall be admitted to complete their course of lectures in the former institution without further payment of fees; but none of the members of the Victoria staff have joined the Toronto School, as was at first reported.

MILK-LEG IN THE MAN. Dr. Wood, in the *Med. Times, Phil.*, reports a case of milk-leg in the man. In May last, the patient was attacked with diarrhoea, which was very obstinate in its character. He was much debilitated in consequence, and was unable to work for ten weeks before the leg became affected. The first symptom was pain in the right knee, followed by swelling, and soon after blue and red spots began to appear over the leg. The swelling continued and the leg became hard, but the pain was not great. The opposite leg was similarly affected, but only to a slight extent. The course of the veins was painted with iodine, iron and quinine administered internally, and good diet ordered, under which he made a speedy recovery.

DISLOCATION OF AND COMPOUND FRACTURE INTO THE ANKLE JOINT.—Dr. Patterson, in the *Glasgow Medical Journal* for July, reports five cases of compound dislocation and fracture of the ankle joint treated successfully without amputation, by the antiseptic method. The strength of the solution used was one of carbolic acid to twenty parts of water. Compound injury to the ankle joint being one of the most serious accidents to which the body is liable, it would seem to be a good test of the superiority of this plan of treatment over all others.

CHLORAL AS A PRESERVATIVE.—This substance is now being used extensively as a preservative of dead bodies for anatomical purposes. It is used by injecting into the vessels a solution of the hydrate of chloral in the proportion of one to ten parts. A mixture of carbolic acid and glycerine in the same proportions is sometimes used, but is not nearly so efficacious as chloral. It maintains the body in a very complete state of preservation, without any sign of decay or any trace of an offensive odor.

METHOD OF USING THE SPECULUM.—Dr. Thomas in his late work advocates the lateral or Sims' method of using the speculum. He regards this as a general improvement on the dorsal position and an advance in gynaecology. In the "Women's Hospital," New York, the levator perinei speculum is the only kind employed, and he believes it will supersede all others. The lateral position is decidedly the best and most convenient for the operator, and will soon be universally adopted.

The number of medical students entered in London since Oct., 187, is said to have been a little under 1,000. St. Bartholomew's heads the list with 109, and is followed by Guy's with 85.

LEPROSY.—This disease, happily very rare on this continent, exists among some families in the village of Tracadie, New Brunswick. The people are of French descent, and the disease is said to have been brought hither by a French vessel which was wrecked off the coast, 80 or 90 years ago, and having on board a quantity of clothing from Asiatic ports. A hospital has been erected for those afflicted with the disease, by which means they are isolated as much as possible from their fellow-citizens.

ENLARGEMENT OF THE SPLEEN.—Bromide of potassium is highly spoken of by continental physicians as a remedy for enlargement of the spleen. In some parts of Algeria intermittent fevers prevail to a great extent, and, as a matter of course, there are many cases of hypertrophy. The drug is given in large doses—as much as forty-five grains daily, and is almost invariably followed by good results. No other treatment previously employed has given anything like the same satisfaction.

Two of the foremost surgeons of Milan have recently been fined for not giving information concerning a duel which was attended with serious results. The plea of professional secrecy was brought forward, but the Court refused to receive it.

DEATH FROM AN OVERDOSE OF CHLORAL HYDRATE.—A young man named Parkinson had a prescription containing half an ounce of chloral put up by a druggist in this city. He went across the road to a saloon and called for a glass of brandy, but instead of drinking it he put in about two-thirds of the contents of the mixture of chloral and swallowed it. He soon became insensible. A medical man was sent for, but he died in a few minutes after his arrival. He lived about twenty minutes after swallowing the dose.

APPOINTMENTS.—Edward Kidd, M.D., of Manotick, Associate Coroner for the County of Carleton. John Livingston, of Silver Islet, District of Thunder Bay, Associate Coroner for the District of Thunder Bay. James McGarry, M.D., of Drummondville, Associate Coroner for the County of Welland. Jonathan Wilkinson, M.D., of Woodbridge, Associate Coroner for the County of York. John Lawrence, M.D., of Paris, Associate Coroner for the County of Brant.

