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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Analysis of the "Ontario Medical Act," with observations, by W. MARSDEN, M.A., M.D., &c., Ex-President and one of the Governors of the College of Physicians and Surgeons of Lower Canada, Member of the Canadian Medical Association, &c., &c., &c.

Prior to, and until the last annual meeting of the Canadian Medical Association, held in Toronto, on the second Wednesday of September last, and following days, almost the entire Medical Profession of Quebec was, like myself, under the impression that the Medical Profession of Ontario had been recreant in allowing the "Ontario Medical Act" to pass without protest; and had since been guilty of apostacy in accepting the Bill, and organizing the Council of the College of Physicians and Surgeons of Ontario under its provisions, and in this opinion many of the members of the Medical Profession in Ontario also participated. Not having seen the Bill or Act of Incorporation of January, 1869, previous to the annual meeting of the Canadian Medical Association; but having seen the "report of the Council of the College of Physicians and Surgeons of Ontario, with Rules and Regulations for the guidance of Students in medicine," and a list of "members of the Council, and Board of Examiners and subjects of examinations," wherein some of the most distinguished members of our liberal and humane Profession seemed to form a "happy family" with Homœopaths and Eclectics, as members of the "Council," and "Board of Examiners," this unfavourable opinion was greatly strengthened; and it was not until the second day's proceedings of the Association, when this matter had been discussed and agitated, both in and out of the meeting, that I,—and I may safely add *we*—began to understand the Act. Had it been more generally seen before the meeting, a better understanding might have been arrived at on the first day; and some recriminations and personal asperities might have been avoided. I now participate in the common opinion of most of my Quebec confrères, that the Act is not only the best that could have been obtained at the time, but superior in some respects to the "Lower Canada Act."

Previous to the passing of the "Ontario Medical Act," there were three independent Medical licensing bodies in Ontario, that are all abolished by the present Act, which repeals, the 29 Vic., 34 Cap. (Dr. Parker's Act of 18th September, 1865), the 22 Vic., 41 Cap. Con. Stat. U. C. (Homœopathic) and 24 Vic. 110 Cap. (Eclectic) thus concentrating the licensing power under one board for the entire province—the Medical Board of Examiners of the College of Physicians and Surgeons of Ontario under the "Ontario Medical Act." When we consider that neither of the two last named bodies, who each adopt exclusive or fanciful doctrines, have any teaching institutions in the Dominion, and yet had each licensing powers, it is surely a subject of congratulation to the public that these extraordinary powers have been abrogated, and that the advocates of these special and speculative theories or systems, shall be compelled to come up to the highest standard of Medical education.

The present Act (which is Dr. Parker's Act amended with the introduction of the Homœopathic and Eclectic clauses,) will rid the country of the charlatans and peripatetic emperics of both these classes, as fast as they die out; inasmuch as, the cases will be "few and far between" who will, (when compelled to matriculate and educate up to the highest Medical standard) take a license for a *part*, when by the same means they can obtain one for the *whole*; in other words, who will seek the legal right to practice medicine under an exclusive principle, when by the same means, the whole vast philosophic field of physic is open to them, whether Allopathic, Homœopathic, Hydropathic or Eclectic? Let these exclusions or specialists, first qualify up to the highest Medical standard, (as some whose names it would be invidious and improper to mention have done), and then let them adopt any system their taste and judgment dictates, and their patients prefer.

Under the present Act, we shall have no more Eclectic licentiates of the stripe to which the following belongs, nor other candidates for special license, excepting thoroughly educated and qualified persons. Here is a copy *verbatim et literatim* of a hand bill in my possession among other documents, as Chairman of the Committee of Ethics, of the Canadian Medical Association :

PROFESSIONAL.

DOCTOR S. K. LAKE, PHYSICIAN, SURGEON, &c., GRADUATE OF THE ECLECTIC MEDICAL COLLEGE of Pennsylvania, Provincial Licentiate, and member of the College of Physicians and Surgeons of Ontario, may be consulted at the UNION HOTEL, MILFORD, on Saturday the fourth day of September, ON ALL SUBJECTS PERTAINING TO HIS PROFESSION.

THE DOCTOR is now successfully treating the most stubborn cases of disease according to the most improved method of the American Eclectic practice of Medicine.

HE USES NO CALOMEL, NOR ANY OF THE PREPARATIONS of Mercury as internal remedies; nor any other poisonous mineral not found as a component of the Organic Structure of the human body. Believing that the true science of treating disease, is neither the maxium "Similia similibus, curator" (sic) nor "contraria, contrariis, curanter," (sic) but that system which aids and directs nature's efforts by the use of such remedies as are indicated.

BY THE USE OF HIS CONCENTRATED AND SPECIFIC remedies, he professes to stay the progress of that much dreaded malady, consumption, in its early stages. Special attention given to all diseases common to females.

Bloomfield, August 26, 1869.

The author of this *brilliant and enlightened* repudiation of both Homœopaths and Alopaths, is now a *registered* member of the College of Physicians and Surgeons of Ontario in the list of Eclectics, but his name could never have appeared there, had the "Ontario Medical Act" been in operation when he obtained his license under the late Eclectic Medical Board; nor "shall we ever see his like again" as the law now stands.

For the information of persons not in possession of the Ontario Medical Act, or the Rules and Regulations of the Council of the College of Physicians and Surgeons of Ontario, it may be well to point out the advantages of the present, over the late Acts regulating the practice of medicine in Ontario.

1st. The examination for matriculation is a very fair one, *and is the same in all cases.*

2nd. The primary examination is as follows:—1. Descriptive Anatomy. 2. Physiology. 3. Theoretical Chemistry. 4. Toxicology. 5. Pathology. 6. Medical Diagnosis. 7. Botany. And the first six subjects of the Final; viz.—1. Surgical Anatomy. 2. Practical Chemistry. 3. Medical Jurisprudence. 4. Sanitary Science. 5. Operative Midwifery. 6. Surgery, Operative and Surgical, Pathology, *and is in all respects the same for every candidate*; but, candidates wishing to be enregistered as Homœopathic, or Eclectic practitioners, will be examined by Homœopathic, or Eclectic practitioners only, on the last four branches of the final, viz.—1. Materia Medica and Therapeutics. 2. Surgery "other than operative." 3. Midwifery "other than operative." 4. Theory and Practice of Medicine. Such is the present curriculum for Ontario.

I will now briefly review the late Homœopathic and Eclectic Boards, which ceased to exist on the 23rd July last.

The Eclectics from these boards have not yet all registered.

The Homœopaths have furnished the registrar with the names and abode of all who had passed their examinations from 1859 to 1869 as follows :—

| | |
|--|----------|
| Members made by Act of Parliament..... | 5. |
| Passed Homœopathic Board in | 1859 5. |
| “ “ “ “ | 1860 5. |
| “ “ “ “ | 1861 4. |
| “ “ “ “ | 1862 9. |
| “ “ “ “ | 1863 4. |
| “ “ “ “ | 1864 2. |
| “ “ “ “ | 1865 5. |
| “ “ “ “ | 1866 8. |
| “ “ “ “ | 1867 7. |
| “ “ “ “ | 1868 4. |
| Furnished with certificates entitling to register under the } Act (about 21.) | 1869 21 |
| In all..... | <hr/> 77 |

The Eclectic Board has not yet furnished Dr. Strange, the Registrar, with a list of those who have passed that board, but, he thinks they will number from 160 to 180. The records of the Provincial Secretary's office, however, furnishes the following list of persons, who have obtained the Governor's license, to practice upon certificates from the Eclectic Board, in addition to the seven original members who were made by Act.

| | |
|--|------------|
| Original members made by Act..... | 7. |
| 1862 Oct. 15th, License 9. Oct. 25th, License 1..... | 10. |
| 1863 July 26th “ 2...Nov. 4th, “ 2...Dec. 10th, 1.. | 5. |
| 1864 July 6th, “ 4...Nov. 4th, “ 8...Dec. 20th, 1.. | 13. |
| 1865 Sept. 2nd | 7. |
| 1866 Jan'y 9th, “ 10...July 10th, “ 21...Oct. 30th, 5.. | 36. |
| 1867 June 29th, “ 13...Dec. 4th, “ 6..... | 19. |
| 1868 Feb. 24th, “ 1...July 25th, “ 3...Nov. 2nd, 12. } “ 20th, 1. } | 17. |
| In all..... | <hr/> 114. |

The above is exclusive of those who passed their examination in 1869: previous to the 23rd of July, and number about twenty-five, making say 139 in all. The effect of the passing of Dr. Parker's Bill upon the Eclectics, (which was by no means so effective as the present Act) may be gathered from the great number of “Solons,” who were licensed during

its progress. It was assented to 13th Sept., 1865, and was under discussion for several weeks. On the 2nd September, 1865, there were seven Eclectics licensed. The Medical Council under Dr. Parker's Act, held its first meeting in May 1866, and declared its intention, to demand a good matriculating curriculum, &c., and, to apply it to *all persons*, seeking to enter the Profession. That year 36, (thirty-six!) Eclectics were licensed, and in the following year 1867, 19 (nineteen!) making fifty-nine in all, in a little less than two years! In fact, more than one half of the whole number licensed and commissioned by the Act, from the time of its passing, the 18th May 1861 to 1869, were licensed during these two exciting years. Again, in November 1868, (when the present Act was under discussion) twelve more were licensed, showing that the Board was "doing a thriving business," considering there were no teaching bodies. Now verily, for them is "Othello's occupation gone;" and, such of them as are not more deeply read in the classics, and the "*curanter*," than Dr. S. Lake, may indeed exclaim, "*tempora mutantur et nos mutantur in illis.*"

I think I have now shown that the "Ontario Medical Act," which we were lately so ready to condemn and repudiate, is in fact, rather a boon to Ontario, than otherwise. It is in my opinion, in some respects, superior to the Act of the College of Physicians and Surgeons of Lower Canada, (which regulates the practice of medicine in the Province of Quebec;) and especially in its penal clauses. In Quebec, we can, and occasionally do succeed in convicting unlicensed practitioners, and did so for the first time under my administration as President of the College of Physicians and Surgeons, after repeated failures during ten preceding years. Under the 41 Section of the "Ontario Medical Act," however, it is scarcely possible to fail, if the action be properly brought; as, (like the English Act,) you have a wider field of action, than the Lower Canada Act gives. The Ontario Medical Act proceeds against three separate and distinct offences: Firstly, "wilfully and falsely pretending" to be something he is not; secondly, practising "for hire, gain or hope of reward;" and thirdly, "falsely taking or using any name, title, addition or description" calculated to mislead. Whereas, the Lower Canada Act, 10 and 11 Vic. Chap. 26, Sec. 9, names only one offence "practising without license" under a penalty; "and such penalty shall be recoverable on the oath of any two credible witnesses, &c;" but, it is very difficult if not impossible to obtain *two witnesses to every fact*, as the quack is very careful to avoid committing himself in the presence of third persons.

To conclude:—Although the effects of this Act, will be most benefi-

cial to the people of Ontario, it is almost universally repudiated by the regular practitioners, who keenly feel the humiliation of being (ever so remotely, even by force of laws) associated with Homœopathics and Eclectics. The most objectionable feature in as far as the Medical Profession of Ontario is concerned, is the effect it may have in Great Britain of interfering with the recognition of Colonial Degrees, and preventing registration; at a time when great efforts are being made to obtain this Act of even handed justice. The Colonies recognize British Degrees and Diplomas, and admit their holders to license and registration without examination, and as the Colonial standard is now equal to the British, it is but reasonable to look for "reciprocity" without being advocates for "free trade" in physic.

Place D'Armes, Quebec, 15th Oct., 1869.

A case of Tetanus by E. H. TRENHOLME, M. D., attending Physician of the Montreal Dispensary.

J. C., aged $7\frac{1}{2}$ years, a well-developed and fine little boy, was noticed on the morning of 15th September, to be unable to open his mouth as usual or to speak plainly. Early in the evening he went to bed complaining of pains in his back, neck and over lower part of chest, especially at the pit of his stomach. During the night he slept pretty well but had spasms when moved. Had a dose of oil which operated twice freely. On 16th, 11 a.m. was called to attend him; so far as can be ascertained he has not been wounded in any part of his body. The only thing the parents can recall, is a fall down several steps as he was coming out of school the evening of 13th instant. Present condition: face anxious, pupils normal, pulse 136, respiration 20, often partial and labored, can open mouth about quarter inch,—pains and stiffness of muscles of jaws, neck, back, abdomen and also of diaphragm, pains nowhere very severe, but most marked at pit of stomach; spasms supervene when moved. Ordered the following:—R. Ext. physostigmatis venenosi, grs. viij, aquae bullientis, ζ ss, sp. vini, retificatis ζ iss and of the clear liquid to take ten minims every hour.

