

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

- Additional comments /
Commentaires supplémentaires: Continuous pagination.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. V.

OCTOBER, 1872.

No. 2.

Original Communications.

EXCISION OF NEARLY ONE HALF OF INFERIOR
MAXILLA.

BY J. LIZARS LIZARS, L.R.C.S., & L.M., EDIN. M.R.C.S., ENG., &C.

The late Professor Goodsir having directed my attention in 1848 to a foot note in an edition of Knox's Anatomy in which the operation for the removal of the Superior Maxilla (shortly before proposed by my late uncle, John Lizars of Edinburgh,) is looked upon as quixotic, my attention was thus early and forcibly drawn to the surgery of the jaws. I have, therefore, in studying the operations on the lower jaw, been struck by the almost unanimous testimony of authors as to the "facial paralysis," and the frequency of annoying and often long-continued salivary fistula, to obviate which must necessarily be an object of anxiety to the surgeon, and of the utmost importance to the patient.

Finding that the ordinary, yet standard text books on surgery (Gross, Erichsen, Miller, Pirrie, Holmes, &c.) all advise an incision more or less semilunar, viz, from the zygoma downwards in front of the ear to the angle of the jaw, and thence forwards as far as may be requisite, whereby both the portia dura and parotid duct *must* be

divided, (although in the 5th edition, 1872, of Gross, vol. 2, page 488, it is stated that, "By making the perpendicular incision in front of the ear ($\frac{3}{4}$ inch) there will be little danger of wounding the temporal or external carotid artery, and the trunk of the portio dura." 11th, 12th and 13th line from bottom of page.) and paralysis of the muscles of expression and probably salivary fistula follow. I came to the conclusion that if the knife could be passed *below and nearly parallel* to the duct it would pass *between* the branches of the "pes anserinus," going to the upper and lower lips respectively, dividing merely the *small anastomosing twigs, and at the same time by dividing the facial artery at a point where it would be reduced in size by the branches given off from it to the chin and lower lip, bleeding would necessarily be less formidable, and paralysis and salivary fistula completely prevented.*

With this object in view, I applied to Professor Bethune, of Trinity College, who kindly furnished me with a cadaver on which to experiment, and having made one straight incision from the angle of the mouth towards the upper part of the lobe of the ear, as far as the posterior margin of the ascending ramus of the maxilla, I denuded the jaw of its periosteum, the masseter and that part of the temporal muscle attached to the outer and lower part of the coronoid process—using the handle of the scalpel principally. Extracted the lateral incisor and divided the jaw with the bone pliers, (the subject being young) then seizing the jaw at its cut end drew it upwards and outwards, thus facilitating the removal of the mucous membrane and muscles from its inner surface, and the division of the inferior dental artery and nerve and internal lateral ligament with the knife, and by keeping close to the bone I avoided the internal maxillary artery. The coronoid process and neck of the jaw being now free were divided with the pliers, and nearly the half of the jaw easily removed.

Having thus demonstrated the feasibility of this method of operating, I decided to put it in practice on a patient then under my care, a narrative of whose case I subjoin.

J. Niven, æt. 37, a native of Glasgow, Scotland. Has sandy hair and whiskers, blue eyes, florid complexion, and is well nourished. Suffered in youth from strumous abscess of the glandulæ concatenatæ, the cicatrices been still visible. After this he enjoyed excellent health until recently. Never had syphilis, and never mercurialized so far as he knows, though from his breath and the state of his teeth

and gums I believe he has. He first consulted me last summer on account of an enlargement of the inferior maxilla. The tumor was smooth and even externally, and extended from about one inch below the zygoma to a line perpendicular from the angle of the mouth; was slightly nodulated along the lower margin of the horizontal ramus, also along its inner surface, where by its projection inwards it pushed the tongue slightly to the right side and thus interfered with speech. The skin over the parts supplied by the mental branch of the inferior dental nerve was devoid of sensation, and the tumor was painless even under free manipulation.

Unwilling to submit the patient to so severe an operation as excision without an attempt to reduce the tumor by medication, I resolved to try the effect of the iodides, bromides, and counter irritants, but the tumor continuing to increase, I was at length forced to operate; consequently, on the 19th of February, 1872, the patient being thoroughly anæsthetized, assisted by Professor Bethune and two other medical men, I operated in the manner above described, using the handle (bone) of the scalpel and my fingers as much as possible. The proximal end of the facial and inferior dental were the only arteries requiring ligature; a few smaller branches being arrested by torsion. The wound having been swabbed out with a solution of carbolic acid, and exposed to the air till oozing ceased, was accurately adjusted, and the edges kept in place by silver wire sutures, pad and bandage.

The patient having recovered from the effects of the chloroform got into bed without assistance, and at once asked for food with a pretty clear voice. *From this time to the present (September, '72) he has had full control of all the muscles supplied by the portia dura.* In three days he was out of bed. In ten-days the wound was healed with the exception of a small opening at its posterior extremity, through which saliva dribbled away for a few days, but was easily arrested by the application of nitric acid, after which the small opening rapidly closed. The flow of saliva must have been due to the division of some of the racemes of the anterior margin of the gland, or to some abnormality of the "socio parotidis."

The only other annoyance I had to deal with was a slight attack of erythema of the left side of the neck, and the formation of a couple of small abscesses at the seat of the old cicatrices above mentioned. The Tr. ferri. mur. externally, poultices and the lancet,

with tonics and generous diet, soon rid me of these, and the patient returned to his office one month from the date of operation, and is now engaged as a commercial traveller.

In describing this operation I have adhered as strictly as possible to what was done. I may now add that in cases where the bone is too dense to be divided by pliers, the chain, Hey's or the metacarpal saw can be used to divide it in whole or in part. Should it be necessary to disarticulate the condyloid process, the firm grasp of the lower part of the bone will enable the surgeon to draw it freely outwards, and thus let the knife keep close to the inner surface of the bone, and so avoid the masseteric artery and nerve. Again, should the tumor prove too large to be removed by the single straight incision, the surgeon has the option of making fresh incisions from any point of the first, either upwards or downwards as the exigencies of the case may require. One from the angle of the mouth downwards would I believe be the best, as it would divide the smallest number of branches of the facial nerve.

