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Original Communications.

PIROGOFF'S OPERATION—PERFORMED ON BOTH EXTREMITIES OF THE SAME PATIENT CONSEQUENT UPON INJURIES THE RESULT OF A RAILWAY ACCIDENT.

BY J. LIZARS LIZARS, SURGEON, TORONTO.

Louis Thibeault, French Canadian, æt. 28, having got off the train at Whitby whilst it was on the siding to allow an express-train to pass, and the train having backed up so as to get again on the main line on which it was coming past the station, at about five miles an hour, made a run and leaped upon the steps of the car, after trying to grasp the railing, the result being that he was thrown backward and both feet landed on the rail in such a manner that the wheels of the car passed over both insteps, the left one first, crushing both feet, but the left one most severely. The man was carried at once to an hotel opposite the station, and a medical man and clergymen sent for.

Having received a telegram to the effect that my services were required, I proceeded by the first train and arrived at Whitby about 2 P.M., where I had the pleasure of meeting Dr. Eastwood and the

Rev. Father Shea. As the patient spoke but little English, and his brothers, who were travelling with him, none at all—as Dr Eastwood did not desire the charge of the case, and as on examination and consultation it was deemed better to have him removed to Toronto, I telegraphed to the superintendent of the Grand Trunk at Toronto to have a room ready for the patient and one of his brothers at the City Hotel, where I was aware the proprietors spoke French—an inestimable boon to the patient and his attendant.

Having bandaged both feet as securely as possible, I had him conveyed on a stretcher to the station and placed comfortably in the baggage-car (part of which had been cleared for his reception whilst the train was coming from Port Hope, no time being lost), and giving him a full dose of opium he slept soundly until we arrived at Toronto. A party of men being in readiness at the Union Station, he was at once carried to the hotel and put in bed between 1 and 2 A.M., 24th October, 1872.

At 2 P.M., my friend Dr. De La Hooke, having most carefully administered chloroform, with the able assistance of Dr Spragge, I performed Pirogoff's operation on the left foot, the soft parts and bones being crushed to such an extent that no lesser mutilation could possibly be undertaken, and we preferred it to either Syme's operation or amputation at the lower third of the leg. The anterior tibial and external plantar having been secured and the various tendons and nerve trunks drawn out and cut off short, the tendo-Achillis divided with a tenotomy knife, the parts were adjusted and united by the ordinary silk suture, a piece of lint wet in the bloody water and a bandage applied. The patient was restored to bed and the influence of opium. On the 25th, and for some days subsequently, the wound on the left stump progressed very favorably, healing over two-thirds of its extent by the first intention, and each alternate suture was removed on the fifth day. During this period, there had been a little fever and some restlessness at night, but of so little consequence that an aperient was all the medicine he required. On the 31st, he felt very well, but from this up to the 3rd of November he began to show symptoms of constitutional irritation, the appetite failed slightly, stomach and bowels lost tone and the wound ceased to advance as rapidly and healthily as before—a state of things evidently due to the condition of the right foot, which, although purposely overlooked in this report, received our constant attention.

Let us now return to the 24th October—see and trace the condition of the right foot. As before stated, the left foot being the first to be passed over by the wheels, seems to have saved the right one to a small extent; for on the latter we found the great and second and third toes uninjured and under the control of the will, warm and possessing fair color and temperature, whilst the fourth and fifth were crushed and dead, the soft parts over the cuboid bruised, and a cut about one inch long existed in a line upwards from the head of the second metatarsal. A long, deep longitudinal wound existed on the sole of the foot, extending from the fourth toe to the middle of the arch of the foot. Through this, the finger could detect that all the metatarsals were broken, as also some of the tarsal bones. Such being the case and the patient being too low after the first operation to warrant our proceeding with the second, we determined to let him rally for a few days and then see if we could save more of the right than of the left foot. Whilst therefore the left one was going on most satisfactorily, the right one was in one sense doing the reverse. Gangrene had set in on the external parts of the foot, the line of demarcation formed extending from the third toe upwards as high as the junction of the cuboid and calcaneum, and downwards along the outer margin of the foot to the fifth toe, thence across the sole of the foot to the inner margin of the fourth, thence upwards to the point we started from. As the above state of affairs was evidently the cause of the declension in our patient's health, and as the time for further operative interference had arrived, having dressed the left foot and removed the remaining stitches and ordered Liston's lotion to be used, I told the patient to take some brandy and milk and to be prepared for operation at 2 P.M.

Again assisted by my friends Drs. De La Hooke and Spragge, I proceeded to operate, Dr. De La Hooke having once more placed the patient under chloroform. Having examined the foot more minutely than before, we were forced to abandon the idea of saving any of the toes, and in the first case resort to a modification of Chopart's operation—the flap of the tissues having to be taken from the inner aspect of the dorsum and sole of the foot. However, after making as large a flap as possible and separating the bones, we found, much to our regret, that we had not enough flap to cover the bones, and that we must resort as before to Pirogoff The operation being completed with the utmost facility, the wound was sponged with

dilute chloralum and the parts brought carefully together with five stitches, lint wet with the chloralum and a bandage applied, and the patient removed to his bed. Pulse, 88, respiration free, slow and easy.

9 P.M.—Pulse, 80; skin cool, slight discharge of grumous fluid from wound, the peculiar color being due to the action of the chloralum on the blood; has had milk, tea and toast.

4th.—Skin cool; pulse, 76; tongue moist and slightly coated, slept well, evacuations natural. Both stumps look well and the patient very comfortable.

6th.—The left stump has again assumed its former healthy action. No unfavorable symptoms except a little formation of matter at the outer angle of both stumps. Injected lotion into the small cavities and applied pads over them, and the bandages as before. General health excellent.

9th.—Both stumps dressed and alternate stitches cut, but not removed; some pus still bagging above left internal ankle.

11th.—As above. Removed the two ligatures and the remaining stitches from right stump. The amount of pus over left inner ankle diminished. General health excellent.

12th.—Discharge from left inner ankle less and from right inner angle commenced, as it did in the left, but extending more backwards towards division of tendo-Achillis. Most of the line of incision healed, but considerable thickening at outer angle. The pad and bandage on the left having materially assisted in diminishing the discharge from it and modelling the surface of the stump, I applied the same treatment to the right, having first injected the sac of the abscess with some of Liston's lotion. The patient having suffered from diarrhœa during the night, I ordered him some chalk mixture and chlorodyne, with rice diet.

13th.—Improving steadily, quantity of discharge less and parts less sensitive. Bowels still slightly relaxed. Gave a couple of lead and opium pills.

14th.—Three weeks to day since operation was performed on left foot, cicatrization good over the central four-fifths of the wound. The corners alone open. As the calcaneum has not yet united to the tibia, to obtain their consolidation applied a bandage from above the centre of the calf of the leg down behind the os calcis, thence forwards and upwards along the front of the tibia as high as the point of departure—a portion of the ends being left free for use, as will be

described below. This first bandage being held firmly pressed against the os calcis, keeps this and the tibia close together. A narrow roller is now applied pretty firmly from the ankle upwards over the calf of the leg, both the perpendicular and circular bandages being painted with a solution of silica as we progress. The free end of perpendicular bandage being now turned down over the circular one, is glued to it by the silica, and a few turns of the circular one applied over it and painted, the whole forms in a few hours a firm casing for the entire leg, except the outer angles of the stump, which yet require dressing, which being done, as before, with lint and Liston's lotion, an ordinary small roller is applied over the uncovered parts by the figure of eight and the limb returned to its pillow.

15th.—Bowels still loose. Pills more frequently. Right foot dressed as before. Healing fast.

16th.—Doing well. Bandage not so hard as expected on left leg.

17th.—Re-dressed right and removed soiled lint from left. Its internal angle healed. The external corner alone not cicatrized, though it looks healthy.

19th.—Ordered casts to be taken of both stumps, and boots—like holsters—to be made of hard leather, to save him from cold and injury on his journey home, which is fixed for Thursday evening, the 21st inst. Right limb dressed same as left with silica bandage. Bowels quiet since 15th, and appetite and color improved.

21st.—The patient has progressed steadily since the last report, and is delighted at the idea of getting home Mr Casci has taken the casts of the stumps, and Mr Authors the measurements for a pair of artificial feet. On the left side, the os calcis and tibia are united, and pressure to the extent of about thirty pounds can be borne on the stump without pain.

In the evening, we placed our patient in a Pullman car, and the Hon. Dr. Tupper, who happened to be on board, very kindly consented to keep an eye on him.

I have since received a note from my patient, dated Embrun, 4th December, in which he says he is doing well I doubt not but that he will go on favorably until the bones are thoroughly consolidated and the soft parts reduced to a minimum, when he intends returning to Mr. Authors for a pair of artificial feet, which being made with a joint at the ankle as well as one at the ball of the toes, will restore to him the power of walking with freedom and ease.

I am induced to give this case to the profession through the columns of *The Lancet* sooner than I at first intended, so that my brother practitioners may give it their earliest consideration, as I am convinced that, when compared with Syme's operation or amputation through the leg, it will be found to be incomparably superior, as Syme's is much more difficult to perform and has the further disadvantage of the liability to the formation of a bag of matter in the cavity of the heel. It has been objected to Pirogoff (*Holmes' System of Surgery*, vol. ii., page 85), "that it tends to direct towards the ground the thin skin of the back of the heel instead of the thick cushion of the sole, while the increased length of the stump is rather objectionable than otherwise," to which I need only reply that in both of Thibeault's stumps the thick cushion of the heel is opposed to the ground and in another case where I performed Pirogoff on a young woman at Seaforth over a year ago, the same result was obtained, as it always may be, by sawing the os calcis through rather obliquely from above downwards and forwards.

With regard to the second part of the objection, where both feet have to be removed, there need be no trouble, and if only one is amputated, the limb may be made quite short enough either by leaving less of the os calcis, or removing more of the tibia.

When the patient returns for his artificial feet, I will notify you of his condition.

PUERPERAL CONVULSIONS.

BY A. McKINNON, M.D., CALEDON, ONT.

On the 3rd April last, I was called to see Mrs. McC——, whom I found in a convulsion. It speedily passed off, leaving her perfectly conscious, but easily agitated. The pulsations numbered about 92. Of her previous history, it may be briefly stated that she had been delivered, about eight hours before the convulsions occurred, of her third child. The labour was easy and very rapid. The placenta was expelled soon afterwards. The loss of blood was very slight. Her previous labours were also rapid and natural. The pelvis is of medium size and well formed Her health during the period of gestation was good. She is thirty-four years of age.

After an interval of a few minutes, a second convulsion occurred. I found the first spasmodic movement always began on the right side of the body—very generally in the recti muscles of the right eye, but sometimes in the levator palpabræ, and less frequently in the lower extremity. A few seconds after these muscular movements, there was a suspension of respiration, followed speedily by violent spasms of the glottis, during which the head and neck become much congested. The duration of the violent spasm was variable—from half a minute to a minute and a half, or two minutes. As this spasm passed off, she became perfectly conscious, after each convulsion, during the first four or five hours. Afterwards, instead of returning to consciousness after each convulsion, she sank into a state of torpor or coma, from which any attempts to rouse her brought on another convulsion. In this comatose state, the lips and alæ nasi vibrated with each respiratory act; the mouth was wide open and the stertor was loud.

By way of treatment, the administration of chloral hydrate in fifteen grain doses every hour was first tried. For two or three hours, it seemed of some service, but afterwards, although the dose was given every half-hour, the convulsions recurred more frequently and more violently. Its use was discontinued. At 7 P.M., after six hours had passed in striving to relieve her by the chloral hydrate, I resorted to venesection to the extent of about twenty-four ounces. I gave chloroform by inhalation and an injection of valerian and asafœtida. The pulse had risen to 120.

11 P.M.—Dr. Riddall, of Alton, came to my assistance. As the convulsions still continued to recur, we decided upon a second bleeding to the extent of some ten or twelve ounces, and gave Hydrarg. submur. (ʒ ss.) The injection of valerian and asafœtida was repeated.

April 4—2 A.M.—The convulsions are less violent and do not occur so frequently, but the coma is more profound. Pulse, 130

6 A.M.—Pulse, 135, feeble The loud snoring respiration is now constant, except when a convulsion occurs.

9 A.M.—A large evacuation from the bowels The catheter was used to relieve the bladder.

11 A.M.—The convulsions ceased to recur, but the loud stertor was constant. The heart's action was very feeble Finding that she could still swallow, brandy and spts. ammon. aromatici were administered cautiously, but somewhat freely and frequently.

5 P.M.—She had rallied so as to be able to speak; pulse, 130. Beef-tea, milk and a small quantity of brandy were substituted for the brandy and ammonia. The left arm was found to be paralyzed. The catheter was again used. There being some tympanitis and considerable tenderness over the abdomen, I directed hot-bran poultices to be applied, and occasional turpentine frictions.

The third day afterwards, she had a mild attack of dysentery, which yielded readily to treatment. The paralysis of left arm only continued for a few days. At the end of three weeks, she had so far recovered as to be able to assist in her domestic duties, having fully regained the use of the left arm.

Remarks.—From a careful study of the case and the patient's history, I am convinced that the *cause* of the attack was *eccentric*, and that it was nothing more than the irritation arising from a large quantity of fæcal matter in the bowels. It is worthy of remark in this connection, that so soon as the bowels moved *freely*, the convulsions ceased. I admit that this may be a mere coincidence.