12. m. Saw the patient in consultation with Dr. Fraser, general symptoms much the same as at 11 o'clock; was ordered ice to dorsal spine and head. At 12.30 had a spasm, also one at 3 p.m. Commenced taking the calabar bean at 12.45. Had a severe spasm at 4 p.m. when he cried out with agony; pulse 120, pupils normal, considerable thirst, much pain in abdomen and abdominal muscles quite tense and even vibrating to the

touch. Passes his water freely. During last spasm bit his tongue. Treatment continued. 9 p.m. had four spasms during the last five hours, the last one very slight and of short duration; slept twice during the afternoon for about 15 minutes each time. There is more thirst and difficulty in swallowing, can take fluids only in drops, if attempts to take larger quantities spasms supervene. Bowels opened twice this evening, fœces dark and offensive. Pupils, respiration, &c., as before. 17th, 10.30 a.m. Saw the child again in consultation with Dr. Fraser. Pupils normal, pulse 128, respiration 24 and labored, spasms with opisthotonos more severe. Has had spasms every half hour since 4 a.m., trismus greater, cannot open mouth more than one line; deglutition more difficult; spasms affect the whole muscular system. On examining chest found bronchial râls. Discontinued the ice to the spine and head. Gave 15 grs. bromide potassium alternating it each hour with the bean in $\frac{1}{6}$ gr. doses.

4.30 p.m. Patient easier, spasms not so frequent and less severe, only four spasms last $5\frac{1}{2}$ hours. Pupils normal, pulse 136 just before spasm came on and 120 after it was over. As the physiological action of the bean has not been induced, gave him an hypodermic injection of $\frac{1}{4}$ gr. ext. of bean, in addition to the usual dose, trismus the same. Applied equal parts of acetic and glacial acetic acid to the spine and nape of neck. Is much troubled with accumulation of mucous in throat, but expectorates it more easily than this a.m. Owing to difficulty of swallowing the bromide was discontinued. 9 p.m. Has had no spasms since last visit. Pulse 120, respiration 35, pupils normal; restless and thirsty. Bowels opened, makes water freely, less rigidity of muscles of neck. Had $\frac{1}{4}$ gr ext. of bean at $7\frac{1}{2}$ and $\frac{1}{2}$ gr. at $8\frac{1}{2}$ o'clock.

18th September, 9.30 a.m.—Much worse, pupils widely dilated, pulse 150, respiration 50 shallow and labored, trismus complete, spasms every few minutes, bowels quite loose, makes water frequently, much troubled with mucous in throat, face indicates great pain and is cyanotic. Has taken a good amount of beef tea and brandy during the night. On enquiry found patient had not been given his medicine since 2 a.m. At once gave an hypodermic injection of $\frac{1}{2}$ gr. ext. of calabar bean, also gave $\frac{1}{6}$ gr. every $\frac{1}{4}$ hour internally, and to be continued till it affected the pupils. As I was about leaving the house the boy's mother directed my attention to a sore over the metatarso-phalangeal articulation of great toe of right foot, and on inspection found a cicatrix and after removing the skin, found a cavity containing about ten or fifteen drops of pus, and in the centre of it a small splinter of pine wood about half a line broad and $\frac{1}{4}$ inch long; was then told that about two weeks ago he got a splinter in his foot, which he would not allow his

mother to entirely remove; but as the wound soon healed and he made no complaint, nothing more was thought of it. Some of the family noticed about five or six days ago that he did not open his mouth freely nor speak as plainly as usual. 2.25 p.m. Found boy much worse and apparently moribund. Had taken the bean regularly till 11 a.m. when he became unconscious. Pulse too rapid to count, respirations fifty-six and labored. Pupils contracted to the size of a pin's point. Placed him on a cool pillow and fanned face and chest. Gave an ounce of rye whiskey as injection, as he could not swallow. Applied the acid to the spine, twice he got up a large amount of purulent mucous. At 3.20 he had a most severe spasm which lasted about three minutes; 3.30, breathes easier but more rapidly; pulse as before; pupils not quite so much contracted. 3.45, another but less severe spasm; 3.50, another but short spasm. During each spasm pupils dilated to natural size, and again contracted after spasms were over. Has returned to consciousness and spoken again for first time since 11 a.m. Respirations 48, pulse as before. 4 o'clock had another slight spasm. Is able to take beef tea and brandy; pupils about $\frac{1}{2}$ a line in diameter. Complains of burning heat in right foot at the seat of injury. 6.30, had a severe spasm and died.

Post mortem, eighteen hours after death; posterior tibial nerve down to site of wound of natural healthy appearance. The spinal cord and membranes during its whole length very much congested and lying in effused serum and clots of blood and lymph. Inflammation and effusion most marked at the upper dorsal and cervical portion of the cord.

September 20th. Injected about 15 m. of fluid from the spinal canal into hind leg of a puppy. On the 6th October, after sixteen days, the dog has difficulty in moving about, from loss of power in back, and rigidity of flexor muscles of hind legs, so that he cannot extend his legs and has to draw them when he moves across the floor. Muscles quite tense to the touch. These symptoms continued during the day, but toward the evening his movements were somewhat freer, although marked rigidity of muscles is still present. October 7th, this morning dog not so well as last night, but moves tolerably well, and although is quick to return to his hiding place, flounders about in reaching it. October 8th, only thing perceptible is a slight awkwardness of gait. After this time got quite well and continued in good health.

It will be seen by the above notes that a large amount of the bean was required to produce its constitutional action; and in the second place, the spasms occurred frequently and violently while the patient was most profoundly under the influence of the drug, as evinced by contraction of pupils, &c., thus demonstrating its inability to control tetanic spasms when once fully established.

As to the injection of the serum of the cord into the puppy's leg and its subsequent results so far as manifested, they would seem to warrant the belief that some septic agent, generated at site of injury having special affinity for the cord and entering the circulation, is the cause of tetanus; and that it ought to be ranked with diseases due to blood poisoning. This subject, however, requires further investigation and it is to be hoped that members of the Profession, having opportunity, will continue the enquiry and bring it to a satisfactory conclusion.

Montreal, 28th October, 1869.

Case of Compound depressed Fracture of the Skull—Trephining—Death from Cerebritis.—Under care of J. M. DRAKE, M. D., Professor Clinical Medicine, McGill University. Reported by GEORGE ROSS, M.D., House Surgeon, Montreal General Hospital.

G. M. was admitted into the Montreal General Hospital on the morning of the 28th March, 1869, at 2 o'clock, suffering from the effects of a violent blow upon the head received in a street row. There was an irregular scalp wound on the left side of the vault of the skull over the upper part of the squamous portion of the temporal and the lower part of the parietal bone. This wound communicated with a fracture of the skull: at the lower and at the outer part of the wound can be felt the rough, jagged edges of the broken bone, and between these two or three fragments can be made out depressed at least $\frac{1}{4}$ inch. There was no bleeding now but there had been considerable hæmorrhage before his arrival at the Hospital. He had been drinking and was in a state of partial intoxication, speaking incoherently, laughing, whistling, &c., at the same time he peculiarly mispronounced words and repeated the same word sometimes several times. He complained of no pain. The pupils were natural and answered readily to light, no strabismus and no paralysis. Pulse 110; skin cool.

He was put to bed, the head and shoulders well raised, and ice-cold water constantly applied.

8 a. m.—Rested pretty quietly; has vomited twice; seems rather more intelligent; answers such questions as his name, residence, &c., generally correctly, but with much difficulty and hesitation; he still sometimes mis-calls things and names, and will repeat vacantly the same word two or three times. Pupils natural; pulse 104.

10 a. m.—Pulse 100; no more vomiting; has passed freely nearly a pint of limpid urine. A small quantity of brain matter has exuded and

was readily squeezed from under the scalp; the substance was proved to be such by the microscope, which showed nerve tubes and vesicles. Was seen at this time by Drs. Drake and Howard, and it was decided to await symptoms of compression before operation. Ordered bladders of ice to be constantly applied.

1 p.m.—Had a well-marked epileptic convulsion, which lasted, however, but a few minutes; this was followed by no paralysis or comatose threatenings and he was soon again in the condition last reported. Pulse shortly after the fit 96.

3:30 p.m.—The pulse had now fallen to 90 and it was determined to trephine. The part was first freely exposed by two incisions, one directed forwards from the edge of the wound and the other directly upwards. A small trephine was then applied over the lower edge of the sound portion of the parietal bone in such a way as to remove three parts of an inch; this segment having been removed by the elevator, no difficulty was experienced in seizing the largest of the depressed fragments in a forceps and gently removing it. It is triangular in shape, $1\frac{1}{4}$ inch long by $\frac{3}{4}$ inch at the base; it consists of about equal parts of the parietal and squamous bones, the apex formed by the former and the base by the latter, the two separated by a well-marked squamous suture. Two smaller portions of the squamous bone were also found lying quite loose and were removed. The rent in the dura mater was then plainly visible; it was about $\frac{1}{4}$ inch long and the brain-substance did not protrude from the edges. The bleeding was not at all profuse and no vessel required ligature. The wound was gently sponged out with weak carbolic acid lotion (1 to 30), and the whole retained by a few silver sutures, leaving a sufficient opening at the dependent part of the wound for the escape of any blood; the head elevated and the carbolic lotion, made quite cold by lumps of ice, kept constantly applied.

10 p.m.—Rather soporose, but can be roused by calling loudly, and then swallows easily the beef tea, which is given freely; pupils normal; pulse 80; respirations 22; urine retained. Catheter passed, and 12 oz. of clear urine evacuated.

29th March, 9 a.m.—Passed good night; slight vomiting: pulse 90; pupils natural; puts out tongue; answers some questions but slowly, respirations 24; has passed water himself freely.

9 p.m.—Same. Pulse 84; respirations 24; temperature $99\frac{5}{8}$. Ordered, Enema of Ol. Ric. and Ol. Terebinth.

30th March, 9 a.m.—Rested well; takes his beef tea, &c., well; pulse 78; temperature 100° ; pupils natural. His intelligence is certainly less even than yesterday. He moves the right arm, but decidedly more slug-

gishly than the opposite one. Ordered, R. Potassii Iodid. gr ii. to be taken every three hours.

10 p.m.—Pulse 72; temperature $100\frac{1}{4}^{\circ}$. Very restless. Right arm paralysed; he moves the right leg; refuses to answer any questions; sometimes shouts out loudly as if in pain. Pupils normal; passes urine in bed, owing to some retention; passed catheter.

31st March, 9 a.m.—Pulse 92; temperature $100\frac{3}{4}$. Very irritable, crying out if moved or touched. Right side of face now also paralysed, that eye remaining constantly open and the face drawn to the opposite side. Ordered, Enema of Ol. Ric. and Ol. Terebinth.

10 p.m.—Pulse 104; temperature $100\frac{1}{2}$. He still retains the use of right leg; apparently unconscious, but pupils natural and answering slowly to light. Sensation on affected side diminished.

1st April.—Pulse 90, rather weak; temperature 101° . Right leg quite paralysed; sensation lost in the paralysed parts; right arm and leg rigid. Breathing at times rather stertorous. Passes urine continually in bed, but no retention. Pupils dilated, acting somewhat with light, but dilating again immediately. Ordered, Enemata of soap and water as required.

2nd April, 9 a.m.—Pulse 92; temperature 101° . At 8.30 this morning, rapid and continuous jerking of the muscles of the right arm came on; the same condition (to a slighter extent and temporarily), was also seen in the right side of the face, causing the teeth to rattle and the eye to oscillate. Right eye can be touched without eliciting any response.

10 p.m.—Pulse 80, but compressible; temperature 100° ; pupils equal, dilated. At 4 p.m. had a severe epileptic fit, and since then has had four or five more slight ones. The clonic spasm persists in the face and right arm, none in the leg.

Ordered, R. Potass Iodid ʒ ss. do. Bromid ʒ iss. Ext. Ergotæ fld. ʒ i. Ext. Bellad. fld. gtt xxiv. Aquæ ʒ vi.— One table-spoonful every three hours.

3rd April, 9 a.m.—Pulse 90; temperature 100° . When at rest there is marked divergent strabismus. Almost constant jerking of the affected side, in the hand, arm, face and tongue. During the night had several distinct epileptic fits, affecting principally the right side. Wound discharging pus freely, but unhealthy-looking. Face flushed; takes food freely but is too weak to sit up.

10 p.m.—Has had several severe epileptic fits, each one lasting longer than the preceding one, some as long as half an hour; the jerking is continuous with very short intermission of rest. The spasm begins in the face, extends to the right arm, then to that leg, and finally to the left

side of the face, left arm and leg. A dark, bloody protrusion of brain substance from the wound is found about $\frac{1}{2}$ inch deep; it seems sensitive when touched.

4th April, 9 a.m.—Pulse 90; temperature 99° ; somewhat more intelligent; when told to do so, will put up his hand, open his mouth, &c. There is a soft diffuent swelling beneath the area of the wound, and the protrusion from between the edges is as large now as a man's thumb, dark red and soft, with some portions whiter than others; the edges of the wound much everted by it.

5th April, 9 a.m.—Pulse 115; temperature 100° . Still understands somewhat, for he tries to do as directed.

6th April.—Pulse 116; temperature 100° . Can draw up right leg when told; no more twitching.