When the patient is a man, I can see no objection to this mode of operating. (I have shown Mr. N's case to medical men and others without their being able to notice any deformity, so fully does the whisker cover the cut.) In the case of a woman some may urge that the old line of incision would be less apparent. In reply, let me ask which is preferable; a simple scar across the cheek and full power of all the muscles of expression, or a scar which must show more or less a staring eye, a mouth dragged to one side and devoid of play, with probably a constant dribbling of saliva from one corner of it? I most firmly believe that every woman of ordinary sense would prefer the former.

Since the operation, I have been able to consult Heath and Guern, and find that Beaumont of Toronto, and Huguer of Paris(?) have both operated by a *curved* incision from the angle of the mouth towards the ear, the latter ending his incision at the mastoid process. The direction of the curve is not given in Huguer's case—in Beaumont's the concavity was upwards—neither is the amount of paralysis noted; and all that is claimed is, that the eye lids were unaffected.

Trusting that the above case may be sufficiently novel and interesting to merit a place in the "Canada Lancet," and that I may yet hear of equally satisfactory results from the employment of this my method of operating, I commend it to your consideration.

Toronto, 7th September, 1872.

REMOVAL OF A CONGENITAL ANEURISMAL TUMOR.

REPORTED BY J. S. SCOTT, M.D., MALLORYTOWN, ONT.

On the first of March last, Mr. H. B———, *æt.* 30, Canadian, unmarried, called for advice with regard to the removal of an aneurismal tumor from his nose. The tumor was exceedingly hideous in appearance, was situated on the end of the nose, of a deep purple color, an inch and a quarter in diameter, and three-fourths of an inch in thickness. It was congenital, being present in about a proportional size at birth. The contents were evidently arterial blood, and could be returned to the arteries by pressure upon the surface. On removing the pressure the tumor would resume its full size instantly. Was without pain. Had been ruptured once by the falling of a limb from a tree, which nearly cost the patient his life from hemorrhage. The bleeding was restrained with much difficulty until the tumor healed, when it resumed its former characteristics. The patient lived in constant dread of an accident by which he feared he might lose his life. He was advised to have the tumor removed and to place himself under the constant care of a surgeon until the wound could be closed, and the danger from bleeding overcome.

Dr. Giles, of Farmersville, having given similar advice, it was arranged that he and the writer should take charge of the case, and that the patient should remain in Mallorytown for after treatment; on the 7th of March the tumor was removed without the administration of any anæsthetic. Pressure was kept upon the arteries supplying the tumor until the wound was dressed. Torsion of the arteries with the pressure of adhesive straps restrained the hemorrhage. The nose was kept in shape by a covering of sheet lead of proper shape, lined with layers of linen saturated with carbolic acid one part to five of sweet oil.

March 9th.—The straps were removed, cold water twenty parts to carbolic acid one part being dropped continually upon the wound. The linen was trimmed to the size of the wound and re-saturated with carbolic acid one part to five of sweet oil. Cold water dressing was applied occasionally to keep down heat, until the 13th, when the dressings were all removed.

14th.—Hemorrhage set in freely, but was restrained by pressure, adhesive straps over layers of fine linen saturated with carbolic acid and oil were re-applied. The use of the sheet lead was discontinued after the first dressing.

March 17th.—Patient having exercised too freely, bleeding set in profusely, but was controlled as before stated. From this date the wound was re-dressed every day. No farther accident occurred. On the 20th of April the dressings were discontinued altogether.

The wound was painted with carbolic acid, full strength, at every dressing. Portions of the tumor were left which delayed the closing of the wound. Strong sulphuric acid made no impression upon them, but a few applications of nitric acid soon removed them, after which the wound closed rapidly, leaving a well formed nose.

A similar tumor, situated on the lower portion of the forehead has diminished somewhat since the operation. It will be removed by the knife early the coming autumn.

Selected Articles.

SIR WILLIAM FERGUSSON ON $\frac{1}{2}$ STONE.

Sir W. Fergusson exhibited at Birmingham his collection of calculi, and in his address he said respecting it.—

Throughout my professional life I preserved any stone or bit of stone that I could secure as a trophy of surgery, and now I have the honor of laying before the present meeting of this Association between 300 and 400 specimens of this disease which have been dealt with by my own hands. Every now and then patients or their friends have insisted on keeping what might be deemed as hereditary personal property, and occasionally specimens have fallen aside, but on the whole, I must admit, that my patients or their friends have honored my fancies and given me free possession of the results of my surgical prowess. I exhibit the produce of between 330 and 350 cases of stone, personally treated by myself—about 200 by lithotomy, the rest by lithotrity. The aggregate of stones removed amounts to nearly 500 in number. There may be others of my own time who can speak of larger numbers, there may be those who can show larger numbers of actual proofs of what they have done in this field

of surgery, and I see with pleasure the valuable contributions made in this direction, especially by Messrs. Gutteridge, Pemberton, Baker, Pracey, Bartlett, Elkington, Freer, and Jackson, which add largely in my estimation to the value of your museum display.