Treatment.—I have already said that I found the chloral hydrate altogether valueless. The inhalation of chloroform was of very great service, chiefly in preventing the occurrence of the successive attacks. If the first spasmodic movements were noticed, and the chloroform freely inhaled, it would prevent the spasm of the glottis from occurring. Its administration was continued for twelve hours. Before it was commenced, five or six convulsions occurred each hour, during its administration, not more than two, and sometimes only one, occurred each hour. As to asafœtida and valerian, I think they were of no use.

Venesection.—This was perhaps the most important of all the measures resorted to. It rapidly diminished the quantity of blood in the system, and hence it diminished also the liability to effusion of blood into the spongy parts of the body, as the brain and lungs, which is so apt to occur during the arrested respiration consequent upon spasm of the glottis

Calomel.—The large dose that was given acted promptly I have seen in cases reported in medical journals, the use of croton-oil advocated as acting more speedily on the bowels. I concede that it acts more rapidly, but it is itself a powerful irritant; and if the presence simply of fæces in the bowels would cause convulsions, then might we not infer that the croton-oil was contra-indicated? In conclusion, I might state that the total number of convulsions was above thirty.

ENTERITIS, WITH ABSCESS.

BY W. H. BLACKSTOCK, M.D., HILLSDALE, ONT.

I was called, on 13th. April, 1869, to see Catherine W——, æt. fifteen, who was suffering from acute inflammation of the bowels. Pulse, 120, with pain, fever and tenderness very strongly marked I immediately put her under my usual treatment for such cases, viz., large doses of opium, with small doses of calomel internally, warm fomentations and ol. terebinth., applied externally.

The pulse, fever and constant pain subsided in a day or two, but the tenderness did not; besides she was occasionally visited by alarming paroxysms of pain which nothing but free and repeated opiates would alleviate.

The case progressed in this way until about one month from my first seeing it, when I noticed commencing induration in the umbilical region, which in a week's time had spread over the whole abdomen, so that the whole abdominal mass seemed converted into an intensely hard, indurated tumor, in which state it remained for about three weeks, in spite of iodine, internally and externally, and all other means I could think of, or use, to induce resolution in the indurated mass. In spite of the induration and free doses of morphine that were administered to relieve the attacks of pain, her bowels were evacuated daily without the use of cathartics or enemeta Matters continued thus until about the end of the second month from my first visit, when I began to notice an appearance of softening near the umbilicus, which, with chills and general hectic symptoms, left no doubt that matter had formed. In about a week's time the abscess pointed at the umbilicus, and in a few days more discharged itself much to the relief of patient, her friends and myself. It continued to discharge for about another week, when it closed, and her health began to improve rapidly, with, however, occasional slight attacks of the pain, which, however, gradually left her, and she is now a healthy and well-developed young girl. She has been engaged in school-teaching for the last year or two, and is in the enjoyment of perfect health.

I have been induced to send you this case for publication as I have no recollection of ever reading or hearing of a similar one. You will perceive that I have merely given you the leading features of the case, as a detailed account of it would be very tedious, my attendance on it extending over a period of nearly three months.

CASE OF SUBCUTANEOUS NÆVUS OF THE EYELID, TREATED BY INJECTION OF THE PER-SULPHATE OF IRON.

BY MICHAEL HILLARY, M.R.C.S., IRELAND.

The following case came under my care while practising in the village of Stouffville, Ont.: Ida B——, a girl thirteen months old, of healthy appearance, was presented to me by her parents, who also were of good healthy constitutions. The child was suffering from a *large sub-cutaneous nævus about the size of a walnut, situated on* the right upper eyelid. It was rather diffuse and extended under the bony ridge of the orbit insomuch that it had pushed down the eyeball to a level of about one-eighth or one-quarter of an inch lower than the other side. The child was unable to open that eye, and the parents stated that the tumor was increasing rapidly in its growth. *There were two cicatrices where electrolysis had been tried for its* cure, and in those scars a capillary nævus was developed. On the child crying or becoming excited, the tumor enlarged considerably in bulk. On the conjunctival surface of the lid, the mucous membrane was thrown into large florid plicæ or ridges.

The parents stated that, from their description, electrolysis had *been repeatedly tried, with the result of a large discharge of matter* from where the scars were produced, but that on those healing up, the tumor steadily progressed in its growth.

Considering that electrolysis had been faithfully and skillfully tried for the cure of this tumor, and it having failed from, I believe, its not being able to make a sufficient impression on the bulk of the tumor—*in fact it being quite plain that fresh vascular structure was* rapidly developed in the parts destroyed by the electrolytic operation, I determined to try the injection of per-chloride of iron solution, but at the suggestion of Dr. Norman Bethune, I substituted the per-sulphate, and on the 17th of April of this year, placing the child fully under the influence of chloroform, with the assistance of my brother, *Dr. Hillary of Aurora, I proceeded to inject the tumor. Filling a* common hard-rubber hypodermic syringe with the Liq. ferri. per-sulph., and then being careful to exclude all air from it, I passed my finger under the eyelid and guided the needle half-way into the tumor. I then worked it round freely, so as to break up as much of

the vascular structure as I could, and then drove the liquid in until it returned back by the sides of the needle. This first injection I made rather to the outer side of the tumor, then I again injected it in the same manner on the inner or nasal side, meeting the other injection. About, I think, fully one drachm of the liquid remained inside, and the tumor was increased fully one-half in its bulk, and became as hard as a piece of cartilage.

On the second day after the operation, the line of demarcation of a large slough was plainly visible, and on the fifth or sixth day after, the slough came away. It consisted of a large portion of the tumor, with the coagulum formed by the iron solution The opening left by the slough extended to the eyeball, leaving the ciliary margin of the eyelid intact. I then left it to heal by granulation, which it did very slowly, after the lapse of over three months, requiring the occasional touching of nitrate of silver and sulphate of copper to the granulations, and now at the date of this writing, it has healed completely, leaving a long narrow cicatrix at the fold of the eyelid, and the child can open the eye almost as wide as the other one. I think the sloughing away of a narrow portion of the eyelid was an advantage, as, if it were possible to remove the tumor without that occurring, an operation for ptosis would be called for, from the great stretching of the structures of the lid.

The case is of interest, as the use of per-chloride of iron in nævus has fallen into discredit from a number of fatal cases resulting from its use. The per-sulphate acts in the same way as a coagulant of the blood, and I cannot see the advantage of one over the other, in fact, as a styptic, I would give the per-chloride the preference.

In *Waring's Therapeutics*, third edition (Sect 922), he states that it should not be used in cases of nævus about the head, face or orbit, and states that there have been several fatal cases from its use, and refers to case of Mr. R. B. Carter (*Med Times & Gazette*, Sept. 5, 1863). A fatal case of Mr. Teale's, the younger of Leeds, is also referred to by Gross; cause of death supposed to be formation of an embolus and its passing into the circulation May it not have been from the incautious admission of air?

The carotid artery has been tied on several occasions for the cure of this disease, and seldom with success, and when such an easy method of cure as that by injection of either the per-chloride or

per-sulphate of iron exists, we should be very certain of their inability to cure and their futility before we throw them aside.

I think the reason of the want of success in the treatment of this tumor by electrolysis was from its deep connection in the orbit, and not being able by its means to—I may say—destroy the balance of power in the tumor. If I had only done what Erichsen and Gross recommend, that is, introduced a few drops at a time, I believe the iron solution would have been equally unsuccessful in effecting a cure; but I freely broke up the structure of the tumor before injecting the fluid, and then injected as much as I could get to unite as a coagulant with the blood. The syringe I used held one drachm, and I filled this twice, half of which returned back. There is one thing now I would wish to remark, that of the difficulty of introducing the needle. From the great constricting power of the iron, one would think he was driving the needle into a piece of board, but I think this can be readily prevented by first dipping the needle, prior to introduction, into a weak solution of potash or ammonia, which will neutralize the iron solution adhering to the needle. Then freely break up the tumor and inject as much iron solution as it will hold, or until it begins to run back again.

By the foregoing means, I believe a coagulum will be formed outside the vessels (not *in*, as according to Holmes), pressing on those structures, and so bringing on local sphacelus of the part.

TORONTO, Dec. 16, 1872.

METHOD OF USING THE PLASTER OF PARIS BANDAGE.

BY C. Y. MOORE, M.B., BRAMPTON.

The use of the plaster of Paris bandage in the treatment of fracture has of late received so much attention in medical periodicals that the readers of the *Lancet* may bear with a few hints on the method of using it—the more so as this part of the subject is generally omitted in the articles published in the journals.

The material used is good plaster of Paris finely powdered. It is said that the addition of a small quantity of common salt and powdered gum arabic is an improvement, but I have always

found the plaster alone answer sufficiently well. Let us suppose that we are going to put up a fractured thigh. The patient is placed upon a table, and the thigh is reduced and kept in place by an assistant, who holds the heel in the palm of one hand while the other has a light but firm hold of the instep and makes the required amount of extension. The patient is suspended by the loins so as not to touch the table. In country practice, the rings and hooks in the ceilings, found in the kitchen of most farm houses will be very serviceable, the table being brought beneath the one selected (which it should be seen is connected with the beam) and a long strip of cotton or something similar used for suspending the body, which should be far enough above the table to allow of the passage between them of the hand with a roller. Counter-extension is kept up by a strip of cotton passed round the groin of the sound side. It can be easily removed after the dressings have all been applied. Then the limb is enveloped in flannel from the toes upwards. It should fit closely like the leg of a pair of drawers and the edges be brought together by the ordinary glover's stitch. The flannel should be old—a piece of old blanket answers best—as new cloth stretches after a time and works itself into folds and creases beneath the plaster.

The perinæum is covered only for a part of its extent. Then another piece about six inches or less in width is passed around the pelvis, its lower edge meeting the upper edge of the other and stitched to it. Then the limb is bandaged from the toes upwards by an ordinary roller without plaster. The roller is also passed around the part of the pelvis covered by the flannel. Next we put on the plastered bandages which are prepared by rubbing the fine powder into the interstices and rolling up carefully. The coarser the cotton used the better, as it holds more plaster. The bandage should also be narrow, say an inch and a half, so that it can be neatly applied, and care is to be taken that the plaster is not thrown in between the folds of the roller in lumps as it then goes on unevenly. It should be passed around the foot nearly to the toes, as it is from the malleoli that we get part of our extension. Lately, I have put the plastered bandage, except a few turns, around the foot after the rest of the dressing is completed. By this method, the hands of the assistant who is making extension are not disturbed until further extension in that way is unnecessary. The bandages are soaked in water, squeezed out, and applied in the usual way.

They should not be put into the water until they are required for use, for if they are kept in too long the plaster will set and thus render them comparatively worthless. When the first layer is put on, we sift the fine plaster over it and adding sufficient water in a small stream from a sponge, rub the mixture over the bandage so as to form a layer of pure plaster. Then we put on another layer of plastered bandage and one of pure plaster and so on until we have enough. The number of layers will depend upon the quantity of plaster used for each and upon the seat and nature of the injury, but for most purposes three or four will be found sufficient. A finished appearance is given by rubbing dry plaster over the whole, and those who have a fancy for engraving, sometimes ornament their work with a suitable design or inscription The position of the limb should be carefully maintained until the plaster has set, which will usually be in less than an hour after its application. In fracture of the thigh it is important to have it of sufficient strength in front of the groin to prevent cracking, and a good plan is to supplement the other dressings at this part by a piece of flannel well filled with plaster, placed beneath the last layer. This method of treatment is especially valuable for fractures of the lower extremity, but its uses are very varied and important. I have treated fracture of the lower jaw very satisfactorily by Barton's bandage, the part about the chin being stiffened by the use of the plaster as above. I have also seen it used lately in a case of division of the tendo achillis where objection was made to the use of sutures. The foot was extended and the plaster bandage applied from the toes to the knee, a kind of window being left opposite the wound. The case is yet under treatment but has thus far progressed so well as to encourage the belief that union may be effected.

I say nothing of the results and convenience of the treatment. My object has been simply to give such facts with regard to the method of carrying it out, as I have learned by experience of its use.

ON THE ORIGIN OF FEVER.

BY N. AGNEW, M.D., TORONTO.

The essay read by Dr. Pratt recently before the Surgical Society of Ireland, has called forth a good deal of comment and discussion. Dr. Pratt says: "I have read a great deal lately in the newspapers, both English and Irish, as well as in the weekly medical periodicals, relative to the cause of typhoid and other fevers. The writers, abstaining in general from the production of any real facts, seem to be unanimous in attributing such diseases, in their inception, to the decomposition of animal and vegetable matter. They trace the first rise of the malady to malignant effluvia emitted from manure heaps, stagnant pools, drains, sewers, cesspools, and to all such heterogeneous accumulations as are found near the dwellings of the poor and farming classes, as well as to the gases arising from the closets and closed sewers of the rich, who fare sumptuously every day." He then says that, "after a quarter of a century's experience as a dispensary officer, and having had ample opportunities of becoming acquainted with the dwellings and habits of all classes of the community, it is his firm conviction that the agencies above indicated cannot be productive of fever of any type Were it otherwise, Ireland would ere this be depopulated from sea to sea, or at most but sparingly and thinly inhabited." He then gives a graphic account of the abominable state of filth in which many of the people live and apparently thrive; leading one to the conclusion that far more than the conventional "*peck of dirt*" falls to the share of the dwellers in the "Emerald Isle"—in short, a Benjamin's mess. Dr. Pratt's conclusion from his own observations is, "that it yet remains to be discovered from what mysterious sources those fatal maladies arise." In the discussion that followed the reading of the paper, Dr. Darby said, he "could corroborate every word of Dr. Pratt's paper by his own observation." He did not think that "the disease called typhoid could be traced to any distinct source." Dr. Stokes said that, "While the presumed causes of fever are permanent, the effects are not permanent, but intermitting, or at least remitting." He remembered when there was a tremendous epidemic of fever in Ireland, and when Cork and Limerick were the centres of the plague, the town of Killarney nearly escaped. The

grand jury of Kerry ordered an investigation, and it was found that the filth of Killarney was enormously greater than that of the plague-stricken towns! None of the gentlemen propounded an hypothesis as to the probable source of typhoid in Ireland.