TRANSFUSION.—The operation of transfusion is being resorted to very frequently of late as a means of prolonging life among consumptive patients. We copy a report of some interesting cases that took place in Fall River, Mass., and we observe from the columns of the *Inter-Ocean* (Chicago) that some of the doctors in that city have been trying similar experiments. It is stated that the parties experimented upon were far advanced in consumption, and that they were invariably benefitted by the operation. Some of them were so revived and strengthened as to be able to make a journey to the south for the winter.

Toronto Hospital Reports.

TWO CASES OF CUT-THROAT.

UNDER THE CARE OF DR. BETHUNE.

(Reported by J. R. Clark, Medical Student.)

CASE No. I.—James Wightman, aged 66, a resident of Scarboro, was admitted into the hospital on the 27th of October. The wound, which was self-inflicted while alone, with a razor, was about 4 inches long, extending across between the larynx and hyoid bone, severing the thyro-hyoid membrane, opening the air passage, and leading into the pharynx. There was considerable hemorrhage. He was found a few minutes after, and the wound dressed by a medical man, who inserted a number of sutures and afterwards brought him to the hospital for further treatment. The patient can assign no particular reason for the act. He was accustomed to moderate drinking and had indulged rather freely for several days previous, and was slightly intoxicated at the time he committed the act. General health very good when not drinking. He is labouring under mental depression. His father died of consumption. He has never had syphilis; had scarlet fever when young; had an ulcer on the left leg about four years ago; there is still a varicose condition of the veins present, and he wears an elastic stocking.

Oct. 28—Pus has formed in the wound; the sutures have sloughed out and the wound is gaping, bringing into view the epiglottis and chordæ vocales. His nervous system is suffering somewhat from shock, but there is no delirium; says he is sorry for having done the deed. Respiration normal; temperature about 98; pulse 70; appetite

pretty good; passes urine without difficulty. He is fed by a tube passed into the mouth and down the œsophagus, and receives about six pints of milk with beef tea, and 8 oz. of whiskey in the 24 hours.

Nov. 7th—He complains of fulness of the stomach; tongue slightly furred; has had diarrhœa; skin dry; he is becoming weaker.

Nov. 10th—Patient much improved; wound granulating nicely.

Nov. 13—Still improving.

Nov. 28—Wound nearly healed.

CASE No. II.—Cornelius Scanlon admitted Nov. 15; aged 37; married; tavern-keeper by occupation; resides in Toronto. The wound was inflicted by himself, with a tobacco-knife while labouring under an attack of delirium tremens on the morning of admission. The wound is situated below the hyoid bone and extends into the larynx. It is about two and a half inches long, extending from left to right and from below upwards. It bled a good deal, but had stopped before he was seen. A medical man was called and inserted a number of sutures. He was then sent to the hospital.

He had delirium tremens several times, and is now slightly depressed in spirits. Family history good; no tendency to hereditary disease; had syphilis about eight years ago and was salivated.

Nov. 16th—Pulse 82; respirations 26; appetite good; can swallow his food without any difficulty. Tongue furred and brownish, bowels regular, urine scanty and high colored, and passed with difficulty; skin cool and moist. Ordered 1 lb. bread, 1 pt. beef tea, and 2 pts. of milk per day.

Nov. 20th—Pulse 100; headache; bowels slightly constipated.

Nov. 25th—Improving; wound healing by granulation.

ABSCESSSES THE RESULT OF TYPHOID FEVER.

(Under the care of Dr. Geikie.)

Thos. Worth, aged 50, labourer, native of England; has lived in Toronto for several years past; always healthy previous to the present illness; of steady habits; was admitted into the hospital Nov. 21st; no family history. He had had a severe attack of typhoid fever, lasting seven weeks. Abscesses had formed—one under the pectoralis major and another at the wrist. He was very weak, almost moribund and speechless when sent to the hospital. pulse about 140; hectic symptoms. Both abscesses were immediately opened and large quantities of unhealthy pus removed. Diet—Eggs, milk, beef tea and bread, and 8 oz. of whiskey daily. Treatment:

R—Quiniae sulph. grs. xvj.
Tr. Ferri mur. ʒj.
Inf. Quas. ad. ʒviiij—M.