Most of these specimens were exhibited years ago at the Royal College of Surgeons, London, when I lectured on the subjects of lithotomy and lithotrity, but the time for their display was so evanescent, that they attracted little attention, although at that date there was not a specimen of crushed stone by lithotrity in the Museum. A feeling seems to prevail that there is no interest in a stone broken into fragments by the lithotrite, but if it has been cut into two by a saw, after its removal from the bladder, the cut surface is eagerly looked at. No doubt the interest here has reference to the chemical composition of stone, and possibly the nucleus, although the section does not invariably make that clear. In my estimation, the fragments in lithotrity possess an interest equal, if not greater, in every respect to the cut or entire specimens. The chemical composition of a stone can be as readily made out from fragments as from sections; so also, as regards the nucleus; and, indeed, from these fragments we can often acquire a knowledge of a patient's constitution, as regards the tendency to the formation of stone, which we cannot in any other way. We can see how in some the fragments will lie in the bladder, without change of surface much longer than in others. In one case we can recognize for days, even weeks, the fragments of an uric acid stone with edges defined and surface the same as when first broken; in another, we perceive how readily and rapidly new stone deposit occurs—generally phosphatic. Then, too, we can speedily appreciate the danger of neglect or carelessness after lithotrity is once begun, for, in place of probably only one stone being present, there may, indeed there will, soon be many stones, for each fragment becomes a nucleus for fresh deposit, and this hastens on with greatly increased rapidity. Even the nucleus, always a centre of interest, may be as appreciable in the fragments from lithotrity as when displayed by the saw. It has happened to me in a case of crushing, in a female, to be struck with the appearance of redness in many of the fragments; and, on investigation of the mystery has been revealed on confession, that the patient had been in the habit of tickling herself with a stick of red sealing-wax, a portion of which

had broken off in the urethra and remained in the bladder. The fragments will be seen in the collection.

Again, I once was aware, in using a lithotrite in a male, that I had clutched something peculiar. On withdrawing the instrument, there was a black substance about an inch long between the blades. A surgeon present, who had been in charge of the case for years, immediately exclaimed, "Egad! this is the end of my gutta-percha catheter." A terrible revelation, for in the *interim* the patient had undergone prolonged treatment for chronic inflammation of the bladder, and had actually gone a voyage to Madeira in search of health.

I put as much faith as any man does in the chemical treatment, if I may so call it, of the diathesis of stone, but when once a stone has formed (and in most instances it is so without marked premonitory warning) the "fact" of stone is established, and there may be room for doubt whether chemical treatment does not then make matters worse, for, whatever the quality of urine, the chances are that a nucleus being present, deposition of stone will go on with increased rapidity, equivalent to the increase of size of the stone. That there may be exceptions to this rule, I admit, and there are two stones in my collection from one bladder, which are so smoothly polished by attrition that the formation of more stone had probably ceased for many months, if not years before they were removed.

I have referred, gentlemen, to the chemical treatment of stone in the bladder, chiefly for the purpose of ventilating a sort of heresy of my own—viz., that in our treatment of stone, and in our estimate of specimens of stone in our museum, the chemical composition has been improperly the feature most referred to as the one of the greatest importance. Stone in the bladder is essentially a surgical disease, it can be treated effectually only by the surgeon, and to him the size, or, I may call it, the circumference of the substance to be removed, possess the most engrossing interest, whether he looks to his own mechanical work or the safety of his patient, for I hold it as a maxim, particular in lithotomy, that the bigger the passage required for egress, the more difficult and the more dangerous is the operation. The *accoucheur* considers the size of the head, but does not trouble about its chemical qualities or composition. So should the surgeon the stone, both in regard to lithotomy and lithotripsy.—
The Doctor.

THE FIRST EPIDEMIC OF CEREBRO-SPINAL FEVER
IN MONTREAL.

BY R. P. HOWARD, M.D., L.R.C.S.E., &c. ;

Professor of theory and Practice of Medicine, McGill University.

(Read before the Medico-Chirurgical Society on 2d. August.)

GENTLEMEN.—Having recently seen a few cases of a disease which, so far as I can learn, has never previously been observed to have prevailed in this city, and the affection being one of a most grave nature, I have thought it might be interesting, as well as appropriate, to draw the attention of the Society to the subject.

On the 3d April last I was called to visit a boy aged nine years, residing in St. Maurice street, but attending the Christian Brother's School in McCord street. He had been in good health until the morning of the 2nd April, when, on waking, he began to vomit. The emesis continued "off and on" all day, and the bowels moved twice. He also complained of pain in his head and stomach, and was heavy and stupid all day. He had the small-pox six years ago.

3d April, 11 a.m.—Temperature, 99 4-5° F., Pulse, 100. Is very restless, throws himself about, and would fall off the bed if not watched. Very stupid, can be roused, but then mutters rather than speaks, and moans and screams as if hurt, resembles an intoxicated person who has not quite become unconscious. While head and body are hot, feet are cool. Tongue dry and red at point; thin white fur over centre. On neck, chest, and body generally are found purple petechial spots of various sizes and unaffected by pressure.

Diagnosis.—Acute Purpura, but whether antecedent to Cerebro-Spinal Fever or Variola cannot decide. A severe epidemic of the latter now prevails.

To be wrapped in a blanket wrung out of warm water for four hours, then to be rubbed dry. Two teaspoonfuls of brandy and 1-36th grain strychnia hourly.

5 p.m.—Temperature, 102°. Much warmer; less stupid; did not like the warm bath, and after three hours it was removed. Continue treatment.

4th, 10:30 a.m.—Temperature, 99 4-5°; Pulse, 75, small, soft, occasionally irregular; less restless; complains a good deal of pain in

head, particularly forehead; still grinds his teeth; although drowsy he is less stupid looking and more intelligent; pupils active; conjunctivæ not injected, no extra heat of scalp, tongue moist, tip red, centre yellow-white, vomited once this a.m., a yellow fluid, thirsty; one alvine discharge this morning; many petechiæ upon either upper lid; a few upon the face; many over rest of surface, cheeks flushed; a red circumscribed swelling of about the area of a crown piece upon the dorsum of the right hand, another as large as a sixpence upon the right instep, (these resemble the wheals of urticaria, but are not itchy), both forearms partially flexed, and tendon of biceps rigid; forcible extension painful, right hamstrings in same condition; left not, no retraction of head noticed, mouth and lips in motion as if eating.

R. Potass. Bromidi, ʒ ij.; Potass. Iod., dr. i; Ergotæ Ext., Fl. dr. iv.; Digitalis Tinct., dr. iv., Aquæ Ad., ʒ vi. A dessertspoonful every two hours. Omit strychnia. Beef-tea, cold milk and barley-water as food.