Dr. Sharkey, of Ballinasloe, in commenting upon Dr. Pratt's paper, and the discussion it evoked, brings forward what he regards as a "crucial instance": A family, living in the midst of filth, held out for a long time, but were at last attacked with typhoid. No typhoid or any other fever had been in the parish for months. Dr. Clark, of Cohoes, N. Y., in the December No. of the *Canada Medical and Surgical Journal*, brings forward numerous cases which occurred in his practice, to show that the cause of the fever was to be found in certain stagnant pools which infected the air and drinking-water of the neighborhood, and showed that persons working in the infected district, but living at a distance, escaped.

"Doctors differ" has passed into a proverb, and nowhere could a better example of the fact be found than in the opinions held in reference to the origin of typhoid fever. Dr. Budd says that it originates in the fæcal matter discharged by an infected person finding its way into the ingesta of others, and many fanciful explanations of how that may occur have been offered in difficult cases. One might be pardoned for asking where the first infection came from? Clearly, Dr. Budd's chain lacks a link. Dr. J. Hughes Bennet believes that it is caused by poor diet. Dr. Tanner says that it is generated by putrefying animal matter, the effluvia from foul drains, or the contamination of drinking water by decomposing sewage. Dr. Wood, of Philadelphia, says that "nothing precisely is known of the cause." Some are dogmatic, having proved to their own satisfaction that their theory is correct. One thing is certain. many of the causes said to produce it in Europe have no existence in localities where typhoid is found in Canada. Cases have occurred where contagion was out of the question—where there were neither foul drains nor sewers, nor sour wines and poor diet, and where the fæcal poisoning theory was impossible. Some are disposed to adopt the opinion that typhoid is nothing more than an aggravated ague, and that it is produced by the same cause. The fact that typhoid often occurs in winter, during the hardest frost, *and when there is no intermittent*, rather militates against that opinion. The various and conflicting opinions only show the necessity that

there is for more extended investigation, in order that differences may be reconciled and a more determinate etiology discovered.

Without indicating any opinion of my own, I will mention three examples that occurred in my practice, in support of three of the principal theories of origin. I could give many more equally puzzling. Some years ago, I was asked to see a case in consultation. The patient, a man between fifty and sixty years of age, had been ill with *well-marked* typhoid for several weeks. His son, a young man, lying in the same room, was convalescing from *equally well-marked* typhus. In searching for the probable cause, I discovered a large hog pen a few yards from the back-door of the house, *and close to the well*, whence water for the use of the family was obtained. The cellar under the house was filled with turnips, and I found that about one hundred bushels of them were rotten. I had the cellar cleaned out and sprinkled with fresh lime, and well ventilated. But the hog-pen was too sacred an institution to interfere with. "It was so handy for the women to have it near the house." Now, did these sources of putrescent exhalations cause these cases—one typhus, the other typhoid? If not, whence the poison? If this was the cause, why did the other members of the family escape?

I pass to the next example. I was called to attend a young man who had just arrived from California, *via* the Isthmus of Panama. He felt rather unwell in Aspinwall, but managed to reach home. He had a severe attack of well-marked typhoid; head symptoms distressing, delirious for several days. Ultimately he made a good recovery. During his convalescence, a little sister, eleven years of age, was taken ill, and a few days after a brother. The little girl became very ill immediately, uncontrollable intestinal hæmorrhage supervened, and she sank and died. As a natural consequence, I was discharged, and another doctor called. Three other members of the family were taken ill. The gentleman in attendance called a friend in consultation, but notwithstanding their efforts, three of the four cases died—four out of six, a severe mortality! In this last example, the sanitary condition of the house and surroundings was unexceptionable. The house stood upon a dry knoll at a considerable distance from the farm-yard and offices; the well was perfect, the habits of the family scrupulously clean, the dejections from the patients carefully disposed of. Here, at least, the pythogenic theory of origin breaks down. Was it contagion? and were the

germs of the disease imported and diffused by the young man from California? At first sight, it would appear reasonable to adopt that view; but neither the neighbors, who acted as nurses, nor the medical men in daily attendance were affected, and no other cases occurred within several miles! About five miles distant, quite a number of cases occurred. I had eight in one family, four in another, and three in another, at the same time. Some of the cases were severe, but *all* recovered. In these last mentioned cases, no local cause could be assigned.

Now, what conclusion can be deduced from the foregoing facts? The first cases favor the pythogenic theory, the second cases the contagious, and the last the miasmatic.

CORRESPONDENCE.

To the Editor of the "Canada Lancet."

DEAR SIR,—In your Journal for December you publish an extract from the *Boston Medical and Surgical Journal*, under the heading "How Homœopathic Converts are made," and speak of it as amusing—perhaps it is; but I feel confident, sir, that you could not have been aware of the true history of the case, as your love of justice and fair play, which I think is generally so apparent in your *Lancet*, would have caused you to hesitate before clipping it for publication. The extract as a whole is false, and good men of every shade of medical faith must condemn the motives that prompted its construction. * * *

The whole affair, doubtless, arose in a very harmless way. Dr. Simpson feeling that a fine opportunity was afforded for getting off a good joke at Dr. Henderson's expense, and through him, Homœopathy—published an account of the unfortunate box—which in the heat of excited controversy, received a warmer coloring than was justifiable. We can find no other excuse for Dr. Simpson, and it is to be regretted that he did not offer an apology to Dr. Henderson, when he became aware of the true facts, which would have been both becoming his dignity and position.

Professor Henderson considered the joke of far too grave a character to be allowed to pass in silence; and in his preface to the first edition of his masterly work, "Homœopathy fairly represented," he replies:

"Now we are at direct issue concerning the trumpery story which Dr. Simpson has related about a box of Homœopathic medicines, which had once been "his own former Homœopathic box," and while it was so, had its contents of many phials mixed together, as he says, "by some juvenile member of his family, but which, notwithstanding, had been the means in my hands of so convincing me of the truth of Homœopathy, that some time afterwards, I assured him, as he avers, that I had seen wonderful effects and cures from using the drugs contained in it," or, as he said to myself, (in a conversation we had on several memorable topics before he published this altered version of the words put into my mouth,) were my actual expressions: "Yon box has converted me." To both versions I give now, as formerly, an unqualified denial, and for the simple and sufficient reason, that for me to have uttered either the one or the other would have been an untruth. In the words of my former refutation of the whole fable, "my first experiments in Homœopathy were made by medicines obtained from five different sources, in addition to Dr. Simpson's box. The respected Secretary of the Medico-Chirurgical Society favored me with a box, in connection with which there was, as became his character, no trick, but all that was fair and honest Dr. Russell supplied me with many medicines, Headland, of London, did so too, the Chemist of this city, at a later period, did the same; and some I prepared with my own hands. The results were published, and drew from Dr. Forbes, of London, the admission, that had the cases been treated according to the ordinary school, he would have regarded the results as "very satisfactory" Among them were some "wonderful effects and cures," which I have always regarded as evidences of the power of Homœopathic remedies; but that they were due to Dr Simpson's own former Homœopathic box, in which the trick was, I do not believe that I could have averred, because I was not in the habit of noting in each case from what source the medicines I employed were taken, for I suspected no trick. Since Dr. Simpson has made his trick public, I have suspected, reasonably enough, that some of the failures which I could not formerly account for, but on the ground of my own want of skill, must have been due to the dishonest 'box.'"

Dr. Henderson goes on a little further to explain how impossible it was for a child to have tampered with the box of medicines in the way that has been stated, since every phial, of which there were sixty-six, had the name of the remedy in Latin, labelled on the glass and on the cork.

"Now," he says, are we asked to believe that a child of some three years old, in the habit, as is alleged, of uncorking the bottles of his "occasional plaything," emptying its contents into a heap, and then refilling them from the general mass, was so precocious a

scion that he could replace each cork of the sixty-six in its proper place, according to its proper inscription? And if not, as is perfectly certain, what learned Theban was at the trouble to re-adjust the disordered elements of so despised a machine."

The extract further insinuates, that after Dr. Henderson adopted Homœopathy he was obliged to resign his position as physician to the Infirmary, and his chair, (Pathology), in the University. Nothing could be more untrue. As a Homœopathic physician, in justice to his convictions, he could no longer treat the Infirmary patients according to the old rules of medical treatment, so he honorably resigned his position in that institution. His Professorship he held, notwithstanding that every effort was made by his enemies to dislodge him, up to within a short time of his death—which happened not long since—and he only resigned then in consequence of failing health caused by his fatal disease, Aneurism of the Aorta. It may truly be said that no Professor in the University was more highly esteemed and beloved by his students than Dr. Henderson, and his kindly and obliging manners won for him the respect of even his most bitter enemies.

Hoping you will see the justice of giving space to this defence of truth in your valuable journal,

I am,

Yours Respectfully,

ALLAN M. RING.

ST. JOHN, N. B.

To the Editor of the "CANADA LANCET."

SIR,—"*Vivere medicé est vivere misere*," is an old aphorism, the truth of which I think we all, sooner or later, realize. I have often thought there are few *medicos* that have been even three years in practice, who, if they had the years of their youth to re-live, would ever put a knife in a *cadaver*. Practising in a city is sometimes bad enough, but we poor fellows in the country have a hard time. What with bad roads, bad weather, bad cases, bad pay, long journeys by day and night, ignorant and stingy patients, the bother of preparing and carrying our medicines, the intermeddling of quacks, and the dearth of cultivated society, we do live miserably enough.

I sometimes feel that I would like a little sympathy and advice

from my confreres on certain points connected with medical ethics —a subject, I must say, too much ignored amongst us. For example:

A young school-teacher, a fresh arrival in my neighborhood, who had, a short time previously, married a widow, the mother of five children, and tolerably well supplied with the needful, not long since roused me at 2:30 A.M., in a very peremptory and discourteous manner, to attend his wife in labor. I immediately dressed and hurried to the house, to find that there were no uterine contractions, nor any need of my presence. I stated I could do no good then, but promised to call again before I started on my daily round. At 8 A.M., the husband, passing my house, told me abruptly, without any explanation, that I need not come. I asked if the patient was all right, and he said "No." In the afternoon, being at a public meeting, he came to me, nudged me or pulled my clothes and walked off homewards in a most independent and imperious manner. I followed him for some distance, but finding that he did not turn around to explain, I felt so like a little dog following his master, that I turned back, went home for my case of medicines and thence to the patient's house. On being shown upstairs to her chamber, I entered and found the woman sitting on a chair, with the husband beside her and his arm around her. The expression of pain was very slight, and as I had had a call to a considerable distance, I was anxious to get through my day's work before dark, and would have been glad to have examined the patient, so as to form a judgment as to the necessity of my remaining. I waited for a little time, scarcely knowing what to say before the husband, and feeling myself *de trop* in the lady's chamber, then descended to the kitchen, where I encountered the patient's sister—I believe also a married woman. She immediately interrogated me as to the patient's condition. I told her I really could not tell anything about it, as her husband was there and I had had no opportunity of judging. I also asked if he was not going to his school that afternoon. She said "No," and stated that he could not leave his wife, but had remained with her all day. She, however, volunteered immediately to remove him from the bedroom. Judge of my surprise when, on her going out, the husband came down in a towering passion and told me, in a most insolent tone, without my speaking a word, that he wished to know who had the best right to remain in the apartment—the wo-

man's husband or the doctor. Of course I did not dispute the husband's right to be there, but I told him quietly that I should be ashamed to act in his presence and that it was contrary to the rule that husbands should remain with their wives during confinement, intimating that in such a contingency he must not calculate on my services. I then proceeded towards the front-door, when he rushed ahead of me, planted his back against the door, ordered me in a most insulting manner to go and attend to his wife, and repeatedly threatened to prosecute me if I refused. Though I am not of so ponderous a corporation as Sir John Falstaff is represented to have been, yet I so far resemble him as to be unwilling to give either "a reason" or anything else "on compulsion," and finding that an intimation to my opponent that he was imprisoning me was useless, I used physical force, grasping him by the collar with both hands and swinging him from the door, although he was a very large and powerful man. Seeing that I was not to be intimidated, he then said that he would stay out of the room, whereupon I stepped outside his house and said, "Ask me civilly, now, to go and attend to your wife and I will do so." He obeyed, saying, with the air of a whipped urchin, "If you please, will you come and attend to my wife?" I did so and all went right, nor did he venture into the room until I came down stairs, after the bandage had been applied, and told him his wife would be glad to see him now. I never had any disagreement previously with the foolish fellow, in fact, he was almost a perfect stranger to me.

Now, I wish to know—

1. Was *I justified in declining to act in this case when I knew* I should have the presence, and most probably the insolent interference of the husband during the wife's confinement?

2. Was I liable to punishment for assault in removing the husband from the door when he barred my egress and menaced me with prosecution?

3. Did my visit at 2:30 A.M., and a previous consent to attend to the woman, make me liable for the consequences, had I left the house before the accouchement?

If this be the case, under such circumstances of provocation and brutality, God help us all! Perhaps it is a weakness on my part, but really it embarrasses me so much to have any man who is not a medical man in the room with me at a confinement, that I

cannot with comfort discharge my duties. To make a vaginal examination before such a fiery and jealous-minded husband as the one I refer to would be exceedingly distasteful to a right-minded practitioner.