7th April, 9 a.m.—Erysipelas has set in over forehead, nose and eyes. Pulse 120; temperature 101° . Very restless; seems quite unconscious; makes no response at all; still has some power in right leg; eyes much injected. Pupils dilated but acting somewhat.

10 p.m.—Has had bleeding from wound, pretty free and apparently arterial; was checked by a compress and bandage immediately applied. Erysipelas has spread over whole face. Pulse 124; temperature 101° .—The whole scalp is œdematous. Refuses nourishment; has entirely lost use of right leg. Ordered, 2 oz. of wine and a wash of acetate of lead to the face and scalp.

8th April, 9 a.m.—Much weaker; pulse 150, weak and compressible. Erysipelas spreading; refuses food. Took out all remaining stitches and the hernia increased considerably in size. Ordered, 4 oz. whiskey.

10 p.m.—Sinking; erysipelas spreading down back of neck. Respiration hurried and accompanied by a gurgling noise.

9th April.—Died at 5 a.m., this day. *Autopsy*, twelve hours after death. Under the scalp considerable effusion of blood and serum. A *hernia cerebri* as large as a pigeon's egg protruding from the left hemisphere, consisting of soft brain matter in a sloughy condition. Cerebral veins gorged with blood, and lymph effused in patches over summit of left hemisphere. One small patch of the same is observed on convolutions of right hemisphere near margin of longitudinal fissure, also along longitudinal fissure and on both segments of the falx cerebri. Whole surface of brain very red and congested. At the base a thick deposit of yellow lymph covered the Pons Varolii and medulla and extended a short distance down the cord. On making a section of the brain, a large abscess was found in the left hemisphere, opening internally into the left lateral ventricle and externally into the wound, filled with dirty pus, and the sides sloughy

and soft. Left lateral ventricle filled with sero-pus with flakes of lymph deposited over the floor. Floor of right lateral ventricle also covered with purulent lymph. *Septum lucidum*, softened and broken through. *Fornix* reduced to a creamy consistence. *Fourth ventricle* also contained purulent lymph. *Heart* healthy, with the exception of slight mitral incompetency. Other organs healthy.

Introductory Address delivered at the opening of the Medical Section of the Canadian Institute, Toronto, on the 12th of November, 1869.

By JOSEPH WORKMAN, M. D., Superintendent of the Lunatic Asylum, Toronto.

GENTLEMEN,—I should be equally untrue to myself and ungrateful towards you, were I to avoid thanking you very cordially for the opportunity which you have so kindly afforded me of addressing your *section* of the learned and most valuable *Institute*, of which you are, and I fondly trust will long continue to be, an honorable and useful constituent.

Irrespective of the deep interest which I feel in the successful working of your organization, in a more scientific relation, I am constrained to declare my conviction, that your re-unions must prove highly contributive to the best interests of our common Profession. No one can, with more painful experience than myself, confess the disadvantages, and perhaps I may, with some truthfulness add, the miseries and danger of isolation; and no one can be more profoundly sensible of its impoverishing and deteriorating results.

If, therefore, gentlemen, I have not hitherto availed myself of the privilege of participating in your proceedings, rely upon it my absence has not been ascribable to any low estimation of their importance, and still less to any unfriendly feeling toward yourselves, but simply and entirely to the peculiar exigencies of my official position, which, to say the truth, leave me but little leisure, either for the augmentation of professional knowledge or the cultivation of those social virtues and habits, without which all knowledge is too often but a rusting treasure, or a miserly hoard of scientific selfishness. Your section, gentlemen, is one of those co-operative organizations of modern and advancing civilization, which concentrate in themselves the combined surplus efforts of intelligent industry and true patriotism. Each one of you contributes to the joint stock fund, his honest quota, whether that be the mite of the poor widow or the oblation of the mental giant, well knowing that both are alike acceptable; and who can say which may in the end prove to have been the more truly valuable? None should withhold his offering from the

apprehension of its insignificance, nor in a society such as yours should any member dread the severe criticism of his fellows, for the larger the experience and the more solid the knowledge of any practitioner of the healing art, the greater always must be his conviction of his own ignorance and short-comings, and the stronger his desire for increase of knowledge of his own defects. The true philosopher never sneers at the blunders of unostentatious ignorance, though he may look with pity on the egotistic displays of pedantic science, or the ill-starred flights of soaring self-conceit.

That Hercules of mental philosophers, Sir William Hamilton, "whose writings at once exalt and humble the reader," assures us that "the highest reach of human science is the scientific recognition of human ignorance" "*Qui nescet ignorare, ignorat scire.*" It is a never failing fact that the man who most thoroughly and truly measures his own ignorance, is ever the most lenient censor of the faults of others. That charity which never faileth, and which is never puffed up, nor becometh itself unseemly, but beareth, and believeth, and hopeth, and endureth all things, is never the predominant virtue of the uncalloused mind, nor the unfailing admonitor of the man of lofty self-conceit.

"From the faults of others, wise men convert their own." This is the wisest purpose to which we can apply the discovery of our neighbour's errors, and certainly it is not the least honorable. But as the cheapest of all virtues is the confession of other people's sins, and the most irksome duty is the acknowledgment of our own misdeeds, it is hardly to be wondered that so few become voluntary contributors to the general fund of knowledge, by frank avowal of their own blunders. And yet no nobler or more valuable service could they render to their fellow men.

I have often been tempted towards the belief that in our Profession, the free exposition of our failures would benefit humanity, and advance medical science very much more than the proclamation of our successes. Indeed, I almost think that the institution of a fund for the reward of writers whose illustrations of treatment should be equally constituted of both sorts of facts, would be a good and patriotic measure.

We are all pretty familiar with the fact, that the bulk of our periodical literature presented in a multitude of medical journals of various hues of merit, is furnished by junior members of the Profession, who not only have the requisite leisure for such work, but are also gifted with that furious impulse for distinction in print which has ever been the most prolific source of all sorts of bookmaking. While it almost invariably comes to pass, that these men chronicle as little of the more useful class of arts and so much of the other sort, might puzzle us did we not know that candor

is an expensive virtue, and is not to be looked for in men of limited pecuniary means; whilst, on the other hand, the men of matured experience and extensive observation, too rarely find time to commit their thoughts to paper, and too commonly lack all inclination to do so.

The fact, however, is not to be put out of sight, that the free dissemination of a negative Medical literature, such as I have been advocating, would present to imposters and charlatans, a weapon of assailment which they would not be slow to seize, and to turn against us—nay, indeed—which they ever *have* wielded with villainous artifice, and with woful success.

The honest and well-trained physician hesitates not when confronted by several fatal diseases, which have long been regarded as the standing *opprobria medicinae*, to confess his utter powerlessness; but the quack knows better than to imitate his modesty. What malady is there—from tetanus to toothache—from malignant cholera to malignant scarlatina—from chronic epilepsy to hydrophobia, against which he fails to proclaim his potency? “As fools rush in where angels fear to tread,” so with the quack: failure or incompetency he never realized, and of course never confessed.

But let quacking take its own course. It has a long past existence, and it is destined, unless human nature undergoes a change, not to be looked for in any age posterior to the miraculous, to a very long future. In the rude conditions of society, it managed to do a profitable business with but rude materials; and where those conditions still remain, it still flourishes in the like traffic; but as civilization advances, and knowledge, or the conceit of it, becomes more diffused, quackery changes its tactics and its form, and proves itself “master of the situation.” It thoroughly understands the might of mystery, and it fails not to retain in its service this powerful ally.

Tell men how they may, by faithful obedience to the inflexible laws of nature, avoid becoming sick; or how, and by what remedies, they may be restored from sickness to health, divesting your explanations of all semblance of mystery, and what is your success? In ninety-five instances in the hundred you will have shaken their faith in your therapeutic competency. Offer to them, instead, some mysterious globule with even the ghost of an incomprehensible medicament, and tell them its operation will be an infallible consequence with a well established law of *catalysis* (or any other word of learned sound), and their faith at once waxes stronger, even to propagandic enthusiasm. It boots little to tell such people, that the very water pumped up from our bay, and drunk by them daily and hourly, the whole year round, is as thoroughly impregnated from the

rinsing of druggists' bottles, and the sewerage of 10,000 privies, with not only the medicament involved in their globule, but also of Homœopathy, as is the mystic nullity commended to their credulity by the sincere or insincere disciple of the most irrational creed ever offered to rational beings. That creed involves an element of incomprehensibility, without which it would be totally unattractive, "*Credunt quia est impossibile.*" Bring their tenet within the region of common sense, and they will fly from it, as instinctively as the carrion fly from the perfume of the rose. Whatever may be the fact as regards the skeptic in religion, it is very certain that the skeptic in medicine is the most credulous of all human bipeds; and where are they not to be found? On the bench, at the bar, in the pulpit, on 'Change, behind the counter, and most strange of all over the press, we constantly encounter men who, in all other departments of human affairs, evince the most scrupulous logical exactitude in their investigation of the relations of facts, and in fixing their legitimate sequence; yet, bring these men to the portal of the temple of medicine, and they prostrate themselves before the first impostor that prowls around its sacred walls and pretends to have mastered those truths of the inner sanctuary, in search of which the wisest and the best men that ever cultivated and adorned the science have been doomed to fail, and have frankly acknowledged their failure. The judge on the Bench critically weighs conflicting evidence, and applies to the task all the powers of a well educated understanding; the advocate sifts facts to the very dregs, and though his conventional function may too often be that of decking falsehoods in the vestments of truth, and of exhibiting truth under the repulsive aspect of falsehood; yet he, of all men, thoroughly identifies both; the preacher of the Gospel is a very close reasoner in metaphysics and theology; the stock dealer is a keen-sighted man, and a far-reaching one—in his own daily operations he is not to be hood-winked by any marshaling of plausibilities; the merchant knows whom to trust, and to whom to refuse credit; and the editor penetrates and exposes all sorts of humbug; and yet we shall find among all these close reasoning, deep-seeing, cheat-hating, lie-detesting and imposture-denouncing men, blind devotees of medical dogmas which cap the climax of all sublunary, and of all sublunatic, absurdities.

Offer to the judge of truth its ninth dilution, and he will order a non-suit to be entered on the spot, or instruct the jury to throw out the testimony of *that witness intoto*; present it to the cross-examining barrister, and he will impale his opponent on it, as a raging elephant does the hunter on his tusks; insinuate it to the parson, and he will cry out "Get thee behind me, Satan;" offer it on change, and your name will be struck

off the *Board*; tender it to the shopkeeper, and he will nail it on his counter as bad coin.

Am I then wrong when I prophesy that quackery has a long future before it? Do I but dream when I proclaim my conviction that it is not to be suppressed by human legislation? How can we hope that an evil which has laughed at the thunders of Mount Sinai, will be suppressed by an Act of a second dilution Parliament? They who believe this, should not ridicule Homœopathy; nor should those who approve of the recent Eclectic proclivities of Downing street, scowl upon that system of medicine. Therefore, let us be tranquil, and leave humbug to take its own course.

May I trespass a little on your forbearance whilst I would draw your attention to an evil of a different order, and of closer affinity to our own body? I allude to the frequent occurrence of actions against our brethren for alleged mal-practice in surgery. This iniquity, fostered too often by the need and greed of a *sister* Profession, and, too generally I fear, stimulated by the low vindictiveness of unworthy members of our *own*, bids fair, unless some stamping out process be timely adopted, to become a public scandal, and to degrade the Profession of medicine to a level but little elevated above that of disguised police detection. Even pickpockets and regular thieves have their codes of honor, and among them the brand of treason is more feared than the sentence of the judge. Lawyers, who abuse each other by the hour, that they may pocket an honest fee, never indulge in actual fraternal warfare. Who ever heard of an action of mal-practice bolstered up by their bitterest rivals, against any of their body? And yet, I venture to assert, that for every single instance of this fault in our body, a hundred, if not a thousand, might be found among them. Why, their blunders, whether resulting from ignorance, from laziness, from negligence, from impatience, or from that self-conceit which elevates men beyond the consciousness of needing further instruction, are matters of public notoriety. Among themselves they serve as perennial sources of merriment and good-natured chaffing; but let one of the craft dare to incite an impoverished or disappointed client to take action at law for the redress of his wrong, and what would follow? Blacken the head of a turkey-cock with a paint brush, and see how the whole flock will peg at him. Just such would be the fate of the traitorous lawyer.

Of course you perceive that I have proceeded on the assumption that our laws afford redress to unfortunate clients who have been maimed or ruined in their estate through the incompetency or negligence of their well-paid advocates. I know very little of law, but I should be much astonished to discover that any such redress is afforded. It is hardly within the ninth dilution of probability that our laws should all be framed

or moulded by lawyers, and that they should have left themselves exposed to any such liability.