5th, 10:30 a.m.—Has passed a sleepless day and night; slept only in snatches till 4 a.m., when he became quieter and began to sleep longer and better; has complained all day of pain in head and limbs; rigidity affects both arms and both legs; abdomen retracted, and its walls rigidly contracted, head somewhat retracted, no tenderness of spinous processes; brows knit; grinding of teeth persists; temperature, 101°; pulse, 84, unequal and irregular, R., 20, regular; retches but does not vomit, small, liquid, yellow stool today; moderate thirst, petechiæ turning a dirty yellow, and fading as ecchymoses do; a measly mottling along the right forearm; some fresh wheals, scarlet-coloured, one at bas. of right great toe, another near outer malleolus, a third over right patella, (these are all very tender but not itchy); two defined pink patches, not raised, upon dorsum of left foot, a similar long red patch along radial border left forearm and thumb; one, slightly raised, the size of a sixpence, at base of right thumb.

Continue mixture; bladder of ice to vertex; another to nape of neck; Unguentum Belladonnæ to be rubbed down the spine every three hours.

6 p.m.—Temperature, 100.4-5°; Pulse, 108; R., 32; face more flushed; purpuric spots fading rapidly; intercostal muscles seat of tonic spasm.

To have a dose of chloral-hydrate if unable to sleep.

6th, 10:45 a.m.—Rested well all the evening and most of the night, and had but little delirium; much more collected and rational, is more conscious of his trifling ailments, and complains that his tongue is sore. This is due to a collection of aphthæ along the border of the tongue, which resembles a patch of herpes; petechiæ almost gone; wheals fading and reducing in circumference; those on left foot, which are the latest, are almost gone, and one has a yellow colour like a fading bruise-stain; temperature, $100\ 3\text{-}8^{\circ}$; pulse 120, small and firm; R., 28; tongue moist, borders red; yellow-white fur on centre; no emesis nor alvine discharge; urine high-coloured, deposited lithates; not tested for albumen.

Countenance open and less distressed looking; knitting of brows gone, less retraction of head; tonic spasm of other parts as before, about the flexure of the right elbow and anterior aspect of right forearm, are numerous red, congested patches, not unlike the exanthem of measles; the general appearance of the forearm reminds one of the "subcuticular rash" of typhus; puffy swelling of both elbow-joints, most marked over head of radius. Continue treatment.

7th, 9.30 a.m.—Cried so much last night from pain in the head that a dose of chloral was given, and in a few minutes he fell asleep and slept till 5 a.m.; is now perfectly sensible and somewhat cross; no trace of petechiæ, several of the red blotches still visible, but very pale, a new one not elevated upon face; slight effusion into left knee-joint, and considerable swelling of right foot, chiefly of dorsum.

In lifting him off the bed this morning his father found his body quite stiff, spasm of the flexors continues, and slight retraction of the head, bowels moved to-day; passed urine in the bed last night; temperature, $103\ 2\text{-}5^{\circ}$; pulse, 126. Continued treatment.

8th, 11 a.m.—Slept well till 3 a.m.; slight nocturnal delirium; perfectly rational now; pupils active and of medium size; no dislike to light. pain in neck, with retraction of head; spasm of flexors continued, red patches all gone, except one which appeared upon check yesterday; right knee and left hip painful; two formed stools; urine abundant; pulse, 118.

9th, 11:30 a.m.—Temperature, $102\ 4\text{-}5^{\circ}$; pulse, 120; slept well, without delirium; cervical pain and spasm, and pain in the

head continue; three herpetic vesicles upon ulnar border of left thumb; less swelling of joints, one alvine evacuation, don't like the ice application.

Continue mixture. Hydrag. C. Creta, gr. iij., every four hours.

10th.—A good night, temperature, 102 1-5°, pulse, 120, less retraction of head, but spasm of flexors continues, swelling leaving the articulations; tongue cleaning rapidly, a liquid stool this a.m.; epistaxis in the night.

11th.—Another good night; perspired freely yesterday; temperature 101 3-5°; pulse, 116, no retraction of head, hamstrings and bicipital tendons somewhat tense, still some effusion into both elbows and left knee; clean moist tongue. Omit gray powders, of which he has taken nine. Continue mixture.

12th.—Slept well; temperature, 100 4-5°, pulse 118, tongue a little coated; very little tension of tendons, right elbow more swollen and painful; lays chiefly on right side. Continue mixture, which has been given very regularly during sleep.

14th.—Continued and rapid improvement since, appetite very good.

16th.—Found at the hall door in his night shirt. He had been brought down to the parlour, and hearing a noise at the door, tottered to it to see what was going on. His convalescence was complete and rapid.

This was the first case of so-called "Epidemic Cerebro-Spinal Meningitis" I had ever seen, and appeared to be an example of what had been called the "purpuric" variety, the "Malignant Purpuric Fever" of Stokes. Very soon after, on the 15th May, I had an opportunity of seeing, with Dr. Gardner, in the West end of St. Joseph street, a second case very like the one just related. The subject, a boy aged ten years, the seizure sudden, while in good health; the leading symptoms, early vomiting, pain in head without much heat of scalp, delirium, cerebral oppression, early appearance of petechiæ, then retraction of head, rigidity of posterior crural, abdominal and thoracic muscles, effusion into one ankle-joint, followed by comatose and typhoid symptoms, and death in the eighth week.*

On the 26th of the same month, in consultation with Dr. Fuller,

* This and a second case was admirably reported by Dr. Gardner at the same meeting at which this paper was read.

a third case of the disease came under observation, this time three miles beyond the city proper, and upon the Lower Lachine road. It resembled, in most of its features, the two cases already described. A healthy boy, between eight and ten years old suddenly seized with severe illness, early emesis, pain in the head without great heat of scalp, more or less stupor, then retraction of the head, and severe pains in different parts of the body, but neither cutaneous extravasations nor articular effusion. This case recovered.