Bear with me a little longer, I want some more information. Within the last few months, two quacks have come into my neighbourhood to practise. One of them boarded at a hotel, drank plenty of whiskey, sometimes, I believe, attended bar, patronized the druggist with a few prescriptions, got into his debt and then suddenly left for parts unknown, without paying his board-bill, having tried to victimize another party by attempting to borrow money on his departure. He professed to have obtained his qualification at Queen's College, Kingston, but the druggist told me that he did not know the meaning of the word "auscultation," and said that he had never heard it. His *alma mater* need not then be very proud of him. The other one is still in the locality. He is a blacksmith by trade and a very illiterate old fellow, but endowed with the most sublime effrontery He hunts up cases. It is chronic cases he says he wants. He is afraid of getting into trouble with acute ones. He had the assurance to "call upon" me, when I asked him if he had complied with the law. He seemed to know nothing about that, but said he had been very lucky in his practice, particularly in "mid-wife-ry;" that he could not work at his trade now, and had to get a living in some way. He lately persuaded a patient of mine, in phthisis, to place himself under his care, with an assurance that, as the patient's lungs were as sound as his own, he would have him jumping as high as a rail-fence in a month's time. To realize these sanguine expectations, he used rather sanguinary measures; for he pulled out a lancet and bled the unfortunate youth. The patient had hitherto been able to walk and ride about, but the venesection sent him to his bed and perhaps to the shades, for he was dead in a few days.

The ill-gotten gains of such men form no source of annoyance to me, but there is a very great annoyance in having such persons in your neighbourhood They propagate falsehoods which you have no power to contradict, and your patients, in an emergency, will call in any one who goes by the name of "doctor." Under such circumstances, these pseudo-doctors will not leave when the regular practitioner is called in, but hang on in order that they may have it

to brag of that they have met Dr. So-and-so in consultation. You know that

> "A lie that is all a lie may be met and fought with outright,
> But a lie that is half the truth, is a harder matter to fight."

Such people, however, do not hesitate to circulate lies that are all lies. The person in question makes use of my name freely, stating that it was I who recommended him to settle where he is, and boasts that in a certain urgent case to which he was called, I, being subsequently summoned, had publicly stated that the treatment was excellent and I could not have done better myself. This man has Dr." painted on his door, and otherwise contravenes the Medical Act. He goes, under pretence of buying a pound or two of butter, to any farm-house where he hears there is likely to be a "case" to suit him, and there solicits employment. I wish to be informed if the law provides any means of protection against the assumptions of this man, particularly in connection with my name. I am ready to give his address to the Registrar of the Medical Council, but I fear that functionary either will not or can not afford any aid in the matter. If so, *Cui bono*, Registrar? *Cui bono*, Council?

I must say that I sympathize with the movement of the students. The regular profession suffers great injustice. In my own case, for example, the law has been obeyed in every particular. The first licence I had to practice was an European university degree. The document alone cost me about £27 or £28 sterling. Of this, £10 went to the Queen for stamp duty. Then I took a surgical diploma, which was another valid and expensive licence. I registered in Britain, and had to pay for that. The Imperial Act states that this registration entitles a man to practice in *any part* of her Majes. Dominions. I also paid for the licence of the Upper Canada Medical Board. After a time the law nullified this and required us to register. Not wishing to entrust my parchments to the post, I had to undertake a journey to Hamilton and pay for this process also; the law making me, against all my honest convictions, a member of another and hybrid institution. And now, after being licensed over and over again, what does it profit me? I can recover my debts in a court of law, if I am fool enough to go to law with my patients But my friends, the tinker and the teamster, can recover their business debts in court without any licence or registration. Oh! I am legally entitled to give evidence in a court of law. Yes, and in cri-

minal cases, get nothing for it. If registration would *save* us from this privilege it would be of some use. Not long since I had to attend at the Assizes for three consecutive days at my own expense, and to the disappointment of my patients, without even a "thank you" for the expenditure of my time and money.

I would ask, sir, what is the use of keeping the Council in existence if every pretender who styles himself "Doctor" is permitted to place himself on a par with educated men who have complied with the law? But you may say, the Council has raised the standard of education. So far so good. But that refers only to legal practitioners. The good in this respect is neutralized by the tolerance of quackery. We had more protection before the Council came into existence; for I can well remember, in the Tumblety era, that profound student of human nature was fined $100 and costs for assuming the title of "Doctor" and practising without licence. If we had a bill passed containing a stringent penal clause, why could it not be made a part of the defined duty of the clerk of every municipality to apply, within a certain time after the arrival of any person in his municipality who professed to be a practising physician or surgeon, for his credentials, and if necessary to submit them to the examination of the County Attorney, who could act according to law in the premises.

Respectfully, yours,

LIVE AND LET LIVE.

Ontario, Dec., 1872.

To the Editor of the "CANADA LANCET."

DEAR SIR,—If you will kindly insert the following P. S. at the foot of the card, which your correspondent, R. Tracey, in the last number of the *Lancet* copied as mine, and with which he attempted to place me in a false aspect before your readers, it will tend greatly to explain itself:—

N. B.—This announcement, [referring to the card,] was, and is still intended as a public refutation of the slanderous falsehoods industriously circulated by members of the Medical profession in Belleville, for five months, to wit: That I was not qualified, not registered, was a quack, only a Yankee doctor, and latterly, that I was not going to remain in Belleville, &c., &c. Hence this synopsis of my medical education and career, to settle the matter publicly, and brand my calumniators with the infamy they deserve.

BELLEVILLE, Nov. 12, 1872.

These gentlemen, without availing themselves of the proper avenues of correct information, in the face of my proper introduction by my partner, Dr. Dorland, prior to his departure for Europe, and in utter disregard of all accepted ethics of the Medical profession in any civilized country, made a most disgraceful and unworthy attack upon my professional character in public as well as in private. At first I treated the matter with silent contempt, but after a forbearance of five months, and with no card of mine in the daily papers to refute the constantly recurring malignant assertions, I issued a synopsis of my education and medical career, as well as my professional titles and appointments, for public verdict. This card formed the subject matter for your correspondent, R. Tracey's letter, and in a guilty spirit of recrimination he dilated somewhat upon it and distorted it considerably. My card presented no features very different from others of the profession in Belleville, unless in numerical superiority of titles and appointments. Not one word of vaunted superiority in any class of diseases, but my education in Foreign and British Schools was with my career, laid before the intelligent public for their judgment as to my fitness, and their confidence in a professional capacity. It happened also about the time I arrived here, that a change was taking place in the Medical Registrarship, and in spite of my endeavors to be registered speedily, (a system I heartily uphold,) delay was unavoidable, but immediately the new Registrar assumed office I was registered forthwith. With more virulent animosity than guardian zeal for the profession, these gentlemen made the most of this delay. Your correspondent's raillery at my calling in a little French, and about as much German, is exceedingly puny; for here his evident inability to translate a very simple sentence in French and German proves his wit to be exactly in inverse proportion to his ignorance. * * *

We have a mixed population of French and German in Belleville, as elsewhere in Canada, besides British Americans, whose education enables them to make that use of my announcement which I intended. Personally, I detest the current style of medical cards in newspapers, preferring rather to relinquish "the shop" to shopkeepers, and thus preserve our distinctive claim to being "professional gentlemen" in its integrity. But *O tempora, O mores!* after quietly enduring five months relentless and insidious defamation of my professional character, and "patience had ceased to be a virtue,"

I was constrained to follow the example of the "*grex vulgus*" and inserted my card in the papers, not descending to R. Tracey's pettifogging expedient however, of utilising barber's shops, saloons, &c., for advertizing purposes. His crying "peccavi" is cheap atonement forsooth, after reaping for a year or more by his procedure, unfair advantages as we may infer in all reasonableness He utterly fails, in inviting comparison between his expedient for obtaining practice and mine, and he contrasts badly as the result.

Not long ago a member of the profession here made a hasty trip to England, and upon his return duly announced himself as a "member of the Anthropological Society;" "member of the Obstetrical Society," &c., &c., *in extenso*, so then, that my detractors furnished me with most excellent precedents in the advertising line will generally be conceded. * * * Ill disguised and disappointed, greed for the pickings of my partner's practice, on the occasion of his departure for Europe, has had much to do with the true animus of this controversy, but I held too tight a rein upon public confidence to suit them, and proposing to continue my hold, by devotion to my own and not other peoples' business, I leave them to their own reflection, calling to my aid for their edification (and that of their mouth piece, R. Tracy, your correspondent, especially,) a little Latin, since French and German proved so indigestible, *sera nun quam est, ad bonos mores via.*

Yours respectfully,

EDWARD CLAPHAM.

Belleville, December 24th, 1872.

[To the Editor of the Canada Lancet.]

DEAR SIR,—In your December number, I find a communication over the signature of Dr. Cornell, which, in point of erudition and research, deserves more than a passing comment I have often puzzled my brains about what the doctor so elegantly calls the *pathy*, and, though I have a medical dictionary, I never could fully understand it. How simple it seems now! what lucubration, what toil he must have had! But then perchance to him it appeared perfectly facile, one who understands Greek as well as he does, Arabic and Latin and Hebrew would easily master the idea I am sorry that the doctor did not give the vernacular of his quotation from Greg-

ory; do you know where I could obtain a cram copy of the work? I am afraid it is getting very scarce. All must admire the modest candor with which he acknowledges that during his term or terms as medical examiner he literally did nothing and was paid for it. We knew that, yet it goes to show that there is nothing vulpine about him, the time has come, he thinks, when like Wolsey, "he must lay his honors down," nevertheless, he can say, that he has left all correct *en famille*, and that is something to have achieved. There are some who say, that the Eclectic quota of the Medical Council did not exhibit a fair representation of the talent, &c., of the Eclectic profession, but this is after all only an opinion. I believe it is Burke who remarks, "That because half a dozen grasshoppers make the field ring with their importunate chink, whilst thousands of great cattle reposing, chew their cud and are silent, you are not to imagine that those who make the noise are the only inhabitants of the field" Some of the small fry of the Eclectic Medical Society, who are allowed to worship at a distance, like the bruised worm, turn round, make use of adjectives, and ask why their names are dragged into print to serve a point or help the large tadpole to display the ego. Myself and—write to me—is the Alpha and Omega, like a woman's postscript it contains the gist of the whole. I concede the fact that certain persons did sign their names to a proposition to the Medical Council of Ontario, but they deny the right of any person (who having for a distinct purpose obtained the same) for his own ends to ventilate their names in a public journal without either leave or licence. When Dr. Muir published a communication through your periodical, he only expressed his own views, which he clearly had a right to do; but Dr. Cornell goes the whole length, abuses private confidence, and exposes that which was never intended for the public. I am not surprised at what he has done or published. I merely give vent to my feelings and that of others on the subject —"Nemo mortalium omnibus horis sapit," and rather foolish some of us feel over it, to speak vulgarly, we have been sold, disgusted with the men or a portion of them who have by the unfortunate indifference of most of us been thrust forward by a clique as our representatives, we care not now to move in the matter, most of us accept from necessity the situation we are placed in, but we disown the would-be leader.

Yours respectfully,

VOX.

[To the Editor of the Canada Lancet.]

DEAR SIR,—What are we to understand by the terms, "Legally qualified practitioner," and "General profession"? In the December issue of the *Lancet*, the names of several gentlemen are given as being desirous of merging in the "General Profession" One of these, to my surprise, is a man whom I have seen travelling through the country, styling himself "The Great Physician," curing all manner of diseases by magic. His examinations were gratis, his charges for drugs moderate; his belts for cure of rheumatism only $3½, and his cure for goitre simply the laying on of hands, or "rubbing down," because, as he said, he happened to be the seventh son. I wonder if this power had anything to do with the reduction of a certain case of strangulated hernia, which occurred in the person of Mrs. P———, to whom he was called; if so, the assistance of another physician of less pretensions was necessary Now, sir, are we young men who are compelled to spend so much time in acquiring both literary and professional knowledge to be classified with such men as this? To herd as it were with rapacity of the vilest character because clothed with legal dignity? No! I mistake the character of the writer of that article if he would not revolt against such miserable quackery.

Yours truly,
MEDICUS.

Toronto, Dec. 16th, 1872.

Selected Articles.

THE INFLUENCE OF THE MENTAL OVER MAN'S PHYSICAL FORCES.

We prick the finger with a needle, and instantaneously a nerve of sensation gives us an intelligent idea of violence By the aid of the scalpel and microscope we are enabled to follow up the nerve fibre to its starting point. No sooner has the sensation reached what we are taught to call the root of the mind, the brain, than another set of nerve fibres spring into action, and at once withdraw the finger from further injury. These nerves of sensation and motion

are simply prolongations of the medullary substance of the brain, spinal cord and semi-lunar ganglia, which find their way to every part of the body. Had no other office been assigned to the brain, than the control of these forces alone, it would have a duty of highest importance to perform But we have an office assigned it infinitely higher than that of sensation or motion. The brain is the workshop of man's mental forces, this he will neither assume nor deny, holding either position beyond demonstration, but simply ask, where are the nerves of thought? Are they wrapped up in the gray or white substance of the brain, to grow and strengthen as Prof. Agassiz advises us, by eating fish? or as Mark Twain pertinently suggests, a whale? Or are they lying loose in the front and large portion of the brain, the one-fourth of which I have seen a boy lose, from a fracture caused by a gunshot wound, without affecting his mind? But the object of this paper is not so much to hunt up the exact location of man's mental forces, as to show their influence upon physical organs, the exact location of which we do understand, together with their functions. That a man may enjoy good physical health with a very feeble intellect is a fact so well established that but few will controvert it.