There is but one way open to us towards the rectification of our peculiar evil. We can never largely get into the position of law-makers; but we do, from time to time, stand in the position of makers of law-makers: and were we but true to ourselves, and did we but realize towards our honorable calling, that loyalty which we all owe it, we should soon learn how to set about redressing our own grievances—may we never hope for so devoutly to be wished for a consummation? To organizations such as yours, gentlemen, established and sustained over the whole length and breadth of this young Dominion, and to the good sense, perseverance and fraternal devotion of our entire body, and to no other instrumentality under heaven, must we look for protection or elevation. If we are but true to ourselves, we need to fear for nothing; if we forget to respect and honor ourselves, we must sink into disrespect and dishonor, and to whatever extent we have already progressed in this direction, to no other agencies than our own petty squabbles and misunderstandings may we ascribe our depression.

I cannot believe that we are in point of general intelligence or of moral rectitude, inferior to either of the learned sister Professions, certainly in warmth of heart and practical benevolence we stand very far above them. What is it, then, that we lack in order to give us that unity of purpose and harmony of action, which the Bar, at least, if hardly the Pulpit, presents to our admiration? I feel assured that this is one of our greatest wants, and therefore do I rejoice in the prosperous working of your section, and of all similar unions.

Whilst, however, I would earnestly advocate in our Profession a stronger social cohesion, I would by no means have it understood that our bond of fraternization should involve any condition incompatible with sound public morality and the best interests of society. We know too well that in our flock are some—very few, I hope—black sheep. A small percentage of these, from time to time, delegated to the Penitentiary, will, it is to be hoped, awaken public attention to a species of *mal practice* calling for cogent suppressive measures. I allude, of course, to the unnatural crime of *feticide* or provoked abortion which is of far more extensive prevalence than many persons may believe. It has unquestionably crept into Canada from the neighbouring States, where it is now, by a very large proportion of the people, regarded as an expediency of domestic economy, rather than a violation of either divine or human law. It is at this moment the freely declared belief of eminent American statisticians that, what from the results of this wide-spread practice,

and various other evils tending to decrease the native fertility, the older and (save the mark) more enlightened States of the Union would rapidly fall off in population, but for the influx of foreign procreative elements. In Canada, this crime hitherto has been mainly restricted, though not entirely, to cases of illegitimate pregnancy; but in the United States it is now recognized as almost a commendable household virtue. What wondrous anomalies do not the histories of some nations present! Here have we a people who waded through four long years of war, almost unparalleled in effusion of blood and sacrifice of treasure, all for an idea—the perpetuation of the Union—and yet they seem utterly reckless as to the perpetuation of the race who are to constitute that Union! They have fought, and bled, and suffered, and have inflicted sufferings which history will never detail, all for an heirloom of nationality which is to descend to strangers, and God only knows how these strangers will use the bequest.

Does it not behove us to look well to the stealthy, but very sure-paced progress of an enormity which so thoroughly penetrates the entire community in the neighboring country? It is here. It is spreading. Its villainous perpetrators are among us, and I blush to say it, but truth and a solemn conviction of duty compel the utterance, some of them—not many I trust—claim rank in our Profession. I trust they will feel sufficiently conscious of the fact that they are too closely watched to dare ever to seek for entrance into your body, but if they should, I think, gentlemen, I may well trust to your honour and virtue, and public spirit, to exclude them from your list of membership.

At the conclusion of the paper, it was proposed by Dr. Hall and seconded by Dr. Hallowell, that the thanks of the meeting be tendered to Dr. Workman for his able and interesting address. The motion was carried by acclamation.

On the part of the Society the Chairman returned his warmest thanks and hoped that they would have many opportunities of seeing the Dr. at future meetings.

It was next proposed by Dr. Winstanley and seconded by Dr. Thorburn, that the daily press of Toronto be requested to publish the paper *in extenso*.

Proposed by Dr. Thorburn, seconded by Dr. Canniff, that it be also published in pamphlet form.

Dr. Workman had not a great deal of faith in pamphlets, and he recollected what the late Bishop of Toronto said, that a shower of pamphlets had not the power of a single newspaper.

The chairman said they had best have it published both ways, as it was a paper deserving of the widest circulation, and this was accordingly agreed to-

The Chairman announced that at the next fortnightly meeting Dr-Canniff would read a paper on the examination of carbolic acid gas as an agent in surgical treatment-

A Case of Poisoning by the Oil of Tansy. By W. ALDRIGHT, A.M., M.D. Representative in the Ontario Medical Council from the University of Toronto.

As cases of poisoning by Oil of Tansy, are not I believe, of very frequent occurrence, I thought it might be of interest to note a case with which I came in contact recently.

On the 24th of August, Mrs. ——— consulted me regarding her daughter's health, a prominent symptom being a cessation of the catamenia. I prescribed a chalybeate mixture, and saw nothing more of my patient until the 27th of September. Her appearance then aroused suspicions, which I confided to her mother. I visited her next morning and, after a careful examination told her I believed her to be *enceinte*, which she strenuously denied. That evening a messenger summoned me saying that Miss ——— was "in a fit." I found her perfectly unconscious, though not profoundly comatose, pulse feeble and somewhat frequent; pupils slightly dilated. I fancied that I could detect a faint odor of Tansy on her breath; but her mother told me she had been drinking Cammomile Tea, and had not had any Tansy. I gave her a mixture containing Ammoniated Tincture of Valerian, determining to return shortly. On doing so in about half an hour, I found that she had vomited a little, and the odor of Tansy was now too strong to be concealed. I managed to get her to drink some warm water, thus keeping up the emesis, ordered an enema of mustard and water, and afterwards gave her castor oil, suspended in milk. In a couple of hours she was so far recovered as to be able to talk. The next morning all symptoms were gone, except some lightness and pain of head.

I was afterwards informed that before my arrival the patient had been frothing at the mouth.

She asserts that the quantity taken was not over half a teaspoonful: that it was obtained (from a druggist in a tumbler) there being only the one dose. As she refused to give the name of the druggist, further investigation of the subject was prevented.

I may add that no uterine disturbance has ensued; and that the calculations of the patient now agree with physical signs, confirming my opinion that she was between four and five months gone when the abortion was attempted.

Toronto, November, 1869.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Aneurism of the arteria innominata and descending portion of the arch of the Aorta. Under the care of J. M. DRAKE, M.D., Professor of Clinical Medicine McGill University Reported by Mr. JNO. BACKHOUSE.

William Blanchard, aged 31 years, a coachman, was admitted into the Montreal General Hospital, August 5th, 1869, under care of Dr. Drake.

He complained of weakness, pain across the upper part of the chest dry cough, and a little difficulty of breathing.

August 6th.—*History.*—On the 13th of April last, he consulted Dr. Drake, complaining of weakness, slight headache and dry cough. Dr. Drake ascertained that he had had secondary Syphilis in 1859; observed contraction of the right pupil. He then examined his chest and found slight dullness in the first intercostal space on the right side of the sternum, and on listening with the stethoscope heard very slight *bruit de soufflet*. Suspected aneurism of the arch of the Aorta, and prescribed Potass. Iodid. grs. x, three times a day.

May 6th.—Dullness more marked, *bruit de soufflet* distinctly heard, very slight bulging of the chest wall, pulsation of tumor marked. Prescribed Potass. Iodid. grs. xx, three times a day.

July 5th.—Pulsation of tumor not so marked as when last examined. The *bruit* is distinctly heard after the second sound of the heart. Has had a cough for some time; voice has considerably altered. Cannot feel any pulsation in right common carotid artery; in its place there seems to be a round cord. Has slight difficulty in swallowing. Pulse in both radials is alike. The following prescription ordered:

℞. Potass Iodidi ʒ iv.; Extracti Pruni Virginiani, fl̄. f ʒ iv.; Aquæ ad. ʒ vi. A table spoonful three times a day.

Aug. 5th.—Was carefully examined again. The first intercostal space is now pressed forwards, being convex from above downwards and from side to side, over a space extending from sternum to two and a half inches to the right, and from upper border of second rib to clavicle. Over this space there is marked dullness, breathing absent, but vesicular

breathing heard all round the region of the tumor. *Bruit de soufflet* not audible. Heart sounds normal. Distinct pulsation is now felt in the external carotid artery of the right side; but no pulsation in right common carotid, which feels like a firm round cord. When tumor is pressed upon, pulsation is felt with each impulse of the heart. Pulse 70 and moderately full. Respirations 20 per minute. Has had several severe attacks of dyspnoea, attended with coughing, during the last two weeks. Right pupil is considerably contracted; has headache. The right hand, forearm and arm are œdematous, being about an inch larger than the left in circumference; the superficial veins of the infraclavicular region on the right side of the chest are somewhat tortuous and plexiform; the voice is hoarse and husky. Every movement of his body is made very slowly and carefully. He is anæmic looking, and the muscular power of right arm is considerably impaired.

Aug. 7th.—Pulse 70 and rather weak; respirations 20; no headache to-day; cannot lie on the left side, lies easiest on back or right side; appetite good, bowels somewhat constipated, tongue coated in the morning, has an anxious expression of countenance.

Aug. 8.—Pulse 72, temperature $98\frac{1}{2}$, respirations 21, is perspiring freely, complains of great difficulty in breathing, also in swallowing, and sore throat; had considerable pain of a dull aching character at the base of the heart this morning, which still continues troublesome whenever he moves; it was partly relieved by a mustard plaster. The heart's impulse is somewhat increased, and the apex beat is felt between the fifth and sixth ribs on a line immediately below the left nipple, appetite very capricious; had a severe attack of vomiting this morning; voice very hoarse and husky; countenance more anxious. He is taking half diet and is ordered to keep perfectly quiet, and the above mentioned medicine continued.

Aug. 11.—During the last two days nothing worth noting occurred, except several severe paroxysms of coughing. Pulse 86 and weaker, respirations 24, has had three violent coughing spells this morning, says he felt like fainting a number of times during the night and was covered with cold perspiration; tongue dry and coated, is thirsty, bowels constipated, countenance still more anxious and right pupil rather smaller, appetite failing, stomach weak, breathing more difficult, is very restless and dare not sleep for fear of suffocation. No *bruit de soufflet* to be heard, tumor more prominent, and dullness extends as high as upper border of clavicle.

Aug. 13th, morning.—Pulse 100 and weaker, respirations 24.

Evening.—Pulse 104, respirations 24; coughs almost continually.

not sit up for fear of suffocation, voice very hoarse and weak, can swallow well, but very much troubled with gaseous eructations, appetite poor, has had hæmoptysis during the last two days. Percussion now gives dullness, extending one and a half inches to the left of the sternum, in the left intercostal space; beyond this point the note is distinctly tubular, and as low down as lower border of third rib; below this there is perfect dullness as far as base of lung; loss of vocal fremitus, an absence of respiratory murmur both in front and behind over left lung. On full inspiration being taken, the expansibility of the lower half of the chest on the left side is altogether wanting and that of upper part very deficient; has some pain in the left axillary region. The size of the chest on a line corresponding to the articulation of fifth costal cartilage with sternum is $33\frac{3}{8}$ inches, right side is $17\frac{1}{4}$ inches and left is $16\frac{1}{8}$ inches, leaving the difference of $1\frac{1}{8}$ inch in favor of right side.

Aug. 14th, evening.—Pulse 82 and very weak, says he feels a sensation of sinking; respirations 24, short and more difficult, has had no severe coughing spell since last night, left part of his body is perspiring freely especially left side of face and forehead; no perspiration on right side.

Aug. 16th.—Pulse 108 and moderately full, respirations 26; still continues perspiring on left half of body, breathes rather more easily, says he feels much better than yesterday, the impulse of tumor not so marked, impulse of heart lessened; says he feels no pain in any part, tongue coated and bowels regular, cough continues severe.

Aug. 17.—About same as yesterday.

Aug. 19.—Pulse 110 and weaker, respirations 20, complete loss of expansibility on the left side of chest, breathing in apex of left lung is tubular, bronchophony present, dullness profound over whole of left lung except near the apex, where it is tubular. Complains of great difficulty in breathing. Believe collapse of left lung to be the cause of above symptoms. The impulse of the tumor is not so great.

Aug. 21st.—Lies very quiet, and no particular change except that the impulse of tumor is decreasing. Dr. Campbell, Professor of Surgery in McGill University, saw the patient in consultation. His opinion corroborates the diagnosis of aortic aneurism filling with fibrine. Pulse 102, respirations 25.

Aug. 22nd.—Pulse 90, respirations 24. No perspiration on left side, breathes more easily, slept well during the night, voice not so weak and husky.

Aug. 23rd.—Pulse 116 and moderately full, temperature 98° , respirations 24 and easy, cough easier, cannot lie on left side, left side of chest is very much flattened, intercostal spaces depressed and the ribs drawn

together. Above and beneath the clavicle the parts are very much depressed, no expansive movement whatever on left side, breathing at apex of left lung decidedly tubular and at base diffuse blowing both in front and behind, bronchophony marked at the apex, and vocal fremitus increased over the left lung. Over the right lung there is hyper-resonance and the chest wall is convex, breathing puerile—right side expands three-eighths of an inch on full inspiration being taken—the apex beat of the heart is a little to the left of a line drawn vertical with left nipple and in the fifth intercostal space, the right pupil is more contracted. Can only sit up a few minutes at a time as respiration is then more difficult.