Strange to say, on the same afternoon Dr. Bessey asked me to see, in Fortification Lane, near St. Peter street, a boy of about ten years of age, who had been quite well on the 24th May, and was suddenly seized, on the 25th, with signs of collapse, cold surface, sunken eyes, rapid small pulse, cyanotic aspect. These symptoms were followed by those of reaction, attended, however, with convulsions, delirium, restlessness and more or less stupor. He had been ill about twenty-four hours when I saw him with Dr. Bessey. He then exhibited all the symptoms of profound collapse, combined with incessant restlessness, jactitation, delirium, and more or less stupor. Death ensued the same evening. It appeared to me to be an example of the third variety of the disease described by Radcliffe, the "Fulminant" form. I don't remember whether any spots existed on the surface of this fourth case.

I have mentioned these cases seen with my colleagues only with the view of proving that the disease is truly the so called epidemic cerebro-spinal meningitis, as they afford examples of two of its three recognized varieties. I hope they will themselves state to the Society the features of their respective cases.

All the subjects of the preceding cases, you will have noticed, were boys between eight and ten years of age, but on the 20th June I was requested to visit, in Ottawa street, a female child twenty months old, of whom the following history was elicited. In good health till 8th June, when it appeared less lively than usual, dull and drowsy on the 9th, but not feverish, soon vomiting set in with fever, and then general soreness of the surface, so that the child cried when moved; during the first week the child frequently put its right hand to its head. No eruption on the skin was noticed, and the mother attributed the symptoms to teething.

When seen by me on the 20th, the child was in the following

condition. Appears stupid and helpless; unable to sit up; pupils large and fixed, sclerotic uninjected, strabismus, with oscillation of eyeballs; moderate retraction of head, skin presents a peculiar, light scarlet blush, from capillary injection, a scratch is soon followed by a line of deeper redness, as if the capillaries had become suddenly enlarged ("tache cerebrale"); no rigidity of extremities, face pale; features vacant.

The retraction of the head had been noticed first on the 16th. The emesis has not returned, bowels move once or twice daily; urine is passed in bed; pulse small and feeble—120-130.

To have beef-tea, a teaspoonful of wine hourly, and the following mixture: R. Potass. Bromidi, dr. ss.; Potass. Iodidi, dr. i.; Digitalis Tinct., dr. i.; Syrupi Aurantii, ℥ i.; Aquæ ad., ℥ iv. A teaspoonful every three hours. An ointment of the Red Iodide of Mercury, with Extract of Belladonna, to be rubbed down the spine every four hours, and, if scalp grows hot, ice to be applied.

21st.—Rigidity of legs set in yesterday afternoon and continues at intervals to-day, left great toe is extremely extended at times; no herpes nor articular swelling, slept in snatches last night; head not particularly warm; pulse, 150—weak, small, and irregular. Continue treatment.

22nd.—General tetanic spasms seized arms and legs yesterday, and have recurred at intervals since. In these attacks, the back, arms and legs became rigidly extended, the feet extended and adducted, the left-hand clenched and pronated, pulse very small and frequent, child cannot last long. Death ensued during the night.

There is some room for question as to the true nature of this case, but I have myself no doubt that it was not an example of that common affection Tubercular Meningitis. It may have been an instance of that comparatively rare disease of which I have seen a few cases, Sporadic Cerebro-Spinal Meningitis, but, in view of the recent occurrence of several cases of "Epidemic Cerebro-Spinal Meningitis," it is not improbable that it was an example of the "Simple" form of the latter affection—that in which purpuric symptoms are wanting.

As to the nature of this so-called "Epidemic Cerebro-Spinal Meningitis," the opinion now generally held by pathologists, that it is a peculiar form of fever and not merely a local inflammation, is

probably correct. For, first, the circumstance that there are varieties in the disease, in one of which the constitutional symptoms are so intense that they may destroy life before the local lesion—the inflammation of the cerebro-spinal membranes—has been developed, places this febrile affection among those well-known Fevers, Typhus, Enteric Fever, Scarlatina, Variola, &c., in which, occasionally, the same malignancy is observed, and the vital powers are overwhelmed in a few hours, before time has elapsed for the evolution of the disease. Secondly, the suddenness and violence of the invasion; the profound prostration of the nervous system at the outset, in severe cases, as shown in the pale cold surface, the feeble pulse and heart's action, the intense restlessness, peculiar stupor and the delirium; and the daily occurrence of purpuric symptoms, in some cases, render it highly probable that some morbid agent, some specific fever poison has entered the system.

Such is the case in malignant small-pox, for example, in which, together with similar prostration of the nervous system, there is a marked tendency to the occurrence of purpuric symptoms at the invasion of the disease and before the appearance of the characteristic eruption.

Previous to the appearing of this cerebro-spinal fever amongst us, the manifestation of purpuric symptoms at the *outset* of a febrile disease has, in my own experience, nearly always indicated the existence of variola, and I do not know any mere inflammatory disease in which purpuric symptoms occur *early*. That cerebro-spinal fever resembles, in these respects, small-pox, is a strong argument that it is also a zymotic disease, caused by a specific poison.

Thirdly, The same view is supported by the circumstance that in some cases of the disease no lesion of the nerve centres or their coverings is found after death; which seems to prove that the local affection is not essential, although it is usually present.

Fourthly, Its epidemic character supports the same view, for most, if not all, epidemic diseases are now held to originate in a specific febrile poison.

Fifthly, There are facts, not, perhaps, of an absolutely conclusive nature, tending to show that cerebro-spinal fever is occasionally communicable from the sick to well person, just as cholera is, and these facts, as far as they are reliable, favour the idea that the disease has its own specific poison, like all other specific fevers.