Sig.—A tablespoonful every four hours.

Nov. 22—Vomiting occasionally; pulse 100; temperature normal; skin moist.

Nov. 23—Vomiting ceased; complains of great pain in the back; left foot swollen and œdematous, due to a thrombotic condition of the veins.

Nov. 25—Respirations 32; pulse 120; skin moist and bowels regular. Swelling of the foot continues the same.

Nov. 26—Continues about the same with slight improvement.

Nov. 28—Improving slowly and is likely to make a good recovery.

CASE OF ACUTE BRIGHT'S DISEASE.

(Service of Dr. Geikie.)

James Larmour, aged 52, native of Ireland, flax-dresser, was admitted into the hospital Nov. 17. He was in the British army for twenty-one years; resided in India for some time; was in the siege of Lucknow; has been a hard drinker, but had always been healthy before the present attack; no family history. He has resided in Toronto for the past 13 years; was sick for about two weeks prior to his admission, having had a bad cold. The first thing he noticed was that his urine was very scanty, and shortly after, his feet began to swell. The swelling extended upwards to the body, and involved the scrotum and penis to a marked extent. There was little or no pain in any part of the body. He had a dull expression of the countenance, face puffy, and double vision. His appetite was very good, tongue clean and bowels regular, pulse 90. There was difficulty of breathing, oppression and slight cough. The urine was highly albuminous; Sp. gr. 1010; reaction alkaline, and contained granules and epithelial casts, but no crystals. Diet—1 lb. bread, ½ lb. beef, ½ lb. potatoes, 2 pints of milk. Treatment:

R—Tr. calumba. ʒiiss.
Pot. acetatis, ʒij.
Sp. æth. nitrosi, ʒj.
Inf. scoparii ad., ʒviiij—M.

Sig.—A tablespoonful every six hours. Also:

R—Ext. taraxaci fld., ʒij.
Pot. bitart. ʒj.
Sod. et pot. tart. ʒj.
Aque ad. ʒviiij—M.

Sig.—A tablespoonful every four hours.

Ordered to be kept warm and comfortable. Sponged occasionally and rubbed with a coarse towel. Under this treatment he commenced to improve, and has gained steadily ever since.

Nov. 30—He is nearly convalescent, and will soon be able to leave the hospital.

Reports of Societies.

TORONTO SCHOOL OF MEDICINE.

FIRST ANNUAL DINNER.

On Tuesday evening, 10th ult., the first annual dinner of the Toronto School of Medicine was held at the Walker House in this city, and was attended by about fifty of the students of that institution, and some thirty guests. The occasion was in every way a most agreeable one, and was conducted in a manner creditable to the students, who bore the entire expense. A prominent feature of the dinner was, that it was conducted on strictly temperance principles, in accordance with an unanimous resolution of the students. The chair was occupied by Mr. John S. King, and the vice-chair by Mr. Wm. Britton, senior students, chosen for the positions by vote of their fellows. Among the guests seated to the right and left of the chairman, were Rev. Dr. McCaul, President of University College; Prof. Goldwin Smith; Dr. Aikins, President of the Faculty; Prof. Croft; Dr. Thorburn, Dr. Barrett, Dr. U. Ogden, Dr. W. W. Ogden, members of the Faculty. Also, Dr. C. B. Hall, Dr. Reeve Dr. McCallum, of the City Hospital, Dr. Geo. Wright, Dr. McFarlane and Dr. Langstaff, of Richmond Hill. On either side of the vice-chairman, were Dr. H. H. Wright, Secretary of the Faculty; Prof. Ramsay Wright, of University College; Dr. Canniff, Dean of Victoria College; Dr. Graham; Principal Cockburn, of Upper Canada College; Dr. Oldright and others. In the general assembly were a few of the graduates of the school, and one or two representatives of other medical institutions. The dining Hall was appropriately decorated, and bore the motto, "Miseris Succurrere Disco." The evening's entertainment was greatly enhanced by vocal and instrumental music, which was contributed by several good amateurs of the city.

Dinner served, letters of apology from some half-dozen invited guests were read, expressing regret at their inability to be present, after which the usual standard and patriotic toasts were submitted by the chairman, and duly honored.