Aug. 25th.—5 p.m. Whilst lying in bed was seized with a paroxysm of coughing, spat up about an ounce of clear arterial blood and almost immediately expired.

Autopsy,—performed six hours after death: on opening the chest the aneurismal tumour is found lying beneath the right sterno-clavicular articulation and is seen to involve solely the innominate artery, springing from the arch of the aorta by a short pedicle about $\frac{1}{4}$ of an inch in length. The pressure of the tumour had caused absorption of the sac behind the extreme upper part of the sternum and beneath the inner extremity of the first rib of the right side, causing in these places consequent caries of these bones to a slight depth. The tumour measures 4 inches in largest diameter, by $2\frac{3}{4}$ inches across; its circumference $9\frac{1}{2}$ inches. It occupied the upper portion of the anterior mediastinum and displaced the trachea to the left side. Both pneumogastric nerves were closely adherent to, indeed involved in the tumour itself. The right carotid artery was found completely filled with a firm, organized, decolorized clot, which was closely adherent to the sides of the vessel. The right subclavian was pervious. The left carotid and subclavian were normal, but displaced considerably to the left side. In the latter were some firm bony plates of considerable size, evidently from advanced atheromatous degeneration in the vessel. The lining membrane of the aorta was covered with extensive patches of atheromatous degeneration. Just at the point where the arch of the aorta becomes the descending aorta is found the opening of a second and distinct aneurism, about the size of a walnut, partially filled with a semi-solid clot, the sac formed by condensed areolar tissue in the neighborhood. This aneurism communicated by a second opening with the left bronchus, and had thus, by bursting, proved fatal. The trachea was found full of blood; the left bronchus completely occluded by pressure of the latter tumour, and just above the point of occlusion is the orifice above described. From this point up the tube is completely filled with

blood. The right bronchus normal. The lungs; the right lung appeared quite natural; the left lung was entirely collapsed, dark blue in colour, non-crepitating, heavier than water, and feeling soft and pliable; not a single portion of it remaining inflated. By artificial inflation, the air-cells in every part could be easily filled; a small quantity of straw-coloured serum was found in the left pleural cavity, but no sign of recent pleurisy; the valves of the heart were all natural in appearance, and no incompetency existed. The brain was not examined; the remaining organs were healthy.

REVIEWS AND NOTICES OF BOOKS.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M.D., Professor of Obstetrics and the Diseases of Women and Children, in the College of Physicians and Surgeons, New York. With two hundred and twenty-five illustrations. Second edition, revised and improved. Philadelphia: Henry C. Lea. Montreal: Dawson Brothers.

It is but little more than a year since we noticed the issue of the first edition of this work. At that time we congratulated Dr. Thomas upon having produced a very excellent volume, one that did him a large amount of credit; and the rapidity with which the first edition has been exhausted has proved that its merits have been appreciated. The second edition, the receipt of which we now acknowledge, has undergone considerable revision. A new chapter on Chlorosis, has been added, and although we think it somewhat brief, still it is a valuable addition. He considers the disease to be "probably a neurosis of the ganglionic system of nerves, disordering the control which the system exerts over the functions of organic life; it produces, as symptoms of its existence, impoverishment of the blood, constipation, dyspepsia, palpitation, and menstrual derangements and irregularities. I say probably, for I freely confess that the theory which I have here stated is merely an hypothesis suggested by the clinical observation of such cases, and not supported by post-mortem or other physical evidence."

The following excellent table, contrasting the striking differences between Anemia and Chlorosis, we copy from this chapter:

Anemia

Is merely impoverishment of the blood from want of nourishment, from some drain upon the system or from some poison in the blood.

Chlorosis

Is a disease of the nervous system and may occur with or without the production of its most common symptom, Anemia.

Can usually be accounted for by discovery of some special cause.

Occurs at all periods of life, to men, women and children.

Is readily curable by removal of cause, good diet, and administration of iron.

Is always characterised by impoverishment of blood.

Produces a puffy and pale appearance.

Does not produce sadness or great nervous disquietude.

Is unaccompanied by visceral neuralgia.

Febrin diminished in blood.

No special affection of solar plexus of nerves.

Iron always does good.

Symptoms of ovulation will be noticed without menstruation.

The cause of the disease being removed, the patient will rapidly improve

This table will assist materially in diagnosing between the two diseases.

The chapter on "Ovariectomy" we have read carefully, and it seems to have escaped the revising pen of the author. This is to be regretted, for in no operative disease of females, is there so constantly being made suggestions of incalculable value. It will, perhaps, astonish our readers, as it certainly did ourselves, when we state that nowhere in the chapter is there the slightest allusion to the employment of carbolic acid in the operation for Ovariectomy. This is a grave omission, for of late the freest possible use of this acid has been followed by the most beneficial result. In Dr. Craik's case of Ovariectomy, published in the August number of this Journal, not only were the hands of the operators and assistants steeped in carbolic acid, but also the ligatures and knives, and as a final the pedicle was seared with a concentrated solution and the cavity of the peritoneum sponged out with a mild solution. This method has much to commend it, and without a full description of it, no chapter on Ovariectomy can be deemed complete. Dr. Thomas thinks no definite method of treating the pedicle can be adopted, although, in short ones, he advises the internal method of dealing with it.

It is, certainly, a very readable volume, and full of the most valuable information.

Cannot usually be accounted for by discovering any special cause.

Occurs in true type only to girls about time of puberty.

Is affected favorably only by remedies which act upon the nervous system, as alteratives and tonics.

Sometimes exists without impoverishment of blood.

Produces a light green color.

Produces sadness and nervous disquietude.

Is constantly accompanied by visceral neuralgia.

Fibrin increased in blood.

Pain, uneasiness, or distress, commonly referred to solar plexus.

Iron often increases discomfort.

Neither symptoms of ovulation or menstruation will be noticed.

If supposed cause be removed, patient will often improve but slowly.

Materia Medica for the use of Students. BY JOHN BIDDLE, M.D., Professor of Materia Medica. Jefferson Medical College. Third Edition, enlarged, with illustration, 8vo.; Philadelphia: Lindsay & Blakiston, Montreal: Dawson Bros.

The preface of this book says "the author has aimed to present a

succinct account of all the articles of the *Materia Medica* in use in this country." This aim has, in the work itself, been fully attained, and many substances, which have but of late come into notice, have been introduced, such as the Calabar Bean, Rhigolene, Carbolic Acid, Iodoform, &c. The ground to be covered, however, is very extensive, and the volume being compressed to the space of 348 pages, we are afraid that at times, for the sake of brevity, valuable and even important information is necessarily excluded, still, as a compendium of the *Materia Medica*, subsidiary to larger works of reference, it will, we have no doubt, be found very useful to students. One feature in it, which we think undoubtedly enhances its value to the Canadian student, is its containing short descriptions of many of the native medicinal plants, the virtues of which are to a great extent ignored amongst us but are recognised in the United States; of these we may mention the following: the *Coptis Trifolia*, *Cornus Florida*, *Sanguinaria Canadensis*, the *Eupatorium*, *Erigeron*, *Apocynum*, *Cimicifuga Racemosa*, *Althea Officinalis* &c.. Several of these would, we believe, be found to serve as excellent substitutes for much more expensive imported drugs, and a study of their medicinal properties would be of great use especially to country practitioners. We would therefore confidently recommend the book. It is well printed on good paper.

PERISCOPIC DEPARTMENT.

Medicine.

LECTURE ON THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

By SAMUEL WILKS, M.D., Physician to, and Lecturer on the Practice of Medicine at Guy's Hospital.

The remedies for nervous diseases are mostly of two kinds. There are those which act directly on the nervous system, and are hoped to cure either by setting up a counter-action, or by producing a temporary soothing effect until time works the result, and there are those which are styled the nervine tonics, consisting mostly of the metal.

It is remarkable how little has been accomplished with the first class of remedies—those which have a physiological action on the nerves. For it does not seem to follow that a medicine which has a striking physiological action is of any value in a therapeutical point of view. It might be thought that strychnia was the remedy to rouse the dormant

nerve centres, or opium to allay their excitability; but the happy anticipation is not realised, for opium seems to have no curative influence on such diseases as chorea or tetanus. Far more efficacious remedies are to be found in simple tonics. There is, however, another class of remedies to be thought of before either of these, and which has no especial relation to the nervous system. You must remember that an affection of the nervous system need not originate therein, but be altogether dependent on an external or independent cause, and in such cases our nervine medicines would be useless—as, for instance, in a convulsive attack arising from an intestinal worm. Therefore the absurdity of any system which is founded on treating symptoms alone. Suppose a brain or spine disease arose from some affection of the skull or vertebra whereby an inflammatory lymph or syphilitic deposit irritated the adjacent nerve structure, you would, of course, direct your efforts against the cause. Now, since it often happens that various nervous diseases have such an origin, I should recommend you in all doubtful cases to commence with such remedies as iodide of potassium or mercury as bichloride, for you may, by such means, actually cure your patient whilst tonics would be useless. In cases of epilepsy and many obscure nervous affections I usually commence with this class of remedies, knowing that a curable disease has sometimes ended fatally because they have been overlooked. I have seen a case of epilepsy dependent on syphilitic disease treated thus ineffectually by zinc, and I have seen a case of painful affection of the leg ending in paraplegia treated in vain by strychnia, when, according to the post-mortem revelation, iodide of potassium would have been the effectual medicine. I remember some years ago seeing a case of severe epilepsy treated by Dr. Rees with mercury, and apparently with the happiest result. Cases of the same disease apparently cured by the iodide of potassium, are very numerous. In epilepsy I always like to try the iodide of potassium, although, as I have told you, there are other remedies, such as bromide, which are supposed to have a specific effect. You must not forget the class of medicines to which I allude in reference to extraneous causes of the disease.

Amongst the medicines which act directly on the nervous system there are few which I believe can be regarded as valuable remedies in its diseases. Thus *opium*, which, by its indirect influence on nutritive processes, is one of the most valuable remedies in the Pharmacopœia, is all but powerless in such diseases as mania, chorea, tetanus, and convulsions of all kinds. An all but poisonous dose may arrest the symptoms for a time, but only for them to recur with the same violence as before. *Belladonna*, again, may, through the nerves, control the disordered action

of a particular part, but I think very little can be said favourable to its influence over diseases of the brain and spinal cord; I except a few cases where epilepsy has been apparently relieved by it. So with *conium* and *henbane*, remedies which are useful in complaints of other organs than the brain. I would say the same of *strychnia*, a medicine the effects of which are slight, considering the extent to which it is administered. Its general effects on the nervous system are as disappointing as its direct effects on the stomach are encouraging, for I regard it as one of our very best tonics in some forms of dyspepsia. I would say the same of *aconite*; it is a drug which, acting powerfully on the nervous system, influences nutritive processes in various parts, but its direct operation on the centres to alter their morbid states appears to be very slight indeed.

Chloroform, which, as a temporary remedy, produces such a wonderful stillness of the nervous system, produces no permanent effect. I can say little more of *cannabis indica*, *camphor*, *physostigma*, *prussic acid*, and such-like medicines, which have such a powerful physiological effect on the nervous system; in the treatment of disease they could not be exchanged for the most simple drugs, as nitrate of potash or sulphate of magnesia.

Since in very many nervous diseases a disordered action of the centres has been of long duration, you can see how a temporary soothing or exciting remedy can be of little use compared with one which shall have a slower but more permanent effect. Thus we find that remedies which act indirectly, it may be, upon the blood-vessels of the centres, such as the metals, have contributed more than any other means to the cure of nervous disorders. Foremost stands *iron*, and then *zinc*; *silver* has been found useful in some cases, and in not a few *arsenic*. The most striking effects are seen in neuralgia, where iron and arsenic are often found to produce a cure without any possibility of doubt. In this class of affections I should say that arsenic is one of the most important medicines which we possess; it is difficult to foretell a cure, but in tic of the face, sciatica, pleurodynia, gastralgia, and other nervous affections, its beneficial effect is often most marked. There is again *quinine*, which has cured more nervous disorders than all the physiological remedies combined. I have also given the tinct. *actææ racemosæ*, but cannot at present say much about it.

Then I must not forget to mention the novel method of introducing medicine by the skin—the hypodermic method. A small syringe contains the solution, and, having a needle-point, is inserted into the skin and the fluid forced in by gentle pressure or by means of a screw. Many

remedies have been thus used, but more especially morphia. When first adopted it was thought to be eminently efficacious by acting directly on the painful part, but further experience has shown that an equally good result is obtained in whatever part of the body it is thrown. The advantages are that it acts speedily, and does not injuriously affect the system as when taken by the mouth. I have seen a gentleman who suffered agonies with spine disease take morphia in the usual way, and it produced sickness, parched mouth, and other unpleasant symptoms, and, at the same time, long before the system responded to its influence; but when injected through the skin it speedily soothed the system, relieved the local pain, and no unpleasant consequence resulted.