Sixthly, The existence of well marked signs of inflammation of the meninges of the brain and cord, and of those centres themselves, is not opposed to this view, for it is quite in harmony with what is known of other fever-making poisons to suppose that in this affection the poison has a special action upon the nerve centres and their coverings, just as the poison of whooping cough upon the pneumogastric nerve or its centre. Indeed, it is only upon the supposition that some specific poison has produced a specific form of disease that one can explain the epidemic prevalence of inflammation of the cerebro-spinal centres, primary or idiopathic cerebro-spinal meningitis, in healthy persons, being of so rare occurrence, if it occur at all, that the pathological doctrines of the day deny its existence. Sporadic inflammation of the membranes of the brain and cord is a rare affection, and originates either as a manifestation of some fever, such as typhus, or variola, or pyæmia, or of some constitutional disease, as syphilis, gout, rheumatism or tuberculosis, or is secondary to some local lesion, such as injury or disease of the bones, effused blood, tubercle, and morbid growths, &c.

I have nothing to say from personal experience respecting the best method of *treating* the disease. From the varying but always high mortality of the several epidemics recently witnessed in the United States and in Continental Europe it may, I fear, be inferred that we possess little power over the course of the disease.

Recognizing the disease as a FEVER, in modern experience suggests, if I am not mistaken, that the province of the physician *quo-ad* its treatment is to *guide*, not to drive it to a favorable termination. Before the audience it is unnecessary to discuss the general principles upon which this, in common with all fevers, is to be treated, but as in typhoid fever or scarlatina, for example, there are certain special indications to be fulfilled, so there are in cerebro-spinal fever, and upon these I will offer a few observations.

The main, special indication appears to be, to lessen the severity and prevent the extension of the inflammatory process, engaging the cerebro-spinal membranes and, more or less, the centres they enclose.

The testimony in favour of the local application, at the outset, of ice to the head and spine, short of producing over-depression, is stronger than of any other remedy. If there exist much prostration, external heat is to be applied by bottles of hot water, bags of hot

salt or oats, warm flannel bandages, &c., during the employment of the ice and subsequently.

A difference of opinion obtains as to the value of the local abstraction of blood by leeches and cups applied behind the ears and to the nucha.

During the epidemic observed in 1865 by Dr. Burdon Sanderson, upon the Lower Vistula, 'free local bleeding during the first few hours, while the patient was still vomiting, occasionally produced the most striking results.' And in the Philadelphia epidemic of 1866 Dr. Stillé states that cupping the nape of the neck, in the more sthenic cases, was of "essential service in mitigating, and generally, indeed, in wholly removing the neuralgic pains" of the disease.

The Germans, of whom the late Niemeyer may be taken as a fair representative, employ calomel in frequent doses, much in the same way as it has usually been employed in sporadic meningitis; and, however unfashionable it may be, I own to the view that it is likely to be useful, if not in limiting the quantity of the inflammatory products, in promoting their more speedy removal.

While giving the calomel the other remedies should be faithfully employed. It is right to add that English and American physicians, as a rule, do not advocate mercury in the disease.

Antipyretic doses of quinine, at the very beginning of the disease, have been faithfully reported upon by a Committee of the American Medical Association. As, however, the testimony respecting this means is quite conflicting, it may be that when the disease obtains in malarious districts quinine may really prove useful. And I may mention in this place the interesting circumstance that, in Mr. Burdon Sanderson's opinion, malaria was one of the only two local conditions (the other was a cold climate) which appeared, probably, to have had some share in determining the preference of epidemic meningitis for the two localities in which it manifested itself most severely about the lower Vistula.

Of course, large doses of quinine may be occasionally useful when the pyrexia is very high, but then it is used, as in other fevers with hyperpyrexia.

Stillé and other American physicians, and some Germans, notably Ziemssen, think highly of opium in the early stages, given in moderate doses (1 gr.) every hour or two, according to the severity

of the case; and Burdon Sanderson testifies to its value "after the initial symptoms had subsided." The indications for it are: restlessness, sleeplessness, maniacal delirium, pain and spasm. I cannot help thinking that chloral hydrate and bromide of potassium will be found equally useful and quite as safe for the same indication.

Not the least important point of the management of the disease, in my opinion, consists in the maintenance of the vital power by judicious feeding and, when the symptoms require them, by the administration of stimulants.

Further experience is needed as to the value of a combination of the iodide and bromide of potassium with ergot, as well as of Calabar bean, which is the latest remedy that I have heard of. The last named agent, owing to its power of diminishing the reflex power of the nerve centres and, perhaps, suspending the conductivity of the motor nerves, may be expected to prove useful in allaying the painful spasm of the muscles.

It is a matter of much interest to myself why a disease which appears to have been observed, but not separated from other fevers, in Europe, either in particular countries or widely diffused ever since the fourteenth century, which was first recognized in the United States and some parts of Canada in the beginning of this century, and which has continued to recur from time to time in various localities, and frequently over very large areas in the neighbouring Republic, which of late years has been seen in the Eastern Townships and at Ottawa, and which during the past winter has been prevailing in the City and State of New York, in Chicago and Detroit, Indianapolis, and in some parts of western Canada, should have visited our city now for the first time, or should be now recognized by us for the first time. In our present ignorance of the etiology of the disease I can offer no sufficient explanation of its manifestation amongst us this Spring. Let it be noted, however, that there has been an unwonted prevalence of zymotic diseases in epidemic form during the past winter. I need not mention the wide diffusion of small-pox and the unusual prevalence of erysipelas and puerperal fever, and the extensive epidemic of measles.

It is a pleasant reflection, however, that this fatal disease, "cerebro-spinal fever," as a rule, is limited in its outbreaks to a small section of a population, and, unlike cholera, has not a marked tendency to be diffused far and wide along the great lines of communication in a country.—*Medical and Surg. Journal, Montreal.*

BRITISH MEDICAL ASSOCIATION.

The 40th annual meeting was held at Birmingham last month. President, Mr. Alfred Baker, Senior Surgeon to the Birmingham General Hospital.

PRESIDENT'S ADDRESS.