But the converse will not hold good, the immortal part of man, that which was made in the likeness and image of the Infinite, is dependent for its proper, full and vigorous development upon the healthy and well-developed condition of all the physical organs.

A man is no more capable of reasoning correctly who is in confirmed hypochondria, which we have been taught to believe has its origin often in the derangements of digestion, than he would be with softening of the brain, or, if you please, with a tumor on the brain. Yet the mind, so to speak, may dwarf the man physically to such an extent as to cut off its own supply; and it is this, as guardians of the health and preservation of our race, that we are daily called upon to consider, and, it may be, to correct. The influence of the mind is more frequently, and, perhaps, more directly, felt upon the stomach than any other organ. Who of us has not sat down to dinner with a keen relish for the good things set before us, when some sudden news, depressing, perhaps, in its character, has in a moment induced satiety. Intense grief or fear is said to have changed the color of the hair in a single night from black to white. An over anxious feeling, coupled with hope and doubt, is very apt to increase the secretion of

the kidneys. Prurient thoughts will increase the secretion of semen; the cry of a young child will start the lacteal flow in the mother; the fear and dread of a cancer have, without much doubt, converted a simple fibrinous tumor of the breast into a malignant one; putrid or disgusting objects may produce emesis, and there is but little doubt but that the mental emotions may be so operated upon as to cause an attack of diarrhœa. And so we might go on until we had enumerated nearly all of the secreting organs of the body. Men, in good health, meet with some little reverse in their business; they grow anxious about it, loose sleep and appetite, then they worry because they cannot either eat or sleep, until they become sick. The physician is told everything but the truth, when he proceeds to worry them additionally with drugs. When death supervenes, they die of "softening of the brain," a very convenient disease for men to die of; the skull is so thick that you cannot conveniently feel the brain through it; and then if an autopsy is made, why, the brain is always sure to be soft, which proves eminently satisfactory to the friends.

A sick person grasps the thoughts of a physician the moment he enters the chamber, and he holds them as if they were things tangible, just as he does the outstretched hand, only he holds them long after the doctor has gone on his weary way. Hence the quiet, cool, easy, cheerful, self-possessed, confident doctor, is always the successful practitioner. A physician once wished to compliment a lady, who had brought a floral tribute to one of his sick patients, and while looking upon the little bouquet of flowers close to the blanched cheek, he politely remarked that he once knew life and death poised in the balance, and the delicate odor of the citron turned the scale in favor of life. While this may not be literally true, it is not without its effect, and it is as much the duty of a physician to look after and control that spirit essence, or subtle essence, the mind, as it is to know that the stomach has been relieved of its noxious bile, or that the fevered pulse now keeps pace with his own. The finest medical lecture ever given, at least in so short a compass, was by Solomon, it is this: "A merry heart doeth good like a medicine, but sorrow is as rottenness in the bones."

It is a common saying that you must have faith in a doctor, or his medicine will not cure you. Now confidence and trust in a physician's skill is, no doubt, oftentimes fraught with good results. The solution of this is that the mind is relieved, in a measure, of its

anxiety, ceases to concentrate itself upon the diseased organ; but this is not so much a cure by faith as it is a cure by mental over physical force. It is not only that one's own physical organs are influenced by mental force, or mesmeric force, but that through the latter, or nerve force, one's mind exercises a material influence over another's physical organs. This pertinently suggests the necessity of a thorough study and knowledge of human nature, by the well-educated physician. It is not unfrequently the case that we find physicians eminently qualified to practice their profession who are very unsuccessful in their practice. Why is this? It is certainly not because their diagnosis has been faulty, neither is it because improper medicines have been used; but it is because the mind of the patient is stretching forth its delicate tendrils—may be bruised ones—found nothing to refresh and strengthen them. Simply because the souls of the physician and patient, or their minds, did not seek to get acquainted with each other. This certainly is the chief cause of their failure, and tells us very plainly that our minds, our souls, our thoughts, must be administered, as well as our drops and pills, if we would successfully combat disease.

We occasionally meet persons with imaginary diseases—imaginary in the beginning, but real in the ending. Again, there are some persons who have had real disease, been thoroughly cured, and yet their minds, so to speak, remain so full of the disease that they cannot be made to believe they are well, and a depressing influence is thus brought to bear upon their general health, closely allied, if not akin, to the trouble they have been cured of. Now, blister, plaster and quinine will not relieve this class of patients; they can only be cured by administering to what we have been taught to call a diseased mind an equal amount of healthy mind.

How is it to be done? Well, there comes the rub; it is enough for my present purpose to say it must be done. Association occasionally develops disease, for instance, chorea. A boarding-school miss gets sick, recovers in a degree, but there remains with her an involuntary motion of some of her limbs, beyond her control. This occasionally extends through an entire class, almost as much so as rubeola or pertussis would. This, of course, I do not class as a disease of the mind, but rather as one that may be caused by acting through the mind. One other class of patients and I am done. A patient comes to you, a highly intelligent gentleman, a lawyer per-

haps, may be a divine; he has read a great deal, he has thought a great deal, and no doubt but he knows a great deal in his line. He holds in his hand an advertisement, which he has cut from a newspaper, of some patent medicine man, or it may be a leaf out of Jayne's almanac; possibly some disciple of Hahnemann has sugared him up by his description of the aches and ills that flesh is heir to. Now, he wishes you to distinctly understand that he does not believe in patent medicines, and as for those little pills, he thinks nothing could be more insignificant. "But then," continues he, "they have described my feelings better than I could do it myself, and it may be possible that this is just what I need." You examine the case carefully, and find instead of his needing a "Liver Invigorator," "Lung Balsam," Blood Purifier," or "Catarrh Snuff," that he has simply overtaxed himself, both mentally and physically, until he can easily imagine aches he does not feel. But there is still another, and perhaps better reason; it is this: nearly every patent medicine man man describes about the same class of symptoms, in about the same words, no difference what the disease he is describing. This is not noticed by the general reader. It requires only a little careful wording, with a moderate degree of ingenuity, to tell a man about how he feels, for there is scarcely any sick man who feels well. A little address may be well in the beginning; for instance, preface your remarks with, "You know from your own personal observation that he is a man who will not give up to trifles; that he has a general feeling of languor and debility all over; an occasional chilliness, followed with more or less fever, flashes of heat, a general aching all over, an occasional palpitation of the heart, a little nervous, will start suddenly if frightened, irregular appetite, cannot sleep well, a little running round of the head if he stoops down and rises up suddenly; after eating a hearty meal he gets up from the table feeling full." Now, this will satisfy nine men out of ten. Of course, I need not here remark that this is all absurd, but nevertheless it is kindred stuff, through patent medicine advertising, that causes a great deal of the diseases of both the mind and body that we are called upon to treat, and I merely refer to it to illustrate the action of the forces of which this paper is the subject.—*Dr. Jones in the Medical and Surgical Reporter.*

A TEST FOR PUS.

[Dr. Day, of Australia, has made some interesting observations on pus, which we quote from the London *Medical Times and Gazette.*]

"In 1868," he observes, "I had the good fortune to discover a very delicate test for pus, and have since been in the almost daily habit of applying it, in conjunction with other tests, as aids to diagnosis. In this way I have learned some very interesting facts regarding the properties of pus. For instance, I have found that healthy pus, when dried, becomes chemically inactive, although, when moistened with water, it again resumes its chemical activity; also, that pus derived from persons suffering from diseases allied to erysipelas, possesses unusual activity more than that from healthy persons—and which it is capable of retaining for years.

"On this paper are two spots of pus, which had been allowed to dry by exposure to the air. To one has been added the pus test alone, with, as you may see, a negative result, dry pus being devoid of chemical activity. To the other a drop of water is added, and then a drop or two of the pus test, with the result which always follows the application of this test to most pus—namely, a bright blue reaction.

"I mentioned just now that pus secreted by persons suffering from diseases allied to erysipelas is more active in its chemical properties than healthy pus. On this piece of glass is some pus taken from a large carbuncle on the neck of an elderly gentleman two years and three months ago. He was suffering from symptoms of blood poisoning at the time. This pus, as you will see, although it has been freely exposed to the air during the whole time, and sometimes to great heat, still retains its power of acting chemically on the pus test, and it does so even when dry, thus showing that it possesses greater chemical activity than ordinary pus.

"You will perceive that, in the explanation I have attempted regarding the influence of moist and dry air over the propagation of erysipelas and its allied diseases, I have assumed that when the chemical activity of pus is suspended, its power to act as a poison on the system is also suspended.

"I will trespass on your time by bringing one other experiment under your notice, as it may help to explain the *modus operandi* of Prof. Lister's antiseptic treatment of wounds.

"I have found that carbolic acid possesses the property of entirely and permanently destroying the chemical activity of pus, whether derived from healthy or unhealthy persons. On this paper is some pus which had been moistened with water, to give it chemical activity. A few drops of watery solution of carbolic acid were then poured over it, and after the lapse of a quarter of an hour, the pus test was applied, with, as you may see, a perfectly negative result."

Dr. Day's pus test is so simple in the mode of appliance, and apparently so certain in its revelations, that we have little doubt it will soon come into daily use as an aid to diagnosis. He prepares his test fluid by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. On moistening the most minute quantity of pus with water, and pouring a drop or two of the test fluid over it, a clear blue color is produced.—*Medical and Surgical Reporter.*

THE HEAVIEST BRAIN ON RECORD.

Dr. James Morris, of London reports the following case in the *British Medical Journal:*

On October 3rd, 1849, there was admitted into University College Hospital James Hursey, aged 38, bricklayer, a robust-looking man. Ruptured seventeen years before, he has left off his truss two or three years; now the rupture was down and could not be returned. It was right inguinal, small and tense, with no impulse on coughing. In the evening Mr. Arnot operated. The sac was opened; much serum, tinged with blood, ran from the abdomen; the omentum was adherent to the sac; the constricted bowel, of a dark mahogany color but shining surface, was returned. He did well at first, but died two days later. Erysipelas and pyæmia at that time prevailed in the hospital. Of ten successive cases of strangulated hernia operated on by several different operators, and treated afterwards on the most diverse principles, only one survived. In that case (Mr. Marshall's) the sac was not opened.

The *post mortem* examination of Hursey disclosed peritonitis, a serous cyst in the liver, some damage to the kidneys, old pleuritic

adhesions of the right side, recent lobular pneumonia (result of pyæmia), and some hypertrophy of the left ventricle of the heart. The weight of the brain, taken immediately on removal, exceeded sixty-seven ounces. This weighing was most carefully made, and was witnessed by several students. The brain was well proportioned; the convolutions were not flattened; though the surface was fairly moist, it only lost about one ounce weight after the usual dissection and draining for two hours. The specific gravity was not taken. The cerebellum and pons were separately weighed, of these I have not the figures, but there is no reason to suppose that they were disproportioned to the rest of the brain, as in the cholera case recorded by Dr. Parkes.

Hursey's height was about five feet nine inches and a half. There was the utmost difficulty in obtaining a satisfactory history of him. His wife and his landlady gave different accounts. It seemed that he was a native of Sussex (Dr. Parkes case was an Irishman), and had left his village and changed his name on account of some poaching troubles, that he was not very sober, had a good memory, and was fond of politics. He could neither read nor write.

Care in Operating. The following sensible remarks were made by Professor Humphrey, F. R. S., in a clinical lecture on lithotomy. "The great secret of success in operations, as in all efforts in life, is a painstaking and careful method of prodecure, and in no operation is this more true than in lithotomy. In it the recovery of the patient depends, perhaps more than in any other, on the manner in which it is performed. Accordingly, when, thirty years ago, having just emerged from pupilage, I had the good fortune to be appointed surgeon to this hospital, where I knew I should be called upon to perform lithotomy, I was much impressed with the responsibility of the task, and set about seriously to consider the mode in which it could best be done, and I laid down for myself, a plan to which I have ever since closely adhered. A careful investigation of the subject, and an investigation of the different modes of operation practised by the most eminent men, convinced me that in this, as in most operations, the minimum of deep cutting was the safest course and gave the best results. Reading

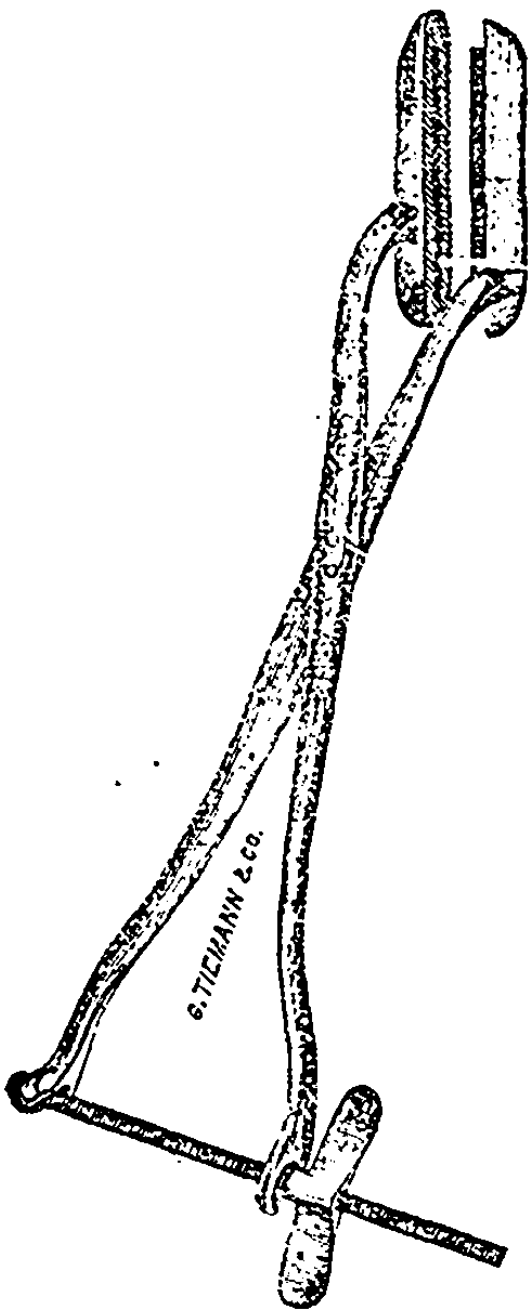
confirmed what observation had shown me, and what reason had suggested, that not the brilliant, but the cautious operators were the most successful. I came to the conclusion that in deeply seated parts it is better to make nineteen or twenty cuts, amounting in the aggregate to nine-tenths of an inch, provided that is sufficient than one cut amounting to an inch. The extra tenth will now and then turn the scale against the patient, though the quicker proceeding may seem to tell in favour of the operator *British Medical Journal.*

MONOBROMIDE OF CAMPHOR AS A NERVINE.