Then again, amongst the remedies for local nervous affections we have local remedies, and these are of various kinds. There is the class of soothing medicines already named, made into the form of liniments, ointments, etc. These are sometimes useful, but often less efficacious than applications of an altogether different kind, as blisters and hot applications. There are many instances where a blister is efficacious after every soothing remedy has failed, and, as regards hot applications, I cannot speak too highly. These are popular remedies, but nevertheless much more seldom used than a particular medicine which can be taken from a bottle, because, indeed, the latter practice entails far less trouble; but I know from experience that there is many a sciatica or lumbago which can be cured in a few hours by a constant application of heat. Besides the heat, stimulating lotions are often highly efficacious, as the tincture of capsicum or mustard. I dislike to hear that a patient has failed to gain relief from the medicine of some eminent Physician or Surgeon, when some old woman or quack has effected a cure by a simple method. Amongst popular remedies is the tinctura arnicæ. I cannot say that my experience of it has been large, but I have seen enough of it not to ignore it, but consider it to be sometimes a useful remedy. In one case of a patient who had a violent neuralgic pain following shingles, we used the arnica, and the patient soon got relief, but at the same time an eruption came out, which is very usual after the use of this drug. The lotion was then discontinued, the eruption faded, and the pain returned. In this case it seemed to act as a counter-irritant.

I should say that just as hot applications are useful in many painful affections of the nerves, so is the cold douche in some paralytic conditions. I have seen cases of writer's cramp and such-like maladies much benefited by allowing a stream of cold water to run upon the weakened limb.

As regards medicated plasters, they may relieve directly by the influ

ence of the remedy which is on them, or by simply producing a new sensation instead of the old one, or generally, I believe, by the support they give to the part to which they are applied. If the pain be due to what is usually called muscular rheumatism, they prevent the movement of the muscle and its attachments.

Electricity.—After the discovery of electricity as one of the forces of nature, and its remarkable effects on the animal body, it was naturally thought that its services might be commanded for the alleviation of sickness; but it is only of late years that it has been applied in a scientific method. One reason for its neglect by Physicians was no doubt the early meddling with it by charlatans, and thus for a long time the only electricians were the most notorious quacks. There was the mountebank who travelled the country with his electrifying machine made out of an old glass vessel and a Leyden jar, consisting of a bottle with a nail inside wherewith to “shock” the people, and the cures, of course, were numerous, as that of a bishop long paralysed who jumped out of his chair at the first application. After this, we heard of the wonderful properties of pulverised load-stones, and when the galvanic battery was invented, the effects of this in vivifying weak mortals were marvellous. We can now scarcely credit the fact that the celebrated quack Graham instituted in Leicester-square a temple of health, where, amongst the furniture, was a celestial bed provided with costly draperies, and standing on glass legs, so that married couples who slept in this couch were sure of being blessed with a beautiful progeny. For its use £100 a night was demanded, and many persons of rank were foolish enough to comply with the terms. When, shortly afterwards, Franklin dragged the lightning from the clouds, and shewed its identity with electricity, we heard how an old woman, whilst at work in the fields, was struck with the flash, and how her uterine function was restored, and she was blessed with a second family. It can scarcely, then, be wondered at that respectable Medical men up to the present day held aloof from the subject of electricity, and regarded it at the best as a pretty plaything for their patients. It has been quite of late years that the subject has been investigated in a scientific spirit: and I think we at Guy’s may be proud that it was at this institution, under the auspices of the late Dr. Golding Bird, that it began to be systematically used as a therapeutic agent. The instrument which you now see in our room was the same which this Physician used for many years. His instrument was a simple cylindrical electrifying machine, and an insulated stool on which the patient sat. By this means the patient was charged, and sparks were drawn from his back or elsewhere. The Leyden jar was also sometimes put into use. At this time galvanism had not been used for therapeutic purposes.

You may remember that it is now some eighty or ninety years ago since Galvani made his experiments with the frog's legs, and believed that electric currents run through the animal body, and that this was supposed to be refuted by Volta, who placed together a number of pieces of metal separated by wet cloths, and gained the same result. He believed that the forces were generated in the metals, and that the animal body merely acted as a conductor. That Volta had a force developed by the chemical action of the metals was no doubt correct, but Galvani's surmise was also true that electric currents were continuously passing in the animal body. The well known experiments made of late years by Matteucci, Bois-Reymond, Radcliffe, and others have sufficiently confirmed this. There are currents continually developed both in muscles and nerves. Just as the electrifying machine had been in unscientific hands attempted to be used as a therapeutic agent, so the galvanic battery was thought to possess wonderful curative properties, and currents were passed through the body. It was found, however, to be all but useless in the manner applied, and the machine, together with the galvanic bath, remained in the hands of charlatans—at least I am not aware that the bath has been put to any scientific purpose. The object proposed was to extract metals from the body which had been introduced as medicines or in various trades. The patient sat on a wooden stool in a bath containing some acid, and by holding one pole of the battery and the other being attached to the outside of the bath, the metals were said to be drawn out. I am not aware that there are any facts corroborative of these statements, although there is a gentleman in London who is such an adept with the method that before his patient has left the premises he has been enabled to evaporate the water and to present his customer with the several metals which he has extracted, unless, indeed, as is more usual, he can collect them as they float on the surface.

The subsequent discovery of electro-magnetism gave a new impulse to the use of this agent in Medicine. You know how a current of galvanism in the conducting wire of a battery induces a current in another wire, and how, if the latter be made into a coil and a piece of iron inserted in its midst, the iron becomes a magnet, and how by this means, if the current is applied or cut off, a series of minute shocks are felt. You know also the counter discovery of Faraday of the magnet giving rise to an electric current whenever contact is made or unmade with one of its ends. Now, whether the current induced by the galvanic battery and that introduced by the magnet differ in therapeutical effects I cannot tell you. The magneto-electric machine has of late come more into use because more convenient. This induced or intermittent

galvanism, when used for the treatment of disease, is usually styled faradisation, in distinction to the constant galvanic current from the simple battery.

On the discovery of this form of galvanism, and its striking effects on the muscles of the body when the poles were applied to different parts of the limbs, the method of treatment by faradisation came at once into favour, and we are indebted especially to Duchenne for the stimulus which he gave to its use. This Physician made long and careful experiments on healthy and diseased persons, and thus not only supplied us with new methods respecting the cure of disease, but with new facts as to the action of particular muscles in the body. If you read his works, you will see that if he applied dry metallic points to the surface, the skin was merely affected, but that if wet sponges were firmly applied over the portions of a muscle, this was excited to contraction, and more especially if applied to certain spots towards the edges. This is said to be due to the nerves entering at these places. This electro-magnetic apparatus then, more especially owing to Duchenne's writing, came into general use, and it is the instrument which we have hitherto been solely using. Every ward has had one; and if a patient was recommended galvanism this was used, the poles of the battery being applied to the muscles in the manner mentioned. Now, its efficacy was very uncertain when used indiscriminately in all cases. In those where a set of muscles were inactive from long disuse, its value was great. Thus, in the case of a girl who had hysterical paralysis of one leg, and, in consequence of her having been long bedridden, the limb was much smaller and weaker than the other, the galvanism effected an entire cure; so also in some cases of facial paralysis. In the progressive muscular atrophy, as in the remarkable case of the girl already mentioned, it is very useful. On the other hand, we found it quite inefficacious in the infantile paralysis, and in a similar class of cases sometimes met with in the adult, where a limb, without any apparent cause, becomes wasted and useless.

Thus we went on until other observers, and especially Remak, informed us that in the supposed efficacy of the induced electric current we had overlooked the effects of the constant or continuous current as produced by the simple cell; and, moreover, that the effects of the two forms of galvanism were different on the human body, and consequently had their own special curative properties in different diseases; that not only was faradisation or the induction currents of the magneto-electric and galvanic machines useless in some forms of paralysis, but actually injurious; and that diseases which could not be remedied by one method could by another. Remak undertook many elaborate experi-

ments on the human body, and he stated that the constant current was a much more useful agent. Its application is to produce a soothing influence on the nervous system, although at the time when it is applied it stimulates all the nerves of the body.

It was not long, as you may imagine, before a galvanic battery was obtained for the use of the Hospital for Epileptics and Paralysed, and, under the superintendence of Mr. Radcliffe, the statements of Remak were confirmed. In consequence of what I heard, I paid a visit to the institution, in company with Mr. Branford Edwards, when Mr. Radcliffe was good enough to show us some of his cases. There was one of a man who had been suffering for some months with wasting and paralysis of the right arm. Faradisation was powerless in producing contraction of the muscles, and therefore valueless as a remedy, whilst the new machine was producing a rapid cure. When the poles were applied a sudden contraction of the muscles ensued, and they were daily growing in strength. As we had always taken a great interest in the subject of electricity as a means of cure at Guy's Hospital, we had at once a galvanic machine fitted up in our room, consisting of a hundred cells, which can be used in any number at a time. Mr. Edwards has been indefatigable in his trials of the instrument, and the results have fully borne out all that was anticipated—in fact, some of the cures have been most remarkable. Its value has been greatest where the faradisation had previously failed. Thus in lead paralysis, where very little result had previously been seen by the induced current, a more marked effect was here obtained. This was not only seen in the final cure, but in the greater susceptibility to the influence. Thus in the man now in Stephen Ward who is recovering from lead palsy of the arms, an action was produced by the combination of fifteen cells, and a most marked result by twenty-five, whilst in a healthy man there was no evident effect. In the progressive muscular atrophy the constant current had been recommended not in the course of the muscles or nerves, but along the spine, and faradisation is said to be useless. Now, the first statement we have proved to be true, but not the last. The case which I have already mentioned of the girl who was little more than a skeleton, and who quite recovered under the use of faradisation, is sufficient to show this, at the same time we have already had cases which prove the assertion of Remak. Dr. Fagge has had under his care the case of a man with commencing progressive muscular atrophy, and who rapidly recovered by the use of the continuous current down the spine, one pole being placed over the nape of the neck and the other over the lumbar region. That the whole nervous system is affected is certain from the sensations which the

patients experience—they almost always experience a metallic taste in the mouth, sometimes have flashes of fire in the eyes, and sometimes a more troublesome symptom of vertigo. I much want to see the application of the continuous current in cases of infantile paralysis, which hitherto have been those which have baffled us. One of the most remarkable cases I have seen of its efficacy has been in the man who has just left Stephen Ward. I can give no other name to his complaint than partial paraplegia. For six years he had been weak in his legs, so that they dragged when he walked, and he had great difficulty in raising them from the ground. I ordered the continuous current to the spine, and he began to improve at once. After each application he said his legs were more free, and at the end of two months he left well. Of course there was no organic disease, but recovery after such length of time was most remarkable and encouraging. I gave him no medicine, in order not to complicate the case.

We do, then, find that there are different kinds of paralysis in which the induced current and the constant current have respectively their curative effects; but much yet has to be learned as to the further application of the remedies. It is beginning to be used in painful affections of the nerves and muscles, as neuralgia and myalgia. Cases have been reported of its efficacy in sciatica, and as regards the muscular painful affections in hysterical women its value I have seen. Even the pains attendant on organic disease of the spinal cord are relieved by the application of the continuous current. Much care is required in its management, for, if galvanism is a useful agent, we may suppose it also to be injurious if wrongly applied. In the experiments on frogs and other animals, if a current pass down a motor nerve, the function is increased, but an opposite effect produced if the poles be reversed. Whilst the current passes downwards, the hind legs are moved; if the poles are reversed, the front legs are moved, and the animal, at the same time, cries out.

It has already been put into use to stimulate the uterus; also the bowels in constipation, also in aneurism to produce coagulation of the blood.

How far galvanism is really an anæsthetic has yet to be made out. A few years ago the public mind was excited by the discovery of painless tooth-drawing. One wire was attached to the tooth instrument, and the other the patient held in his hand; at the moment contact was made a shock was experienced. If the tooth came out at the same time, the patient was uncertain what his sensations were; if the two did not coincide, he suffered a galvanic shock, besides the horror of the extrac-

tion. I apprehend that when the pain was not felt it was covered by the greater commotion produced by the galvanism, the explanation having the same principle as that which is known to most schoolboys who can pull out a hair of the head without your feeling it. The method is to give you a slap on the face at the same time.—*Med. Times and Gazette.*

ON THE ANTAGONISTIC ACTION OF BELLADONNA AND OPIUM.

By BERNARD KAVANAGH, M.D., Surgeon to the City of Limerick Infirmary.

The following case well illustrates the antagonistic action which is now known to exist between opium and belladonna.

On the evening of the 10th July, Mr. L. called at my house with his two young children, a girl and boy, aged respectively three years and nine months, and two and a half years, saying they had taken the belladonna. (It was extract of belladonna, slightly thinned with glycerine, to be applied to the breasts after premature confinement, to suppress lactation.) He and the two servants who accompanied them suffered from all the terror and consternation incidental to such a catastrophe. The symptoms were as follow:—The girl, who was the elder, and who had taken the larger quantity, laboured under the most frantic excitement, at the same time quite unconscious as to everyone and everything about her, the pupils dilated to the utmost extent, the entire skin as red as in scarlatina, though it was only at most an hour and a quarter from the time they took it till I saw them, and the pulse was about 150. The boy was similarly affected, but not altogether so insensible to external objects, not having, as I believe, taken so much of the poison.