Mr. Baker, after welcoming the visitors to Birmingham, said: "Situating at the north-western extremity of the county of Warwick, forming most probably a part of the old forest of Arden, Birmingham is built on the eastern slope of three undulating hills, on the banks of two streams, the Rea and the Tame, and is one of the highest towns in the kingdom. All the approaches are by ascent excepting that from the west, where the highest point of the borough is reached. This spot, at the top of the Hagley road, is 617 feet above the sea-level, whilst the lowest point, at Saltley, on the east, is 288 feet. Between these extreme points, the ground-level of St Philip's Church, in the centre of the town, is 462 feet, and that of King Edward's School, in which we are assembled, is only thirty feet lower. The absence of any dominant hill surmounted by a lofty public building prevents these elevations from being realized at a glance, but the height and the undulations in surface may be inferred from the fact that most of the streets pursue a diagonal course, so as to lessen the inclivities. The ground is naturally poor, in an agricultural sense, and consists of sand, gravel, and clay. The substratum is of new red sandstone, which passes from the river Tees southward to Birmingham, and thence northward to the Mersey. The southerly and oldest part of the town, running from High street to Deritend by a deep descent, is the lowest and dampest portion. It is here crossed by the river Rea, and has much clay in the subsoil, this clay extends up the valley of the stream to Sparkbrook, and ceases only at Moseley, which has a higher level and a sandy subsoil. From the conformation of surface and the character of the ground, it is clear that Nature has supplied every requisite for surface drainage into the streams, and for the rapid percolation of storm-water through the porous subsoil, hence floods are rare. In former times, as the late Dr. Darwell told us in the *Medical and Surgical Reporter* of 1828, after heavy storms or unusually wet

seasons, Dentend, in the neighborhood of the Rea, was liable to inundations, but this evil is now rectified by the strengthening of the banks of the stream, by the interception of the current for manufacturing purposes, and by the erection of bridges. In order to render the drainage of the town more perfect, a system of deep artificial sewers has been designed and nearly completed."

Mr. Baker then described the drainage and water supply of the town, alluded to some of its chief manufactures, its objects of interest, and its history, coming finally to its long array of names eminent in all departments of knowledge from the time of Boulton the engineer, which was, he said, "the Augustan era of Birmingham. Taking only the eminent men who constituted the Lunar Society (so called from their meeting when the moon was at its full and would facilitate their travels), it may be said that few towns could boast such an array of remarkable talent and capacity. The names of Boulton, Watt, Withering, Priestley, Galton, Keir, and Berrington are sufficient to prove the assertion, and Mrs. Schimmelpenninck describes each member as being 'the centre of intellectual friends' who frequented the meetings, and added to the depth and brilliancy of their discussions. The mention of Sir W. Herschel, Sir Joseph Banks, Dr. Solander, and Dr. Afzelius, as frequent visitors, is a sufficient stamp of their intellectual calibre. In this town also Dr. Roebuck introduced the use of the lead chamber in the production of sulphuric acid as a substitute for the two old methods of burning sulphur under bell-glasses, or distilling sulphate of iron at red heat. By this improvement he rendered the process continuous, increased the power of production, and reduced the cost. The value of his discovery may be estimated when it is remembered that sulphuric acid is essential to all the metal trades, and that without it the present gigantic works for the production of alkali and artificial manure could not exist. Whilst ready to welcome and adopt strangers, Birmingham has not always appreciated the genius of her children, but has presented herself at times as a stern step-mother. The populace, whilst thoroughly loyal, orderly, and law-abiding, and usually tolerant in spirit, has been betrayed at times by misconception and misguidance, into transitory tumult and violence. The two subjects—Politics and Theology—inseparable in this country—have rarely borne a free discussion without leading to more human passion and unrighteousness than all other sources of difference to which we are ex-

posed. Against this we appear to have no protection. The *odium theologicum*, once fulminated, recognises no genius opposed to its own narrow doctrines, and is antagonistic to that spirit of inquiry by which human progress has been promoted and a higher stand-point reached. To this may be ascribed the terrorism which prevailed in 1791, when Priestley, the philosopher, chemist, and scientific inquirer—when Baskerville, the greatest printer that England has produced, the founder of the most perfect type known, whose edition of the Bible is sighed after by bibliographers, whose exquisite productions of the ancient and modern classics, and of William Hunter's work on the Uterus, are considered to be treasures of the typographic art—were, with other citizens who did not conform to the views of the mass, persecuted relentlessly by the destruction of their house and property, and they themselves narrowly escaped the *auto-da-fe* of a popular, though unreasoning Inquisition. It is lamentable to think that a reflective and accomplished inquirer, whether right or wrong, was driven by a bigotry and intolerance to seek a home for his later years of life beyond the far Atlantic, and that a type so fine as that of Baskerville, employed by him in the diffusion of the highest knowledge—the divinest revelation vouchsafed to man—should have found its last resting-place in a faubourg of Paris, its first duties in spreading the sophistries of Voltaire. The Medical annals of this town furnish a full list of distinguished men. The philanthropic Dr. Ash, who founded the General Hospital earned the highest local fame. Failing health caused his removal to London, where he was made a Fellow and Censor of the Royal College of Physicians. Dr. Witherington, his immediate successor, was widely known by his botanical publications. He lies in the parish churchyard of Edgbaston, close to the hall in which he passed many years of his life. Dr. Male, highly esteemed as a sound physician and most honorable man, rested his literary fame upon his "Juridical Medicine." To say that Dr. Edward Johnstone was a highly-cultivated physician, that his brother John—your president in 1834—was an accomplished scholar, an intimate friend of Dr. Parr, with whom he sympathised in classical lore, and that Dr. James—the president of your last meeting here—won esteem by his acquirements, his courtesy, and his kindness, would be a work of supererogation to the older members of this society. Whilst paying merited honor to our physicians, it is due to the surgeons of the