Dr. William A. Hammond writes (*New York Med. Jour.*)—"My experience with the monobromide of camphor, though thus far limited, is eminently satisfactory. I have employed it in two cases of infantile convulsions due to the irritation of teething, with the effect in each instance of preventing the further occurrence of paroxysms which previously to its administration, had been very frequent. In each case a grain was given every hour, rubbed up with a little mucilage of acacia. Three doses were sufficient in one, and two in the other case. The children were aged respectively fifteen and eighteen months. In a very obstinate case of hysteria occurring in a young married lady, in the form of paroxysms of weeping and laughing, alternating with epileptiform and choreiform convulsions, I gave the monobromide of camphor in doses of four grains every hour. The influence was distinctly perceived after two doses were taken, but ten were necessary to break up the attack. This was a very favorable result, as all the previous seizures had lasted from five to eleven days, uninfluenced by medication or moral suasion. I have also employed it with excellent effect in several cases of headache occurring in women and young girls, and due to mental excitement and excessive study. One dose of four grains was generally sufficient to cut short the attack. In two cases, three doses at intervals of half an hour were necessary. In wakefulness, the result as it so generally is of of cerebral hyperæmia, the monobromide of camphor appears to be greatly inferior to the bromide of calcium or even the other bromides. But it is apparently indicated in delirium tremens. I have not yet had the opportunity of trying it in this disease, but I shoul I not hesitate in a case of the affection to administer it in doses of five grains every hour or half hour, with the confident expectation that sedation and sleep would result. The The monobromide of camphor may be given in the form of a pill, with conserve of roses as the excipient, or as a mixture with mucilage of gum arabic and syrup. The dose for adults ranges from two to five grains.—(*Med. Cosmos.*)

THE RECTILINEAR ECRASEUR.

The last lecture I heard from M. Nelaton, in Paris, was on the use of the *ecraseur liniere* of Chasaignac for removal of hemorrhoidal tumors. He made two fatal objections to it.—1st, in internal hemorrhoids it is sometimes followed by dangerous hemorrhage; 2nd, from the amount of tissue embraced it not unfrequently causes stricture of the anus. These objections I can fully endorse from my own observation.



About twelve months ago I contrived a *rectilinear ecraseur*, which I think, properly employed, is free from the above objections, and fulfils all the indications better than any operation yet devised. It is almost entirely free from subsequent pain.

A glance at the above drawing will show that this instrument has two parallel blades coming together like a clamp. One blade has a narrow fenestra running its whole length of about three inches, and the other presents a rough edge (like a fine saw) so constructed as to pass into and fill up the fenestra when the clamp is closed. There is a shoulder projecting on each side of the blades, for the purpose of crushing more perfectly the tissues operated upon, a little beyond the thin edge of the blade.

This instrument does not completely sever the tissues (as does the (ecraseur of Chassaignac), but crushes them down to a very attenuated pulp. If the hemorrhoid is within the sphincter, it is safest to tie a ligature in the sulcus made by the écraseur for

fear of some secondary hemorrhage—the tissue is so compressed that a very small pedicle is left for the ligature, and the vitality of the part being completely destroyed the *ligature causes no pain*, and the tumor drops off in a day or two. I cut away with scissors the part of the tumor outside of the ligature at the time of the operation.

I removed five internal hemorrhoids, at one sitting, from a patient, a few days ago, in the presence of Dr. Keyes, Castle, Yale and Dudley, and after the effect of the anæsthetic passed off, the patient never complained of pain. This is a result which is impossible after ligatures. The clamp and actual cautery used by some surgeons give good results, but much more troublesome.

Where the hemorrhoids are external, instead of using a ligature I clip them off with scissors as soon as the clamp is removed.

The principal advantages of this instrument are:—

1st. It is easily and rapidly applied, and requires much less time in its action than that of Chassaignac.

It removes in a *right line* the exact amount of tissue desired, and *is not* followed by pain.

This instrument is applicable to the tongue, cervix uteri, penis, tumors on cervix uteri or vagina, the vagina in operations for procidentia uteri, &c. *Dr. Nott in the Med. Record.*

PHYSICIAN'S BILLS.

If there be any one thing in the medical profession demanding a change, it is the plan hitherto adopted, of sending bills for professional attendance only once, or perhaps twice, yearly.

There are many objections to this plan.

First. People frequently change their locations, and when sought, are therefore not to be found. Yet these same persons might have paid a small bill if promptly sent at the cessation of attendance.

Second. Bills running for a long time may, and generally do become large; and many persons cannot pay *one* large bill as easily as the same bill divided into parts, and presented at different periods.

Third Bills, if let run till they become large, are more apt to have deductions voluntarily made by the sender, at the time of delivery; so that even if paid, less is realized by the doctor than if sent more frequently.

Fourth. After a long period has elapsed, people forget the length of time the physician has been in attendance, and may not feel the same satisfaction as if they had received their bills immediately, or soon after the services were rendered.

Fifth. In due course of time the gratitude is lost, and one great incentive to pay the bill is lost with it.

Sixth. By the course hitherto pursued attention must be too long bestowed before we can discover the true character of our debtors; and we really indirectly encourage those who make it a rule to go from doctor to doctor as soon as the bill becomes large or is presented.

Besides these reasons, we know that it is almost the universal practice now, in other kinds of business, to favor, and follow the method of sending statements frequently, and generally monthly. And why should not physicians observe in their business relations the rules pertaining to other business transactions?

In accordance with the above, we notice that the Sydenham Medical Corterie, of this city, has passed the following resolutions:

Resolved 1st. That on every bill hereafter sent the following words be added: "*Bills rendered monthly.*"

Resolved, 2d, That the bills *be* thus often rendered, unless still in attendance on the patient."

We recommend this action to the notice of physicians, and if *all* would unite in this plan we think there would not be so much complaining among us about not collecting our dues. *Medical and Surgical Reporter, Philadelphia.*

THE EXUDATION IN CROUP (*Mendini*).—In croup the mucus membrane is infiltrated with very numerous round cells, such as are found in all inflammations, and the false membrane when examined also proves to be richly supplied with similar cells. The cells in the false membrane are imbedded in a basis substance, which has in some cases a homogeneous, in others a somewhat fibrillated appearance. Now opinions differ as to the origin of the false membrane; some hold that the basis substance is formed by the conversion of the epithelial cells of the mucous membrane, the round cells owing their existence to an endogenous production within the epithelial cells. But the author is of opinion that croupous false membrane is

a true exudation, the basis substance being composed of fibrine just as that of the exudation on serous membranes in acute inflammation, and the round cells being amœboid cells which have wandered into the false membrane, as we find them to do in the inflamed peritoneum. His chief reasons for this view, are, that the false membrane is frequently produced after the mucous membrane has lost its epithelium, and he has seen no trace of the metamorphosis of the epithelium in the trachea, such as is described by some in the pharynx.—*Glasgow Medical Journal.*

ORIGIN OF PUS CORPUSCLES (*Hoffman*).—It seems now pretty well established that the statement formerly made by Virchow, that the connective tissue is the one source of all inflammatory cells, was too wide, and that pus corpuscles are, in part at least derived from the white blood corpuscles. The next step of course is to the opposite extreme from that of Virchow, namely, to assert that the connective tissue takes no part in the production of pus corpuscles, and this extreme Cohnheim was not slow to reach. The present paper aims at a solution of the question in an experimental manner. The plan of the author's experiments was, to charge the connective tissue of a living animal with vermillion-granules, and then to cause suppuration to be set up. and now if vermillion were found in the pus corpuscles it would be inferred that the latter arose from the connective tissue, and if not, that the contrary was the case. He found that when vermillion was injected into the vessels of a rabbit, it could be made to collect in considerable quantity within the connective tissue-cells of a given part, by irritating the part. Having thus got the connective tissue charged he excised a portion of the tissue, and so induced suppuration, and found that the pus corpuscles contained no vermillion-granules. He concludes, therefore, that the fixed connective tissue corpuscles do not take part in the formation of pus corpuscles, and that as Cohnheim asserts no source of pus corpuscles except the blood has yet been proved.—*Ib.*

DR. WM. RICHARDSON'S TREATMENT OF DIABETES.—Dr. Richardson (*Am. Practitioner*) was himself attacked ten years ago with diabetes. After a prolonged trial of the most approved reme-

dies he was fortunate enough to hit upon a plan of treatment by which he has been cured, and by which also other diabetic patients have been much benefited. The essential features of this plan are the employment of regular and steady exercise, ablution of the skin daily with soap and water, the use of a bath, containing a tablespoonful of carbonate of soda, twice in the week; exposure of the body as far as practicable to sunlight, and the continuous use of iron, which he uses in the form of tincture of the perchloride in four or five drop doses, with one or two drops of tincture nux vomica and eight or ten grains of chlorate of potash three times daily. He is an advocate of restricted diet; but when the plan of treatment which he suggests is carried out fully he finds that a considerable amount of relaxation as regards food is not injurious. He regards the sudden adoption of a very restricted diet as likely to prove highly prejudicial. Dr. Richardson's present dietary is sufficiently liberal, and, besides meat, includes brown bread, with plenty of fresh butter, macaroni, and rice, potatoes sparingly, and occasionally a little dry fruit. Even a few glasses of champagne occasionally he does not find at all injurious.

HYGIENIC PHYSICIANS.—[We observe in the Ontario Gazette a notice to the effect that application will be made to the legislature of Ontario at its next session for an Act to amend the "Ontario Medical Act," so as to allow physicians of the Hygienic School to register and participate in all the rights and privileges granted by said Act. We very much mistake the spirit of the legislature if they will entertain any such proposition. There can be no legitimate reasons given for the incorporation of one or two individuals into a separate body and giving them representation under the Medical Act,—might as well think of incorporating electricians, clairvoyants, midwives, *et hoc genus omne* who choose to call themselves by distinctive names. It is only an attempt to give a legal status to men who are not entitled to it either by education or professional ability, and which ought to be frowned down by every right minded public man. This so-called system has nothing in it, that is not known and practiced by every intelligent physician of the various schools recognized by the Ontario Medical Act and we cannot therefore see how it can be argued that in any way the public would be benefitted by such a movement.]—*Ed. Lancet.*

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TORONTO, JANUARY 1, 1873.

MEETING OF THE MEDICAL STUDENTS OF TORONTO.

A meeting of the students of the three medical schools in this city was held on the 30th of November to consider the working of the Ontario Medical Act, and to bring under the notice of the Council certain grievances of which they complain. The following resolutions were submitted to the meeting:

1st. "Whereas the medical students of Ontario, while recognising the benefits conferred on the medical profession generally, through the establishment of a Central Examining Board for the examination of students in medicine, feel that the Act has signally failed in its main object, viz in securing protection to regularly licensed practitioners, inasmuch as the country is literally flooded with quacks, druggists, and others with questionable qualifications, who in open defiance of the presumed intention of the said Medical Act are openly practising medicine, surgery and midwifery, to the detriment of legally qualified practitioners. It is therefore resolved that the Medical Council of Ontario be requested to take action during the ensuing session of the Ontario Legislature, with a view to secure for the profession the protection so much desired." *Carried.*

2nd. "Whereas the said students of Ontario, considering that the fees charged by the College of Physicians and Surgeons of Ontario to candidates before that body for the license granted by them are exorbitant, request that the said fees be reduced to the sum of $30. the said sum to include the matriculation fee. *Carried.*

3rd. "Whereas the said students of Ontario feeling the great inconvenience arising from the want of printed questions at previous examinations, demand that the questions hereafter prepared for candidates be handed to them in printed form, in accordance with the well-understood custom of other universities." *Carried.*

4th. "That the rejected candidates at examinations should have the privilege of either withdrawing the amount usually refunded, or leaving it in the treasurer's hands, and in the event of going up for examination again no further fees be demanded from them." *Carried.*

5th. "That, in the event of the Medical Council of the College of Surgeons, &c., failing to comply with the above demands of the medical students now assembled, that we shall take into consideration the advisability of not presenting ourselves at any future examination of the said Council"

The last resolution not being considered explicit enough, the following was moved in amendment —

"That, providing the Medical Council entirely ignore the above resolutions, and take no steps to remove the grievances complained of, we will not present ourselves at any future examination till such grievances are remedied." *Amendment Carried.*