I immediately administered five drops of the tincture of opium in the form of enema to the girl, and three drops to the boy, and took them to their own home as quickly as possible, when I applied the stomach pump to both. The fluid pumped from the girl was quite dark, that from the boy not so much so. I pumped some pure water in and again pumped it out until no further trace remained, and set myself to the counteraction of what had been absorbed. I gave five drops more of the tincture to the girl and three to the boy as a small draught; but the excitement caused by giving it was such that I relinquished that mode of doing so, and again had recourse to the enema, which I administered myself with a Maw's syringe, giving five drops in this way to the girl and three to the boy every hour during the night. The violent symptoms continued without any abatement till morning, when about five o'clock both gradually became drowsy, and soon, to my infinite satisfaction, fell into a profound sleep, "a consummation so devoutly to be wished for."

I left them at half-past six still sleeping, and, returning at ten o'clock, I found both awake, having slept for some hours. The nurse informed me that the boy had just eaten a piece of bread and butter, and the girl recognised her father and me for the first time since the occurrence, and voluntarily stretched her hand to us. The pupils of both had contracted somewhat, but were still very much dilated: the pulse had considerably fallen, being now only 120. Finding them in this satisfactory state I again left, and returned at 4 p.m., when I found them both in their mother's room engaged with their toys and looking as well as ever, having slept a good deal in the interval between my two last visits, the pupils more contracted than at ten o'clock, but still much dilated beyond the natural size; pulse only 100. Next morning I saw them again apparently in perfect health, except that the girl was weak and the pupils still slightly dilated. They had both taken light food with a relish, from the time of their recovery, from which time also the redness of the skin had rapidly disappeared. My next visit was two days afterwards, when I found them not only in perfect health, but the pupils quite of the natural size.

This case, like some others which have been recently published, is a good illustration of the opposite effects of opium and belladonna, and though painful and anxious the time spent in administering the antidote, yet, having entire confidence in its efficacy, it was full of interest to me, as it seldom falls to the lot of any medical man to have an opportunity of testing it.

I have no doubt that these children took four times more of the belladonna than would have been sufficient to produce poisonous effects; and when it is borne in mind that at least fifty drops of the tincture were administered to the girl and at least thirty to the boy, and that under other circumstances one would not like to be after giving a quarter that amount to children of their tender age, also its producing none of the effects of opiumism, together with their rapid recovery, *no other remedy having been used*, there can be no further doubt of the fact that these substances are mutually antagonistic of each other.—*Dublin Medical Press.*

Surgery.

IN-GROWING TOE-NAIL.

This painful affection is often a source of great worry to the medical attendant, as it is always a misery to the unfortunate patient. Our readers will be glad to know what kind of treatment is found best in the

large experience of our metropolitan hospitals. We are pleased, therefore, to have the opportunity of laying before them notes upon the subject from five well known hospital surgeons, whose opinions will be read with interest and instruction.

King's College Hospital.—In slight cases of in-growing toe-nail—an affection which in the great majority of instances has its seat in the great toe only, and is caused by the lateral compression of the toe by the boot—Mr. Wood scrapes down the nail on the affected side until it is thin and yielding, like paper. The thickened skin overlapping the nail is then pared off with a sharp thin-bladed knife until it is close down to the raw, but not so far as to draw blood. A pointed stick of the nitrate of silver is then applied lightly to the painful ulcerated chink, and a small piece of lint, rolled up so as to fit into the groove of the nail, is dipped in glycerine and applied by means of a thin strip of adhesive plaster or small india-rubber band.

In cases where the mischief is the result of hypertrophy of the thick skin forming the lateral margin of the groove, and without any deformity in the shape or thickness of the nail itself, Mr. Wood pares off the skin, under ether spray, to a level with the nail, and then applies the pressure as before by means of a small roll of lint. If the toe-nail itself be broad, distorted, irregular, and bent laterally by the pressure, the best plan is to remove a triangular portion of the nail itself in the middle line, the angle reaching down to the centre of the nail. This allows the nail to fold up and accommodate itself to the limited space without digging in at the edges.

But if there be much ulceration, irritation and distorted growth at the matrix of the nail itself—which in long-continued cases, and in scrofulous or syphilitic conditions of the system, is sure, sooner or later, to ensue,—the only plan from which effective relief can be obtained is by the time-honored but excruciating process of division into the quick, down the nail itself at the inner third, and evulsions of the affected part of the lunula from the matrix. In doing so, it is important to get all that part of the root away entire, as a small portion growing up with an irregular angle will cause a speedy return of the disease. In all cases it is important also so to regulate and ease the boot, during the renovation of the nail, that the skin should not again overlap and be forced down upon the edge, which always induces a return of the disease.

St. Mary's Hospital.—Mr. Norton never performs any operation in the treatment of in-growing nails. He applies, in the following manner, a solution of liquor potassæ (two drachms to one ounce). A piece of cotton-wool is saturated with the solution, and pressed gently down

between the upper surface of the nail and the soft tissues, which latter are usually in the form of a fungous mass of granulations. The solution permeates the substance of the nail, and softens and pulpifies the superficial cells. The wool is kept constantly moist with the lotion, and the softened nail-tissue is wiped away each morning. The nail in a few days becomes thin and flexible, and if desired, can now be pared away without pain, or it may be allowed to remain for a few days longer, when it becomes entirely removed by the solution. Mr. Norton considers it most essential in the treatment that the lotion be continued until all ulceration has disappeared, otherwise the too early hardening of the epithelium becomes again a source of irritation, and promotes a return of the disease, or rather prevents a cure from being effected.

Of the several cases treated by this method during the past two years, one of whom suffered from in-growing nails on both great and both second toes, not one patient has returned to the hospital, and, therefore, Mr. Norton believes that in no case has there been a recurrence of the affection.

St. Thomas' Hospital.—Mr. Croft finds that, commonly, patients suffering from this disease do not come under his notice until the affection has been some time in progress. In such cases it is his practice to adopt the radical cure advocated by Dupuytren, which is to divide the nail lengthwise, and turn out the in-growing half of the nail. In all but the hardest patients he employs the ether spray to benumb the toe. He prefers to cut down the centre of the nail with a strong short scalpel, and then to raise the half-nail to be removed, by forceps (using the latter as a wedge), before plucking it from the matrix. In other cases he slits up the nail with scissors. He prefers this radical plan of treatment in advanced cases, because it saves the time of both the patient and surgeon, and because other plans include, besides time, frequent skilled dressings, of which poor people are rarely capable. In an early stage, Mr. Croft cuts out the in-growing corner of the nail, cauterizes the granulations deeply with nitrate of silver, places a small pad of lint on the cauterized spot, and then, by means of a long narrow slip of plaster winding round the toe from the unaffected side, fixes the pad firmly in its place, at the same time directing its pressure *from* the nail. Under this treatment, well carried out, he finds cicatrization soon takes place. Absolute rest is enjoined. The nail requires to be kept carefully trimmed.

Mr. Croft has just cured by the radical plan, the brother of a girl who had suffered from in-growing nail in both great toes. The second toe became affected some months after the first had been cured.

University College Hospital.—Mr. Christopher Heath has never seen

any good result from paring the centre of the nail, or applying caustic to the exuberant granulations overlying its margins. He has always found the simplest and most satisfactory method of treatment to be, to take a narrow slip of the nail away with the scissors and forceps, taking care to extract the whole depth of the nail, which is not always easy owing to the sodden condition in which the tissue has been kept for a length of time, by which it is rendered very friable. When the edge of the nail thus extracted is examined, it almost always presents a rough serrated margin, and it is this which causes the irritation. After the removal of the source of irritation the use of careful dressing, with lint gently pressed down by the side of the nail, is necessary to repress the granulations, and the use of a lotion of nitrate of silver or sulphate of copper (two grains to the ounce) has been found very advantageous. Mr. Heath finds it necessary to warn patients who have suffered from in-growing nail to wear wide toed boots, and to keep the sulcus between the nail and the flesh clear of epithelium. They should be careful also to apply for relief the moment they feel uneasiness from the nail, when a perfectly painless removal of a small portion of the nail prevents further mischief.

In inveterate cases, where the nail and toe are deformed, the former being very much in-curved, Mr. Heath recommends the removal of a slit of nail on each side, and the destruction of the corresponding portions of matrix, under chloroform, either by removal with the scalpel, or the application of the actual cautery. This lays the patient up for a few days, but effects a permanent cure. Mr. Heath believes that it is never necessary to remove the entire nail, by splitting and evulsion, as is often recommended.

Westminster Hospital.—Mr. Francis Mason has had under his observation at this hospital during the last few months an unusually large number of cases of in-growing toe-nail. Mr. Mason believes that the plan ordinarily recommended of cutting the toe-nails as we do the finger-nails—that is, of rounding their corners—often induces the condition it is intended to obviate. He has generally found that the so-called in-growing toe-nail has been primarily caused by injury in trimming the nail. Too much of the corners is removed, and a sensitive and occasionally bleeding surface is left. The patient will soon after perhaps wear a tight boot, or possibly may take a long walk. In the act of walking, the tender surface is pressed up against the slowly-growing nail, causing increased irritation, and giving rise to those painful granulations invariably seen, in different degrees, in such cases. Mr. Mason therefore advises that the free edge of the toe-nail should be cut square. Respecting the treatment

of in-growing toe-nail, the plan which Mr. Mason has most confidence in is this: A sharp-pointed stick of solid nitrate of silver is applied with some vigor to the base or under-surface of the painful granulations, and a small piece of dry lint, or lint dipped in black mercury lotion, is then carefully inserted, and the whole toe surrounded with water-dressing. An astringent or other lotion, according to circumstances, may be subsequently employed. The highly sensitive surface is thus destroyed, and the patient is enabled to attend to his business in comparative comfort. Such a plan of treatment has been found uniformly successful in Mr. Mason's hands, and he believes that occasional apparent failures are due to the method not being thoroughly carried out. It should be remembered that it is useless merely to touch the surface of the granulations with the caustic; the base is the part to be attacked. If the operation be efficiently performed, it is doubtless attended with considerable pain for the moment; but the pain is reduced to a minimum by the use of the ether spray, and especially if the caustic be well pointed, instead of being, as so often happens, broad or angular at the extremity. Evulsion of the nail is seldom required for this condition, being more suitable—indeed necessary, combined sometimes with the free application of the strong nitric acid—in cases of disease of the matrix, questionably entitled “*onychia maligna*,” which is not unfrequently met with on the fingers of unhealthy and ill-fed children.—*Lancet*.

INCONTINENCE OF URINE.

Dr. F. B. Wood was called to visit a patient, 14 years of age, who had been troubled, from early childhood, with incontinence of urine to such a degree that it was passing from the urethra, almost constantly, night and day. The penis had an elongated prepuce which was firmly adherent to the glans penis. Concluding that this condition was the cause of the trouble, circumcision was performed, and the adhesion broken up. The wound healed rapidly, and the incontinence was entirely relieved. The patient can now retain his urine eight or twelve hours without difficulty.—*Cincinnati Lancet and Observer*.

PRURIGO.

Take Chloroform half dram; cold cream, an ounce. Form an ointment. A solution of sulphuret of potash, two drams in four ounces of water is sometimes very effectual.—*N. Y. Medical Gazette*.

Canada Medical Journal.

MONTREAL, NOVEMBER, 1869.

COMPETITION FOR PRESCRIPTIONS.

An arrangement has existed for many years past between Physicians and Druggists under which the former receive a certain percentage on their prescriptions. This custom (it has existed long enough to be called a custom) has of late attracted a good deal of attention from the public papers which naturally enough express alarm and indignation at the view they have taken of it.

