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The withdrawal of the homœopaths from the Medical Council has not caused anything at all like a commotion in the ranks of the regular profession. It has in fact been viewed with true professional composure. Being a matter of no vital concern, and having been looked forward to as something destined to happen in due course, the event has not occasioned surprise. The completeness of the one-portal system established under the Medical Act will be destroyed should the seceders succeed in re-establishing a homœopathic board; but it does not follow that the system, broken in this part, will be shattered in whole. Many, indeed, are glad at the rupture, and view the withdrawal as the termination of a discredit-able compact. We have already felt disposed to congratulate our readers that relief and advantage will follow. We find this feeling that a reproach has been removed or is about being removed, pretty generally shared. The relief then is felt; the advantage consists in the lessened prestige with which the sect must now attempt to justify their separate existence before the public. Their union with the general body of practitioners has been destructive to them. As they were making no recruits from the ranks of medical students fully educated as required by law in all the other branches of medical study, they would necessarily diminish in numbers and influence, and ultimately die out in this province, unless saved from such a fate by importations from the United States. It was undoubtedly this prospect of extinction that influenced Dr. Campbell and his associates to withdraw. The outburst of national feeling against him in the Council for making his unsupported and unfounded charges against Dr. Aikins, the Treasurer, was simply the occasion, and he lugged in his grievance of a personal disappointment in not being promoted from the Vice-presidency to the President's chair as another cover to his action. The very reasons actuating the homœopaths are the justifying reasons for pointed to by the general body of practitioners submitting to a distasteful alliance with a sect whose medical principles can command no respect and whose medical practice can only be regarded as so much humbug and imposition. Happily there is an end to this enforced coalition; and the circumstances of the rupture, when properly understood by the public, must serve to lessen the prestige of the homœopathic body. It must ever stand against them that they could not induce a single Canadian medical student to embrace their doctrines and present himself to their examiners

for qualification as a homœopathist during the four years that the system of union has been in force.

It may be remarked that hitherto the homœopaths have wielded a certain amount of political influence, and no doubt they are influential enough to have their board re-established on a demand being made to the legislature. Dr. Campbell is very energetic, and he will be playing his forte when he seeks the support of members of the House to his new bill—very different from his last one, as a disjunctive instead of a unifying measure—which will probably become law. The legislature cares nothing for the demerits of homœopathy as a system of charlatanism; it is guided simply by an instinct to give every clamorous applicant what is wanted, and therefore we expect things to assume their old shape by and bye so far as the Homœopathic Board in Ontario is concerned.

The Massachusetts Medical Society has expelled seven members for being members of an exclusive medical sect, and advertising themselves as practitioners of a special system of treatment. The members thus expelled were homœopaths. The *Boston Medical and Surgical Journal* congratulates the society "that it is in a way to be at length delivered of a source of annoyance to itself and of reproach from without." This is the feeling and action evinced towards sectaries by a body of practitioners perhaps the most sagacious and highly cultured of any in the United States.

The scheme for a Conjoint Examination of candidates for the qualifications of the Royal College of Physicians and the Royal College of Surgeons, in England, has advanced so far that the committee of reference has presented a second report, dealing with the payment of examiners and the expenses incidental to the examinations. This report has been discussed at the College of Physicians, and apparently it is likely to form a financial basis on which the Conjoint Board will be established. The committee of reference are now engaged in preparing regulations relating to the preliminary and professional education of candidates, and these regulations will form the subject of a third report. Until this matter is settled, therefore, the conjoint scheme will be imperfect; but it is likely that it will soon approach completion, as undoubtedly the most difficult matters have been already got over. The Conjoint Examination scheme, we believe, is destined to be realized. We may note, for the information of those who contemplate procuring a double English qualification, that the fee to be charged each candidate for the two examinations is placed at thirty guineas; fifteen guineas to be paid before admission to the first examination and fifteen guineas before admission to the pass examination.

We are glad to note that the genial Dr. Druitt has been made the recipient of a very handsome testimonial in the shape of a silver cup and a balance of £1284. Dr. Druitt, so well known in Canada by his popular text-book on Surgery, is travelling in India for the benefit of his health.

SURGICAL CLINIQUE.

TRAUMATIC ANEURISM OF THE FEMORAL ARTERY.

DR. NEISH—My Dear Sir,—In response to your request that I should contribute something for your new medical journal, I will endeavour to describe one of the many interesting cases which occurred during last winter at the Surgical Clinique of the University of Michigan.

The notes taken at the patient's bedside I am so unfortunate not to have by me at this moment, nevertheless the practical points of the case may be quite as well described without them.

The patient was a man, aged 45, a German farmer, unable to speak a word of English, of a very phlegmatic temperament, and low intellectual organization. The only interesting thing about the man was his surgical affection, which, however, went far towards compensating for his congenital deficiencies.

This affection was a traumatic aneurism of the femoral artery, which completely filled Scarpa's triangle, had existed for several years, and which had recently grown so rapidly and given so much trouble, that the patient was advised to come from Saginaw, Michigan, to the University for treatment. On questioning the patient through an interpreter, we learned that three years ago, while standing near his daughter, who was mowing; he received a wound from the point of the scythe in the upper part of the thigh, and that the hæmorrhage had been all but fatal, he having bled till he fainted, when a surgeon arrived and succeeded in arresting the hæmorrhage and closing the wound. In a short time a tumour appeared at the seat of the injury, and had continued to grow and become more and more painful, and to interfere more and more with the usefulness of the limb, until the annoyance had become unbearable.

On examination the tumour was found to measure seven inches in length, with strong pulsation, thrill, and bruit. The upper end of the tumour was at Poupart's ligament, and the lower at the apex of the triangle, and the muscles forming the boundary were displaced to a considerable degree. The cicatrix of the original wound could be plainly seen; but, owing to the irregularity of the tumour, it was difficult to measure precisely the distance of the old mark from Poupart's ligament. It appeared to be about 3½ inches.

The diagnosis of the case was sufficiently plain, but the particular method of treatment was not so readily determined. Ligature of the external iliac suggested itself; and to the majority of the gentlemen who saw the case with me appeared to be the best course to pursue, and had it been quite clear that the point of injury in the artery was above the profunda (that is, in the common femoral), of course there would have been no choice, as no sane man would dream of tying the common femoral even supposing there had been room to do so without opening the sac of the aneurism, which in this case there was not. As the cicatrix appeared to be about 3½ inches below Poupart's ligament, and as the profunda is generally given off at a distance of from one to two inches below that structure, I was led to believe that it