

he was at the moment of attack, or in which he may be placed during its continuance, the pulse and respiration being but little affected." The suspension of consciousness is an essential feature of perfect catalepsy, but with respect to this and other phenomena of the disease there is much variability in different cases. The etiology and pathology of the disorder are on all hands regarded as very obscure.

During the summer of 1872 it fell to my lot to be consulted in a case of catalepsy in the neighbouring township of Ernestown, the patient being a lady from the United States on a visit to her friends. She was under middle age, of chlorotic cast of countenance, but with regular catamenia. Her history and condition showed what appeared to me to be a distinct cause of the cataleptic seizures, and it is this which induces me to make public a short notice of her case. Dr. Reynolds has observed the cataleptic state to ensue in case of chronic ramollissement of the brain and in tubercular meningitis. In this case it appeared to me that the cause lay in a previous inflammation of the meninges of the spinal cord in the lower part of the dorsal region. The spinal lesion, whatever its precise nature, had been followed by a partial paralysis, the right lower limb having been paralyzed for a time. When I saw her she had recovered from the paralysis, but there remained a tender and painful spot over the spine at the seat of the previous inflammation. There was no history of any affection of the brain, and on this account, as well as from the circumstance that the gravity of the spinal disorder had diminished, I was inclined to hope that the case might be amenable to treatment.

I recognized two indications—(1.) to alleviate the spinal irritation; (2.) to improve the general health. Emplastrum belladonnae was applied over the tender part of the spine with the almost immediate effect of diminishing the tenderness in the locality, lessening the frequency of the seizures, and shortening the duration of the paroxysms. Their severity was also diminished, a very happy result, as the respiration had before been so embarrassing as to lead to much anxiety.

The second indication was met by the administration of a chalybeate and bitter tonic, containing quinine, tincture of the muriate of iron, liquor strychninae, and infusion of quassia. Under this combined treatment I had the satisfaction of noting in a few days a marked improvement; the patient and her friends indeed were warm in their expressions at the gratifying change. Unfortunately for my continued observation of so interesting a case, she soon returned to the United States.

I was forced to diagnose the case as one of catalepsy from the utter loss of consciousness during the paroxysm and by the attendant phenomena belonging to this malady. The cause of the disorder seemed to me to be involved in the lesion that had occurred to the spinal cord; but of the history of this previous affection I could only obtain the patient's own account. The tenderness of the spine when I saw her was certainly no merely hysterical imagining. It was always noted in the same spot, and pressure gave uni-

form results both when the patient's attention was diverted and otherwise. This irritation, it is reasonable to suppose, was relieved by the local application of belladonna. Reasoning in this way from the effect following the removal of the most obviously perceptible cause, we must regard the case as establishing so far as it goes one fact in the etiology of catalepsy, namely, that irritation of the spinal cord may be followed by the phenomena of this disorder. It is to be remarked, however, in this case that during the existence of the graver symptoms of spinal meningitis, paralysis was the more immediate consequence; and that during the chronic persistence of traces of the inflammation in the shape of tenderness and irritation, at a remoter period, the singular phenomena of catalepsy came on.

Kingston, June, 1873.

CORRESPONDENCE.

A MEDICAL TARIFF.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Believing that it will be profitable for medical men to have frequent interchange of information and opinion respecting the charges which are or ought to be made in medical practice, I have to request the publication of the annexed tariff of fees which was adopted at a meeting in Napanea of the medical men of the Counties of Lennox and Addington, and which went into force on the 1st January, 1867. The list is therefore somewhat old. I should be glad if other similar lists were sent in and published, or if individual members of the profession would give their own tariffs. Such guides are of great value. Moreover, it is of great value to have them printed.

LENACE.

Ernestown, July 19, 1874.