The meeting was well attended and orderly throughout, the utmost unanimity prevailed, and the spirit of the resolutions showed that they were intensely in earnest. The chief ground of complaint seemed to be that they were charged too much for their licence, and that when obtained, it gave them no protection against unlicensed practitioners. They also complained that the support of the whole Council for meetings, examinations and elections, &c., fell upon them, and that the general profession did not contribute at present one iota to its support, although they derive equal benefits whatever these may be. It must be admitted that in these matters the students have just cause of complaint, but the peremptory manner in which they have worded these resolutions is not calculated to awaken the sympathy either of the Council or the profession on their behalf. The Council are doing all in their power to secure such amendments to the Medical Act, and such assistance from the Ontario Government as will meet the wishes of the Students, but until they shall have succeeded in this, it is utterly impossible for them to do more for the Students than they are doing. A similar meeting was held during the past month by the medical students of Kingston who are in entire accord with their brethren of Toronto. It was suggested by

the executive committee of the council, that the students should send a deputation to wait upon them and state their grievances. This was accordingly done and the meeting took place on the 20th ult. This deputation, consisting of one member from each of the schools of this city, and one from Kingston was kindly and courteously received by the chairman, Dr. Campbell, who assured them that the council were desirous of meeting their wishes as far as it lay in their power. The deputation then presented written copies of the resolutions adopted at their meetings, and said that they were prepared to make any explanation regarding them that the Council might wish. The chairman having read the resolutions, remarked that the students had the most hearty sympathy of the council, but that it was not in their power to redress every grievance. The council were not to blame, because the penal clauses were not sufficiently stringent, but it was their purpose to go before parliament this session, and get a Bill to amend the penal portion of the Act, and to obtain power to enforce the payment of the fine imposed. With regard to the fees for the licence, the necessities of the council required it, and if they did not receive assistance, either from the government or the profession, they could not grant the request He then referred to the threats of the students to remain away, and said that in so doing they would injure themselves and not the council. In regard to the examination papers, he said the difficulty was that information regarding their contents, might leak out if sent to a printing office to be set up. If the printer were under their own eyes the thing might be done, but in no other way. The resolution in reference to the retaining or returning of fees to rejected candidates, had not been considered by the committee, and he would, therefore, say nothing about it at present. The chairman having repeated his assurances of good will, the deputation withdrew The action of the Students, although a little unwise in some particulars, cannot possibly do any harm, but may rather be of service in strengthening the hands of the Council before the legislature, not only in their efforts to amend the Act, but also to obtain the much needed pecuniary assistance.

If they are successful in their efforts they will be enabled to fully meet the wishes of the students, and also do good service to the whole body of the profession in Ontario. The fees charged for the licence are, no doubt, double what they ought to be, and we cannot wonder at the remonstrance of the students regarding the matter.

Many of them, and many of the most deserving, cannot well afford this very heavy tax just at the conclusion of their very long course of study with its attendant expense. The Act has done good service in raising the standard of medical education, but it is manifestly unjust to tax the young men just entering the profession with the whole burden of its maintenance. The matter of printed examination papers might easily be adjusted, we think, by the examiner writing them in a good legible hand with chalk on a large blackboard and placing them in such a position that the candidates could read them from their seats. This is done in Colleges, and answers admirably, and we do not see any difficulty in the way of carrying it out effectually in an examination of this kind. The examiner might enter the room a quarter of an hour or twenty minutes before the appointed time and write them out carefully, so that no time would be lost after the candidates entered the room.

We would desire also in this connection to return once more to a matter referred to in the April and May numbers of the LANCET for 1872, viz: the propriety of obtaining an amendment to the Medical Act which will permit *Canadian graduates* who have taken out one or more additional degrees or diplomas in Britain, to become registered on payment of the ordinary registration fee. This, it will be seen, is intended only for the benefit of Canadian graduates who have, at considerable expense, availed themselves of the great advantages for clinical instruction afforded by the large hospitals of Great Britain, and who have shown themselves worthy of the honors of the institutions of the mother country. Every encouragement should be shown these young men, and we can see no reason why such an amendment should not be introduced. If the Council must insist upon their passing the usual examination, they might at least remit the ordinary fee for the licence.

ETHER *V.* CHLOROFORM.

The superiority of ether over chloroform in point of safety as an anæsthetic is at present att acting considerable attention, both in Europe and the United States, and the comparative merits of these two agents are again about to be tested in such a manner as will forever set at rest any doubt on this point. In America, ether has long been used and recognized, especially in New York and Boston,

as the safest anæsthetic, but from some cause or other it never seems to have come into general use in England. During the summer, an article appeared from Dr. Morgan, of Dublin, in the *Medical Press and Circular*, setting forth the superior advantages of ether over chloroform, and this was followed shortly after by another from Dr. Joy Jeffries, of Boston, who was on a visit to England, and who also took occasion to administer ether at several Hospitals in London during his stay there. This lead to the affect of arousing the professional mind in England to a re-consideration of the question. From the statistics which have been collected in America, and also in England, it appears that but one death in 23,204 inhalations of ether can be presumed to have occurred, while from chloroform there have been one in 2,873—a mortality eight times greater than from ether. The principal objections formerly urged against the use of ether, are that it did not render the patient thoroughly insensible, was slow in its action, and did not produce complete muscular relaxation; but these objections have been entirely overcome by improvements in the mode of administering it. Nausea, vomiting, and headache may be avoided by the patient taking no supper, or but a light one, the evening previous to the operation, and absolutely *no food* the morning of the operation.

Ether was first used in England in 1846, but from imperfection in the mode of administering it, it never fully gained the confidence of surgeons. In the latter part of 1847, chloroform was brought forward by Sir James Simpson, and advocated by him with his remarkable energy and genius. It was then believed that the new anæsthetic was safer, more applicable, and much preferable to ether, and soon came into very general use, and has held its ground ever since—notwithstanding the many recorded fatal cases. A few European surgeons still cling to ether, so that we think that Dr. Joy Jeffries can hardly claim that he "re-introduced its administration into England."

A remarkable advantage of ether over chloroform is that of its allowing of a speedy re-action, the patient being perfectly restored in a few minutes after the operation. The pulse rarely indicates any alteration, and no unpleasant symptoms follow its use. The public were becoming very naturally anxious at the occurrence of so many fatal cases from the use of chloroform, and it becomes the duty of the profession to re-consider the whole subject. In face of the great

mortality from chloroform, and of the almost deathless record of ether, we feel it our duty to urge upon the attention of the profession in Canada the claims that this agent has upon their confidence, and trust that it may have a fair and extended trial. We would be happy to hear from any who have had experience in the use of the different anæsthetics, and if they will kindly favor us with some notes on the subject we will gladly publish them for the benefit of the profession.

THE NEW YEAR.

With the present number we enter upon the new year, and we take great pleasure in wishing all our patrons the usual "compliments of the season." We feel very grateful to all our friends who have so kindly and liberally supported us in the past, and we most sincerely trust that we may have, not only a continuance of their respect and confidence, but also a renewal of their support and patronage. We think we may be excused for looking at the past progress and present standing of the CANADA LANCET with just feelings of pride. Commencing a little over two years ago, with a circulation of about 300, and confined to a few cities, towns and villages in Ontario, it has steadily and rapidly gained ground until it now circulates throughout every part of the Dominion, and also in several border states of the Union, and has reached a regular monthly circulation of 1500. With the encouragement we have given to contributors, by giving prominence to original communications, we have succeeded in enlisting the efforts of medical men in all parts of the Dominion, and the general improvement in this respect has been apparent during the past year, and we would take this opportunity of publicly thanking our many contributors for the able assistance they have given us in enriching our columns, from time to time, with their valuable experience. That many of the articles which appeared in the columns of the LANCET during the past year were considered of value, we have only to mention that they have been frequently copied into other journals in Europe and the United States. This is a very gratifying circumstance, and one which we, as Canadians, may justly feel proud of, however much we may at times feel disposed to critise unfavorably the efforts of our

confreres to give publicity to their views. We know too, that we have published some papers, about which the less said the better, but, we are not sure, after all, but they may have done some good, on the same principle that a man may learn a lesson from some misadventure of his own, or from the mistakes of others. In the course of a year or two we will, no doubt, have abundant material coming in every month, from which we will be able to select the best and most suitable articles for a medical journal. At present we feel more like encouraging every one, who will, to write for our columns, and every article deemed worthy will find a place in the LANCET. During the last month or two we have received a large amount of original matter, some of which has been unavoidably crowded out in the present month, but will appear in our next issue. As heretofore, we will spare neither pains nor expense to maintain for the LANCET the prominent position it has already attained, and shall devote our energies more and more assiduously to the work we have in hand. We will increase the size of the journal,* from time to time, to meet the demands of our contributors, and shall endeavor to make it a faithful exponent of the progress of medical and surgical science in the Dominion. We conclude by again thanking our friends for their kind and liberal support, and wishing them all a "Happy New Year."

BREACH OF PROFESSIONAL ETIQUETTE.

A most glaring instance of want of professional courtesy on the part of Dr. Skinner, of Waterdown, towards his *confrere*, Dr. Philp, of the same place, has been lately brought under our notice. It is as follows.—A patient having died of scarlet-fever under the care of Dr. Philp, a report was circulated that it was from small-pox, (a case having occurred in the neighborhood a short time before), and that Dr. Philp was endeavoring to conceal the truth in the matter. Dr. Skinner, who had not seen the patient, was asked by some of his friends, who were adverse to the doctor in attendance, to see the body. He complied with their request, and visited the body 16 hours after death and in the absence of the medical attendant. Not

* The present number contains 72 pages.

content with this, he inspected the body and stated as his opinion that the patient died from *Diphtheria* and not from scarlet-fever, &c. Dr. Philp, on hearing of this action of his medical *confrere*, called upon him to enquire upon what ground he based his opinion. He stated in reply that after death from scarlet-fever he expected to find the rash *well* out and presenting a *roughness* to the touch, and as these were wanting and as some specks had been observed on the throat he attributed death to Diphtheria! Dr. Skinner's want of courtesy can only be equalled by his ignorance, and any medical man who could be guilty of such an act as the above should be treated with the utmost contempt and scorn.

HOSPITAL APPOINTMENT.

Dr. Graham, of Toronto, has been appointed on the acting staff of the Toronto General Hospital, in the room of Dr. Berryman, resigned We congratulate our young and aspiring *confrere* on his appointment to this office, but, at the same time, we cannot help remarking the unfairness of appointing another medical man from the Toronto School of Medicine, while each of the other two Medical Schools in this city have but two on the acting staff. We are ever desirous of fair play and even-handed justice in all matters, whether of a public or a private character, and we cannot but express our surprise at the action of the Trustees in reference to this appointment. While pretending to repudiate the claims of the schools altogether in these appointments, and to choose men for these positions solely on account of their practical experience and fitness for the office, and in the face of all this to appoint a practitioner of one year's standing and an *attache* of the Toronto School of Medicine, is somewhat mysterious. It may have been from personal considerations. If so, all we have to say is, that men who will allow personal considerations to bias them in the dispensation of a public trust are not fit for the positions they occupy, and the sooner they are replaced the better We intend to represent this matter in the proper quarter and see if some remedy cannot be secured, or some better means of determining such appointments arrived at.

NOTES AND COMMENTS.

EXTIRPATION OF THE KIDNEY.—Dr. Peters, of St. Luke's Hospital, (*New York Medical Journal, Nov. 2,*) reports a case in which he performed the above operation. The patient was about 36 years of age, and had been suffering for a long time from disease of the kidney, passing at times small quantities of pus, amounting in 24 hours to about 4 ounces. There was constant sense of weight in the right lumbar region, with pain shooting down into the pelvic region. On physical examination, a large tumor was found occupying the region of the right kidney, supposed to be the kidney itself. It measured about 4 inches transversly, and extended from the last rib to the ilium, and deep fluctuation could be detected in what appeared to be the region of the pelvis. An exploratory trocar attached to Dieulafoy's aspirateur was introduced about 3 inches from the spine in presence of Dr. Van Buren, and about 3 ounces of clear pus flowed into the exhausted receiver. From the symptoms, purulent discharge and aggravated pain at times—the presence of a pelvic calculus was diagnosed, and an operation for its removal and possible extirpation of the kidney determined upon.

An incision was made from the lower border of the twelfth rib to the crest of the ilium, parallel to, and three inches from the spine. The kidney was reached beneath the outer border of the quadratus lumborum, but no calculus was found. The kidney was found very much diseased, and it was thought best to remove it, which was accordingly done, and the vessels ligated. The patient died on the third day. Another case is reported in the *British Medical Journal, May 18th*, in which Dr. Durham, of Guy's Hospital, removed the right kidney from a woman. This case also terminated fatally.

CLINICAL INSTRUCTION.—The *Canada Medical Record* says:—'Within the last few years, but especially this fall, there has been very loud murmuring and much dissatisfaction expressed at the facilities afforded at the Montreal General Hospital for the purpose of clinical instruction, and suggests an increase in the staff of attending physicians." There are eight acting members on the staff, and two of them attend for three months in rotation. There will therefore be upwards of 50 students following each physician through the wards- a great number of whom will be utterly unable either to hear or see what is going on at the bedside of the patient. The present arrangement imperatively calls for improvement.

PATENT MEDICINE VENDORS.—An action for libel was lately brought against the *American Agriculturist* by a Dr. Ryan, a patent medicine vendor. Judge Brady, of New York, before whom the case was tried, gave the following opinion :—(1.) "A medicine that claims to be an antidote, but is not, is calculated to deceive, and is a fraud." (2.) "The seller of a drug or medicine, who vends it with an unqualified statement of its efficiency, must take the consequences if his representations be untrue." (3.) "That men should be held to a strict accountability who attempt to practice on the credulity of the afflicted."