The character of Physicians, as a body, we believe stands too high with the public to make it necessary that we should enter into a serious refutation of the foul slander, that Physicians have insisted on the Druggists increasing the prices of their medicines, in order to pocket the overcharge. Yet since the matter has been thus misrepresented we feel that an explanation is desirable and proper. Let us state the matter as misrepresented in some of the public papers, and by some individual druggists: 1st.—The Physician insists upon a share of the Druggist's profits, and the latter is of course obliged to charge more for his medicine. 2nd.—The Physician, having an interest in the profits, is under a strong temptation to order more than is requisite. 3rd.—It is unjust that Physicians should exercise their influence to induce their patients to patronize particular shops and obstruct fair and free competition. We think the above is a fair representation of the state of affairs as understood by many, and certainly, if true, no words would be too strong to condemn it. But the fact is, it is not true. A few years since it was the general practice with Medical men to furnish their own medicines, but on account of the time which this required and the many inconveniences it occasioned, this practice was soon very generally superseded by the giving of prescriptions; these were made up and furnished at certain fixed rates of charge by the Druggist, the price not being regulated so much by the character or cost of the medicines ordered (except when the materials happened to be costly) as upon the size of the mixture, thus 6 oz. mixture was charged 2s, an 8 oz., 2s, 6d a 4 oz., 1s 6d;

that being about the price asked for ordinary tinctures. The profits on these prescriptions was very large, since, in many cases, the actual cost of the ingredients was almost nominal. We say in many cases for of course some mixtures would be composed of more expensive materials, and exceptionally the ingredients were so costly as to make an extra charge justifiable. We thus find that a certain customary tariff of prices was fixed by the Druggists, and this tariff was followed and acknowledged by the whole trade with greater or less exactitude. As the number of drug establishments increased and competition grew keener, it became a great object to induce persons to bring their prescriptions, not so much on account of the profits to be made on the medicine dispensed, but with the idea that the business connexion of the establishment would be increased thereby, as indeed it invariably was. Some bright spirit among them then conceived the plan of offering a bonus to Physicians for their patronage, the large profits on prescriptions enabling him to do this with out loss, and the deficiency probably being far more than balanced by the increase in general sales and family business. The patronage of Physicians was found so valuable that this soon became an almost universal practice with the trade. Papers of convenient size with the name and address of the druggist printed on it, were (and are) furnished gratuitously to the Physician, accompanied with the offer of a certain percentage on the trade price of the prescriptions. In plain words it was "send me your prescriptions and I will allow you so much on the selling price as a bonus." Physicians who had previously dispensed their own medicines were by this means often induced to send their patients to the druggist instead. So far as the Druggists are concerned, therefore, it is but right that the public should know that the system emanates from them; that they for the most part are perfectly satisfied with the result except in those instances, where persons who have failed from some cause to attract the patronage of Physicians, try to increase their custom by underselling their neighbors, and seek to render themselves popular by denouncing the very scheme which some of them were the first to originate or adopt. As regards the public it is easy to show that they are in no sense losers; for while they pay no more for prescriptions now than was charged twenty years ago, or than they would pay now under any circumstance, the practice of sending his prescriptions to one shop, enables the Physician to exercise a degree of control over the compounder, as to the quality of the drugs, &c., which are supplied, while it affords the druggist a great additional inducement to avoid mistakes, and employ more skilful assistants. It may be urged that since the cost of medicines allows so large a margin of profit, would not the public benefit if they were allowed to go

wherever they liked ; certainly not, the Physician, acting in the interests of the public, would continue to send his prescriptions to those establishments where he was satisfied his order would be courteously received and skillfully and carefully executed. The actual cost of remedies and the question of profit are trifling as compared with these requisites. Furthermore we think the prescriber is justly entitled to select the person who shall act as his compounder, since he is, to a certain extent, responsible for the accuracy of the latter.

Then as to the assumed danger of the doctor prescribing medicine not because it is wanted, but because he gets a profit on it, we have only to say in reply, that a patient must be weak indeed who would take physic at all from a man he could suspect of being influenced by such a motive, or to take lower ground, we may say there is at least no greater danger of self-interest prompting a man to *order* medicine than there formerly existed, when medical men dispensed their own drugs.

We have thus shown :—1st. The responsibility of the system of bonuses rests upon the Druggists from whom it emanated and by whom it is supported for their own advantage. 2nd. That the arrangement is a perfectly legitimate one, in no way injurious to the interests of the public.

We have only to add that if the Druggists disapprove the arrangement they have the remedy in their own hands. If they overcharge they defeat the only object they can gain by offering bonuses, viz., to attract patronage.

CANADIAN INSTITUTE, TORONTO, MEDICAL SECTION.

The Session for the present season was opened on Friday evening, the 12th November, by an address by Dr. Joseph Workman, which will be found elsewhere in our pages. We commend this address to the attention of the profession. There is so much to admire and commend in this address that we may be permitted to question the statement that "the bulk of our periodical literature, is furnished by junior members of the profession, who are gifted with that furious impulse for distinction in print which has ever been the most prolific source of all sorts of book-making." It is too true that many of matured experience fail to commit their thoughts to paper for the benefit of the Profession ; but is that any reason why junior members should not? We are of the opinion that if those older practitioners had when juniors began to contribute to the general fund of medical knowledge they would be far more likely to do so when they had become seniors. It is often the case no doubt that the writings of a junior possess but limited merit, but the very effort

made to prepare the article benefits the writer, and prepares him for a closer and more thorough examination of the various phenomena which will present themselves in his every day practice. We have made these remarks because we would encourage every young member of our Profession to endeavour to add a little to the fund of medical literature; to quote the words of Dr. Workman in another place, "None should withhold his offering from the apprehension of its insignificance."

AN EXTRAORDINARY CASE OF HOMICIDE.

Recently a colored man by the name of Richards, a barber, was passing along the streets of Toronto when he was attacked by one Kavanagh. In self-defense, or by way of retaliation, Richards drew from his pocket a pair of scissors and thrust them in Kavanagh's face. Kavanagh fell to the ground and immediately expired. The post mortem examination showed the following condition.

"The body was that of a man of medium height, well proportioned, muscular and well nourished; there were no marks of violence on any part of the body with the exception of three punctured wounds, which were discoloured, under the lower eyelid, when the blood which was smeared over the face was washed away; on opening the chest we could find no evidence of recent disease; the lungs were perfectly healthy, with the exception of a small cretaceous deposit at the apex of the left lung, about the size of half a pea; the heart was also healthy, but perfectly empty; the face was smeared with blood; of the three wounds of the face above mentioned, the uppermost was situated immediately below the left orbit, and was nearly one inch in length, extending outwards, commencing about $\frac{1}{3}$ of an inch from the nose—the wound next below was situated about $\frac{3}{4}$ of an inch below, and rather to the outside of the one above it, and was rather less than $\frac{1}{2}$ inch in length; the third wound was also about $\frac{1}{2}$ inch in length, and was situated still a little further to the outside, and less than $\frac{1}{2}$ of an inch above the last mentioned one, on tracing the two lower wounds, we found they penetrated the skin, and subjacent cellular tissue, and the instrument with which they were made appears to have then come in contact with the bone immediately below the orbit; on tracing the course of the uppermost and largest wound, it was found to have extended through the skin beneath the eyelid and below, and to the right side of the left eyeball into the orbit, and further on upwards and backwards, through the left side of the ethmoid bone and through the orbital plate of the frontal bone, breaking it into fragments, and then crossing the middle line in the base of the

skull at a spot called *sella tursica*, and still further on into and through the middle lobe of the right side of the brain, and also into the anterior lobe; the instrument used had divided the sinuses or larger veins of the brain as well as the carotid artery, where it enters at the base of the brain; there was a quantity of clotted blood at the base of the brain; and surrounding the medulla oblongata and upper part of the spinal cord clotted blood was also found in the breach made through the ethmoid bone into the left side of the nostril, through the posterior part of which the blood had apparently flowed in quantity into the mouth; the base of the skull was uninjured posteriorly; death evidently resulted from the punctured wound above mentioned."

UNPROFESSIONAL ADVERTISING.

We here produce the copy of a fly sheet which has been freely circulated in the town of Woodstock and its vicinity. While doing so we would ask our subscribers to send us copies of similar circulars, and we shall give the individuals concerned the benefit of our columns free of charge.

"B. L. Bradly, M.D., Physician, Surgeon, &c., &c., late of Stirling, Graduate of Victoria College; office and residence, Woodstock East, Ontario, next door to Mr. Townsend's Store.

To whom it may concern: This is to certify that Baldwin Lorenzo Bradley, M.D., has been practicing Medicine in Stirling for nearly seven years.

During that time we have always found him to be a man of good moral character and temperate habits, and he has had a successful practice during his residence here; G. H. Boulter, M.D., M.P.P.; W. Hope, M.D., Belleville, Ontario; George J. Potts, M.D., Secretary Medical Alumni Association Victoria College; James Lister, M.D., M.R.C.S., London, England; Robert Parker, M.D.

Stirling, July 15th, 1869.

DR. MARSDEN'S PAPER ON THE ONTARIO MEDICAL ACT.

Our readers will perceive an article in the present number of this Journal, from the pen of Wm. Marsden, A.M., M.D., of Quebec, entitled "An Analysis of the Ontario Medical Act, with observations." In publishing it we cannot but admit that the Act so far as it relates to the penal clause is a good measure, but with regard to the other portions of that Act we cannot agree with the opinion of the writer, that the measure is in any way a boon to the Province of Ontario. It has always been a puzzle to us to ascertain how the Homœopaths succeeded

in hood-winking our Legislature so far as to obtain an act of incorporation ; but we were quite unprepared to find that five men styling themselves members of the Profession of Medicine could obtain an act of incorporation giving to them powers which had been refused session after session to the entire corps of regularly qualified practitioners of what was then styled Canada West ; the same may be said of the so called Eclectic practitioners, with this exception, that in this latter instance seven individuals were the fortunate recipients of Legislative aid. This foul stain on our Legislative body was perpetrated by the representatives of the old United provinces of Canada and not by the Local Legislature of Ontario. But we cannot agree with our correspondent in regarding the present Act as in any way likely to remedy the evil.

We all know the difficulties attending a fair representation of the actual state of matters in any case to those who are utterly ignorant of its bearings. The general public regard subjects connected with medicine as of trifling importance. Too frequently they look upon opposition, if offered by a rival, as possessing some sinister motive, and therefore with a wide spirit of liberality they declare it to be the old cry, " two of a trade can never agree. " This we can afford to pass over with silent contempt, a feeling of compassion that our motives are misconstrued by such blockheads. But at the same time injury is done ; injury not so much to the honest medical practitioner as to the public. We need but illustrate the injury to public feeling if not morals by referring to Dr. S. K. Lake's professional placard which is as large as an ordinary poster and which is intended to catch the eye of the illiterate and unwary. This precious *morçeau* is embodied in Dr. Marsden's paper. It appears to us that the evil, as undoubtedly evil it is, has been arrived at by too great laxity on the part of the Profession of Ontario aided possibly by some few meddling but ill-advised members of the Profession who have made a nice hash of the whole concern. We have before written our opinions freely on the subject of this Act and did not purpose referring again to it, but the paper of our friend, Dr. Marsden, has called forth these few remarks. With our own Act in this Province we are content and we do hope that Dr. Marsden does not contemplate introducing an amended bill, based on the celebrated Ontario Medical Act of 1869.

A RECREANT GRADUATE.

A CARD.—Dr. LUCAS, of Montreal, formerly of the New York City Hospitals, physician, surgeon and accoucheur, graduate and gold medalist of McGill University, has settled in Stratford, where he can be consulted on all subjects connected with his Profession.

As heretofore he will continue to pay special attention to Surgery,

(both Operative and Orthopædic,) and to diseases of the lungs, heart, liver, kidneys and eye.

Messages left at the Office will receive prompt attention at all hours. Offices on Market Street, opposite the Market Building, between the Royal Canadian Bank and the Commercial Hotel.

A correspondent has sent to us a copy of the above circular, hundreds of which he informs us have been circulated throughout the town of Stratford and vicinity. It is printed on a fly sheet, and is accompanied by two extracts from Stratford papers, one of which we give below as a specimen.

The following is taken from THE STRATFORD HERALD of August 11th, 1869 :

MEDICAL.—In another column may be found the card of Dr. Lucus, of Montreal, formerly of the New York City Hospitals, who holds a degree in both medicine and surgery, with a license to practice these, as well as midwifery. On account of his most thorough knowledge of all the subjects connected with the Profession, the highest honor in the gift of McGill University, the "Holmes gold medal" was gained by him; especially as an anatomist, it is said he has but few equals. Although these facts do not show us anything concerning the private character of the doctor, they do show, conclusively, that he is a person of most eminent abilities, and that as a physician, surgeon and accoucheur, he will be a most useful and respected man in any community. These, together with his large experience in the treatment of diseases and surgical operations, and his extensive means of observation in the cities of Montreal and New York will make the afflicted all the more desirous to consult him, by which they will secure the advantage of a correct diagnoses and the latest and best means of treatment. He has received numerous letters thanking him for the skill displayed in the treatment of private diseases. We wish our new Dr. and gold medalist every possible success, and extend to him a hearty welcome to Stratford.

No language that we can make use of, can express our deep regard, at the unprofessional step Dr. Lucus has taken, in issuing this circular which at once cuts him off from recognition by his professional brethren. This regret is increased from the fact that we are personally acquainted with Dr. Lucus, and feel that he has placed himself in a most unworthy position. As gold medalist of McGill University of 1869, we had hoped that his career would have been one which would reflect credit, and honor, not only upon himself, but upon his *alma mater*. Surely his memory must be somewhat at fault, or he would not thus early in his career so completely set at naught his solemn oath, taken just previous to receiving his degree. Cases like the above, are becoming too common, and it is high time that Universities and Colleges sought and obtained the power to strike off from their roll all such as act in a glaringly unprofessional way. This power is possessed by several corporate medical bodies in the mother country, and its acquisition here would be decidedly beneficial.