The toast of the "University of Toronto" was responded to by Rev. Dr. McCaul, in his usual able and happy manner.

In proposing the toast of the evening, viz. : that of "The Faculty of the Toronto School of Medicine," the chairman passed a high eulogy upon the *personnel* of the Faculty, and expatiated upon the advantages likely to accrue to all concerned in the interests of the school by such annual gatherings, where a bond of union would necessarily be created, strengthened and perpetuated. The toast was received with great enthusiasm by the students.

Dr. Aikins, in responding, gave a brief history of the school and the result of its labors, and made mention of the fact, that over thirty of its former students were practitioners in Toronto. Other members of the Faculty also responded in entertaining and instructive addresses.

The toast of "University College" was replied to in a most humorous manner by Prof. Croft, who fairly brought down the house. Prof. Ramsay Wright also briefly responded, acknowledging the honor of being a guest, and his great pleasure in meeting with the assembly. He also indicated, in a general manner, the course he proposed to adopt as teacher of Natural Science in University College.

The next toast was that of "Trinity College Medical School," to which the Dean, Dr. Hodder, was expected to reply, but who from illness was prevented. The sentiment was well received and duly honored. Next followed, "Victoria College Medical School," to which Dr. Canniff made a suitable reply, and expressed his friendliness to the Toronto School, from which he had himself graduated.

The chairman then transferred the proposing of toasts to the vice-chairman, who, after a few happy and well-timed remarks, proposed "The Council of Public Instruction," connecting therewith the name of Prof. Goldwin Smith, who, on rising to reply, was warmly received. His speech was a most eloquent and well-timed allusion to the nobleness of the healing art, and the heroism and honor attaching to the truly devoted physician. He also made brief reference to, and pointed out the vast importance of a strict attention to the enforcement of Sanitary Laws, as a means of preserving life. He acknowledged in a kind manner, on behalf of the Council, the honor done them, and expressed his belief that it would be found that the Council would devote its best endeavours to promote the advancement of education, and by this means train men to become in every way worthy to receive the teaching which the medical school could afford them. He resumed his seat amid great applause.

The chairman then gave a patriotic recitation, entitled "Canada the Land of the Maple Leaf,"

which was well received. Dr. Atkins then replied to the toast of "The College of Physicians and Surgeons of Ontario," and pointed out advantages accruing from the Act as now existing.

"Upper Canada College," the next toast on the list, was ably responded to by Principal Cockburn and Dr. Barrett.

Rev. Dr. McCaul, obtaining permission from the vice-chair, then proposed "The health of the Chairman." Mr. King, and in so doing paid that gentleman a high compliment for the manner in which he had performed his duties, which toast was received with cheers by the students, and duly honored. Mr. King responded in a happy manner, and took occasion to express to the guests the thanks of the students for their presence and countenance.

Drs. Graham, Reeve and Hall made excellent speeches, in reply to the toast of the "General Medical Profession."

Drs. Cameron, Taylor and Miller replied to the toast of "The Graduates of the School."

Mr. McPhedran, a senior student, proposed the toast of "The Freshmen," and in doing so made a very appropriate speech, which was well received and replied to by Mr. Griffin, in a neat though brief speech.

Dr. H. H. Wright proposed the toast of "The Seniors," to which Mr. Renwick made a suitable reply.

"The Press" was proposed by Mr. Sanderson and duly honored.

"The Ladies" was proposed by Mr. Eakins, and replied to by Dr. Miller.

Mr. Cameron proposed "Mr. Walker, the host," which that gentleman duly acknowledged.

The gathering dispersed at 1.30 a.m., highly gratified with the results of the dinner, after giving hearty cheers for the Queen and the Faculty of the School.

DIED.

At Ormstown, Que., on the 11th ult., John Anderson, M. D., a native of Aberdeen, Scotland, aged 67 years.

At the Village of Gananoque, Ont., after a severe illness, Dr. Wm. Potter.

At North Orillia, on the 2nd inst., Charles Robinson, M. D., suddenly, of heart disease.

At his residence, Pictou, N.S., on the 19th ult., George Augustus Christie, M. D., eldest son of Rev. George Christie, Yarmouth, N.S.