TARIFF OF MEDICAL FEES

Adopted by the Faculty in the County of Lennox and Addington, January 1st., 1867:

For all capital operations.....	dol. 20 00
" Fractures of upper extremities.....	10 00
" Fractures of thigh (extra).....	10 00
" " of leg (extra).....	5 00
" Dislocations, from.....	5 to 10 00
" Every visit by day.....	1 00
" " by night, in town or village.....	1 50
" Every mile travelled by day....	50
" " by night.....	75
" Cases of accouchement, not protracted beyond eight hours and within five miles of the physician's office.....	5 to 10 00
Beyond that distance the usual mileage will be charged.	
" Instrumental labor, from.....	10 to 20 00
" Medical advice at office, from....	1 to 2 00
" Consultation fee, from.....	2 to 4 00
" Stethoscopic examination of chest.....	2 00
" Vaccination.....	50

SYMPATHY FOR DR. AIKINS.

TO THE EDITOR OF THE CANADIAN MEDICAL TIMES.

Sir,—I perused with great interest the report of the proceedings of this year's meeting of the Medical Council. One part of the proceedings has affected me very much. I allude to the attempt made by Dr. Campbell on the character of the much respected and worthy Treasurer of the Council, Dr. Aikins—an attack which rebounded with redoubled force on the head of him who made it. I can well conceive the sympathy and the spontaneous support which the members gave to Dr. Aikins on the proof that Dr. Campbell's charges were altogether unfounded. To have taken part in the proceedings must have been very exciting. The mere reading of the account has excited me, removed as I am from the scene. I have been moved to write this letter with the object of tendering to Dr. Aikins my sympathy, a

feeling which I am sure must be shared by every right-minded practitioner in this province. I for one am not sorry that the risk of any such insult being offered again has been done away with by the withdrawal of the homeopathists. If a testimonial were got up to Dr. Aikins, supposing the lead to be taken by his friends in Toronto and the members of the Council, I should have great pleasure in joining in such a movement. I should be glad, sir, if you would suggest the propriety of such a step being taken.

I am yours, etc.,
MEXICO.

Kingston, July 19, 1873.

REMOVAL OF BRONCHOCLE.

Mr. A. Durham performed this operation on May 27. The following details are given in the *Guy's Hospital Gazette* (May 31). The patient, aged forty-seven, twenty years ago had noticed a lump in her throat; this had increased in size ever since, growing more rapidly after each confinement. The tumour had now reached a very large size, being globular in form and measuring 19½ in. in circumference. The patient was very greatly inconvenienced by its presence. Mr. Durham referred to a case in which he removed a similar tumour in a patient who was supposed to be suffering from phthisis. The operation was in every way successful, the wound healing by primary union, and the patient getting quite well. Mr. Durham thought that no treatment other than removal would be of any benefit in this case; and in fact every treatment had been tried. It was better to operate early in these cases, while the patient was in a good state of health, than to wait till the patient had been reduced by the disease. Mr. Durham thought that thyrotomy would be an appropriate name for this operation. The patient now being under chloroform, Mr. Durham made a vertical incision over the tumour, about 7 in. long; this was carried as nearly as possible to what seemed to be the cyst-wall; the tissues were then separated from the growth by means of a raspatory and the fingers. Towards the base of the tumour some bleeding occurred. This was controlled by means of serrated forceps and torsion. The tumour was closely adherent to the trachea, but was separated from it without much difficulty. The tube had been considerably compressed by the tumour. The left common carotid was exposed during the operation, and was seen pulsating in the wound. The growth had also extended to very near the pleura. The attachments having been severed the tumour was removed, and was found to consist of the right lobe and the isthmus of the thyroid gland; the left lobe, being enlarged, was also removed, forming a tumour weighing about 1½ oz. There were several veins which had to be ligatured, catgut ligatures being used. Torsion was applied to all the arteries, and the wound was carefully brought together. No skin was removed. The operation lasted an hour and a quarter. The large tumour was found to weigh 3lbs. 11½ oz. and had undergone calcareous degeneration in several places. Mr. Durham remarked that in some cases the entire tumour had been found to be calcified. The operation of removal of bronchocle was first performed by Dr. Warren Greene, of the United States. The first case in which he operated proved unsuccessful, but after this he had seven or eight successful cases. The operation had not been performed more than twelve times altogether, and this was the third time that it had been done at Guy's.