We fully concur in this interpretation of the law, that any man who buys a nostrum advertised to cure a certain disease, and is made worse, or is not cured, can bring suit and recover damages from the vendor of said nostrum. We trust that those injured or not cured will apply for damages in such numbers as to frighten these unprincipled men into propriety.

BLEACHED TINCTURE OF IODINE.—Sulphite of soda will discolor iodine without diminishing, but rather increasing its effect. The *Medical Press and Circular* gives a formula for the combination, viz. Tinc. iodine, glycerine, pure *aa* ℥j., soda sulphitis, ʒj., M. Rub the sulphite to a powder, in a small mortar, and add the glycerine gradually, then pour in the tincture and triturate gently, until a solution is affected and the mixture assumes an amber color.

LITHOTOMY IN CHILDREN.—On the 13th of November, Dr. Kingston, of Montreal, (*Medical Record*) operated upon a child five years of age for congenital calculus of the bladder. The case did well. The stone was hard and was about the size of the shell of a pea-nut. It was extracted by means of a thin scoop of horn, so that there was no undue dilatation of the wound, a point of some importance.

APPOINTMENT OF CORONERS.—John Barnhart, Esq., M.D., of Owen Sound, to be an Associate Coroner for the County of Grey.

Edward Oliver, Esq., M.D., of Mooretown, to be an Associate Coroner for the County of Lambton.

Wm. Coburn, Esq., M. D., of Oshawa, to be an Associate Coroner for the County of Ontario.

Christopher Knowlson, Esq., M.D., of Omemee, to be an Associate Coroner for the County of Victoria.

James Taylor, Esq., M.D, of Tara, to be an Associate Coroner for the County of Bruce.

NEW OPERATION FOR COLORING CORNEAL OPACITIES.—Dr. R. J. Levis (*Philadelphia Medical Times*) describes a method by which corneal opacities may be colored so as to resemble the natural color of the iris. It is somewhat similar to what is called, when applied to the skin, *tattooing*. The opaque spots are concealed by indelibly tinting, so that if central they shall show the darkness of the pupil, or if peripheral, the color of the underlying iris may be most deceptively imitated. It was first introduced by the late Dr. Wecker, of Paris. The instrument used consists of five or six fine sewing needles firmly bound together. The coloring material is then applied over the surface of the opaque spot, and the needle points made to penetrate repeatedly and rapidly in various directions, until the whole opacity is gone over in this way. If sufficient color is not given at the first operation, it may be repeated. The coloring matter consists of the ordinary artist's colors, and Indian ink, which is a mixture of lamp-black and gelatin.

SIMPLE TREATMENT OF SCARLET FEVER. Dr. Egbert recommends (*Trans Pennsylvania Medical Society*) the use of the following mixture in the treatment of scarlet fever.—R. Acid muriatic, f℥j; Syr simplicis, f℥ij, Potass. chlor., ℥ij, Aquæ rosæ, f℥iv M. Sig. Half a tablespoonful every two hours. This dose is intended for a child six years of age. When there is much restlesness he combines a little paregoric with the above. He does not use gargles or caustic to the throat or fauces. Scarlet fever does not, according to his idea, consist of different varieties, but is the same disease in all places and circumstances, modified by atmospheric, hygienic and other influences He has treated upwards of 270 cases in this way, and has only had *one* death.

HÆMOPTYSIS – The atomized vapor of a saturated solution of gallic acid thrown directly into the nose and mouth, is recommended by Dr Holden, in the *Medical Record, N. Y.* He has repeatedly found the most gratifying results follow at once, even in cases of profuse hemorrhage, when the blood was streaming from the mouth with every expiration.

NIGHT SWEATS.—Sidney Ringer, (*Practitioner,*) states that belladonna has a decided effect in checking anomalous cases of habitual sweating; other observers have found atropine in 1-60 grain doses, two or three times a day, to exercise some control over the profuse sweats of advanced phthisis when other remedies had failed.

MARION SIMS ON OVARIOTOMY.—The *New York Medical Journal* contains a long and interesting article on ovariotomy, by Dr. Sims, in which he says that he is not yet satisfied with the results in this operation. The death-rate is still too high, and while the majority of operators are quibbling about the form of ligature or clamp—the great cause of death, (septicæmia,) is entirely overlooked. He proposes to puncture the *cul-de-sac* of the vagina behind the cervix uteri, and to pass a tube of some sort into the peritoneal cavity, to drain off any effusion that may take place in said cavity. This he recommends to be done as the final part of the operation. It cannot possibly do the least harm, and may possibly be the means of saving life. If no discharge takes place it can be removed per vaginum in a few days. In regard to the clamp, he thinks it has seen its best days. He prefers silver wire ligature to any thing else as a rule.

NEW TREATMENT OF STRICTURE WITH RETENTION.—In the *British Medical Journal* for November, Dr. Jordan, Surgeon to the Queen's Hospital, Birmingham, describes a new mode of treating retention of urine and impassable stricture. It consists in making an opening from the rectum into the membranous portion of the urethra, in front of the prostate, and passing the catheter from behind forwards, the stricture generally yielding more readily in that direction, and all false passages avoided. The ivory end is then cut off smoothly and guided into the bladder with the finger. He infinitely prefers this to opening the bladder behind the prostate gland, as being less dangerous, and a means of relieving both the retention and stricture at the same time. In old strictures the membranous portion of the urethra is very much distended, and is therefore easily opened. The opening may be made by means of an ordinary curved bistoury, guided by the finger.

HONORS TO CANADIANS.—C. W. Marlatt, Esq., M.B., Graduate of Trinity College Medical School (72), has passed a highly creditable examination before the Royal College of Surgeons, Eng., and was admitted a member of that body.

Alexander Scott, Esq., M.B., Toronto University, has also succeeded in obtaining the L.R.C.P., and L.R.C.S., Ed.

A NEW ANTIPERIODIC.—The Laurus Nobilis is very highly spoken of by M. Doran, (*Comptes Rendus*) in the treatment of quotidian and tertian intermittents. Cases in which quinine had failed yielded readily to this remedy.

PUNCTURE OF STRANGULATED HERNIA.—Dr. Chauveau (*Journal de Medecine*) records two cases in which, by capillary puncture and aspiration of the gas and fluid contents of the bowel, strangulated herniæ were rendered reducible.

ELECTRICITY IN FACIAL PARALYSIS.—Dr. Finlayson, in the (*Glasgow Medical Journal,*) reports four cases of facial paralysis, brought on by cold, glandular affections of the neck, &c., treated successfully by electricity after other means had failed. The electrical treatment consisted chiefly in faradisation of the paralyzed muscles.

"OPEN AIR" TREATMENT OF HOOPING COUGH.—This plan of treatment which consists in keeping the little patient as much as possible out of doors in the open air, is strongly advocated by Dr. McLean, of Glasgow, (*Glasgow Medical Journal*). He does not consider this plan of treatment as a specific in every case of hooping cough, but it is one which, in the hands of a judicious physician, can be made of immense utility, and even in certain complications can be adopted with safety.

BROMIDE OF POTASSIUM IN ACUTE HYDROCEPHALUS.—The use of this remedy in the above disease has been brought prominently forward by Dr. Brunton, Fel. Obst. Society, London, (Ib). The *rationale* of the treatment is that it diminishes the amount of blood going to the brain. It is on this principle that the bromide is said to produce sleep. He gives several cases in which this treatment has been successful. He administered it in two grain doses every hour to a child a little over a year old. He says, "reduce the blood supply, stop effusion, absorb the products of that effusion, tone the system, give it strength, and the result will be satisfactory."

EMPYEMA TREATED BY PNEUMATIC ASPIRATION.—Dr. Lilly (*Glasgow Medical Journal*) reports a case in which eight gallons in all were removed from the chest by means of Dieulafoy's aspirator. The needle was at first introduced about once a week, but as so little pain attended the operation, and as it was thought desirable to keep the cavity empty, it was introduced every day for about six weeks. The patient did well. The use of this instrument does away entirely with the possibility of the entrance of air to the chest, and causes very little pain or irritation, both of which are important factors in the successful treatment of this affection.

At his residence, Plattsville, on Friday morning, 20th December, JAMES BURLEY ROUNDS, Esq., M.D., aged 47 years and eight days. Deceased was for 19 years a much esteemed and highly successful physician in the Township of Blenheim, where he enjoyed a large and lucrative practice. His death is very widely and deeply lamented.

At Fenelon Falls, on Saturday, the 21st inst., JAMES FITZGERALD, M.D.C.M., aged twenty-eight years, son-in-law of Mr. James Ramsay, of this city.

REPORTS OF SOCIETIES.

CANADIAN INSTITUTE, MEDICAL SECTION, TORONTO.

TORONTO, Friday, Dec. 20, 1872.

The Chairman, Dr. W W. Ogden, called the meeting to order, and the minutes of the previous meeting were read and confirmed.

The nomination of officers for the ensuing year was next taken up, and the following gentlemen were appointed.—Dr. C. B. Hall, Chairman, Dr. Reeve, Secretary, Drs. Roseburgh, Williams and Archibald, Members of Committee.

The subject of a revised tariff of fees was then brought under discussion, the attention of the section being drawn to those in force in Montreal. A Committee, consisting of Drs. Oldright, Coleman and Reeve, was appointed to take the matter into consideration and report at the next meeting. It was suggested that they should see as many members of the profession in the city as possible, with a view of ascertaining their opinions in the matter, so as to secure uniformity of action.

At the close of the meeting Dr. Roseburgh exhibited the workings of a substitute for the stomach pump on the Syphon principle. This is somewhat similar to the one proposed by Dr. Hodgen, Prof. of Anatomy, St. Louis Medical College. (See CANADA LANCET, Vol. iii., page 9) It consists of a stomach tube which is passed down the œsophagus and the extremity introduced into a vessel containing water, if it is desired to wash out the stomach. By elevating the vessel above the level of the stomach the water flows in, and on lowering the vessel below the level of the stomach it flows out again. In this way the stomach can be thoroughly washed out, and any foreign substances it may contain be as completely and effectually removed as by the use of the stomach pump.

EXECUTIVE COMMITTEE COLL. PHYS. AND SURGEONS, ONT.

A meeting of the Executive Committe of the Council of the College of Physicians and Surgeons, Ontario, was held on the 20th ult. In the absence, through illness, of the President of the Council, who is Chairman of the Executive Committee, the Vice-President, Dr. Campbell, took the chair. They had under discussion the resolutions passed by the medical students of Toronto and Kingston, and they also received the deputation appointed by them to wait upon the Council. Reference to this matter will be found in another column.

After routine matters were disposed of, the consideration of the amendments to the Ontario Medical Act was entered upon. This occupied their attention during the rest of the session, which lasted only one day.

A cordial vote of thanks was passed to the Chairman, Dr. Campbell, for his efforts in securing the rooms in the School of Technology in which they met; through his efforts these rooms have also been furnished and fitted up complete, for the purposes of the Registrar, at the expense of the Ontario Government.

The draft of amendments has not been sufficiently advanced to permit our publishing it in full, but we apprehend it will embrace the following clauses:—

1st. To legalize the acts of the Executive Committee of the Council acting in the interim.

2nd. To amend the penal clause and make it more effective.

3rd. To make a small annual assessment on the profession.

4th. To amend the election clause and make it more simple and effective.

5th. To give power to the Council to try cases of controverted elections.

6th. To give power to acquire real property.

7th. To amend clause 2, section xxxiii, of the present act relating to matriculation.

8th. To secure justice to medical men who act as witnesses in courts of law.

9th. To facilitate the changing from one school to another, Homœopathic to "general," and *vice versa*—after an examination—by any who may choose so to do!!

BOOKS AND PAMPHLETS RECEIVED.

REPORT ON THE PROGRESS OF OTOLOGY, by Clarence J. Blake, M.D. Boston: A. Mudge & Sons, Printers.

ANNUAL REPORT OF THE N. Y. STATE LUNATIC ASYLUM, for 1871. Albany: *The Argus Co., Printers.*

ANNUAL REPORT OF THE SURGEONS OF THE MASS. CHARITABLE EYE AND EAR INFIRMARY, 1872. Boston. James Campbell, Publisher.

AN EXAMINATION OF PROF. REESE'S "REVIEW OF THE TRIAL OF, MRS. WHARTON FOR THE MURDER OF GEN. KETCHUM," by P. C. Williams, M.D. Baltimore. Turnbull Bros.

AN ADDRESS TO THE NURSES OF THE TORONTO GENERAL HOSPITAL, by Jno. McDonald, Chairman of the Board of Trustees. Toronto: Copp, Clark & Co.

TO SUBSCRIBERS.--To all those of our subscribers who have paid up their subscriptions promptly and cheerfully (happily the majority) we return our warmest and most sincere thanks, and those who, from some cause or other, may have overlooked our claims will, we hope, send in their remittances without delay, and thus help to gladden the hearts of the printers at this season of the year. From press of business, and many other things, subscribers are very apt to overlook these matters, and some have advised us to enclose a bill, or reminder of some kind, in the journal,—a privilege also allowed by the postal authorities. This we have done with the best intention, and with good results, but we regret to say, that this procedure has given offence to some very sensitive persons. This we feel very sorry for, we would not wish to offend even the most capricious, and all we wish to say to such is, pay up your subscription and we will promise not to enclose any more reminders for a year. After this disclaimer from us we hope that those long in arrears will not take any offence at the bills enclosed in the present or any subsequent number.

Law Respecting Periodicals, Newspapers, &c

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

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

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

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.