town to state that the literature and practice of our art have been ably represented by those who have preceded us. George Freer, a surgeon to the General Hospital, was the first who successfully applied a ligature to the external iliac artery for the cure of femoral aneurism, as suggested by Abernethy. From the study of this and other cognate cases, his pupil, the late Mr. Joseph Hodgson, probably derived the bias that led to that admirable memoir, 'On the Diseases of Arteries and Veins,' which secured the Jacksonian prize of the Royal College of Surgeons, became a surgical authority, and secured for him that character for sagacity and judgment that he subsequently enjoyed. More recent Jacksonian prize-men may be named. My colleague, Mr. Crompton, earned this distinction by an Essay on Diseases of the Tongue, the late Frederick Ryland by a valuable Monograph on the Throat and Larynx; and Mr. John Clay by a Treatise on Ovarian Disease. It is to be regretted that the essays of Mr. Crompton and Mr. Clay have remained unpublished. To extend the list would—if I have not already earned the rebuke—be tedious. I will content myself, therefore, with saying that our profession yet numbers members who will not suffer the reputation of Birmingham surgeons to decline from its achieved position. Having referred thus briefly to the older officers, who were necessarily connected with the General Hospital as the only large Medical charity in existence, I must now be permitted to say that examples nobly set have been zealously followed, and that a variety of institutions, secondary perhaps in scope, but paramount in popular interest and sympathy, have been established amongst us. The Queen's Hospital, founded by William Sands Cox, in connection with the Queen's College (which it was his dearest object to convert into a great Midland University), graced by the favor of Royalty, and approaching in magnitude to its elder sister, competes with it for support. The General Dispensary; the Midland Eye Hospital, founded by Dr. De Lys and Mr. Hodgson, the Hospital for Sick Children, so eloquently advocated by Dr. Heslop, and a Special Hospital (recently established) for Women—appeal, and not in vain, to the sympathy of contributors. A Sanatorium is in course of erection, designed to furnish ample space, the most perfect hygienic arrangements, and life-giving air from the breezes that play over the hills of Blooms Grove Lickey. This will form an adjunct to all the Medical charities, and will be suited to invigorate frames that have

been exhausted by disease, and are unfitted to encounter the evil influences of a close residence in a polluted atmosphere. Under the auspices of my friends, Dr. Fletcher and Mr. Kimbell, an institution has been founded at Knowle for the treatment of imbecile children upon the principal of the Earlswood Asylum. From the adaptation of a cottage to the wants of a few inmates, they have so completely established the benefits that may be conferred upon these piteous claimants for human care and benevolence, that the sympathy and co-operation of the wealthy have been secured, and a noble building has been commenced, which promises to administer adequately to our local necessities. With regard to the establishment in which we are assembled, it is, architecturally and educationally, one of the brightest ornaments of the town. Originating in the wise consent of a youthful king to a petition from the inhabitants of Birmingham, a small annual grant, devoted by pious men to the Convent of the Holy Cross, after the dissolution of these monastic institutions by Henry the Eighth, was granted for educational purposes, and formed an endowment for this school.

The value of the lands thus bestowed has increased a thousand-fold, and the income has in course of time become regal. Regarded as a school for imparting a classical and general knowledge, it has amply fulfilled the intentions of the founder by securing to the young a liberal, scholarly, and often an university education. Its past history is full of bright associations, and whatever modifications in its course of instruction may be needed to meet the wants of the present age, it has deserved well of the past generations. You will share with me in an expression of deep regret that personal illness has prevented our associate, Dr. Fleming, from delivering the address in medicine, and from taking that prominent part in this meeting which he was invited to assume by your Council, and for which his literary and practical requirements and his known accuracy so peculiarly fitted him. We must all lament that the voice which advocated this town as your place of annual meeting will be heard no more. The energy and fervour of Mr. Clayton's manner, his singular conversance with the affairs of the Association, and his judicious advice in its management, will be missed by the active members; whilst we, his intimate fellow-workers, regret the loss of one possessed of great perceptive and executive ability, and endeared to us by many estimable personal characteristics. Other hands, how-

ever, will be extended in friendship and brotherhood; other voices will proclaim our hearty appreciation of your visit. As the representative of the Birmingham and Midland Counties Branch of the Association, and in the name of the whole Profession of the district, I say to all our visitors, Welcome! welcome! thrice welcome!"
 —(*The Doctor.*)

ADDRESS IN MEDICINE

BY SAMUEL WILKS, M.D., F.R.C.P., F.R.S.,

(*British Medical Association.*)

With regard to our general notions of disease, I consider that during the last few years, our opinions have made a rapid advance. I naturally take the period during which I have been in the Profession, and reflect upon what was implanted in my own mind by lectures and by books twenty-five years ago. Of course it is necessary to remember that, as our ideas are matured, there is a great liability to transfer one's own earlier and cruder notions to the teachers whom we misunderstood, but, allowing largely for this explanation, I cannot but think that the last twenty or thirty years of pathological progress must have made material alteration in our general opinions regarding disease. For example, a common method of teaching was by the description of acute inflammation occurring in healthy subjects, but the disappointment I felt in common with other students, in not seeing these cases in the wards of the hospital, soon convinced me that something was wrong. We saw abundance of chronic disease, occasionally an acute affection, but this was generally patched on to some other chronic disorder, so it soon became evident that, with the exception of acute affections of the chest due to the vicissitudes of weather, an acute inflammation occurring in a healthy person was the rarest possible occurrence. Morbid anatomy has been mainly instrumental in making the discovery; and, in fact, this could not have been reached without its aid, since apparently sudden and fatal illnesses were constantly occurring in persons of previously good health. It is true, for example, that persons died of acute peritonitis, and, without *post-mortem* examination, the cause was attributed to that universal evil, cold; but

inspections have now invariably disclosed some old and long latent mischief in an organ which lighted up the fatal attack. To suppose that a healthy person can suddenly have an acute arachnitis, or acute peritonitis, may, perhaps, involve an actual pathological absurdity. Even the acute inflammation of the chest occurring in healthy persons under the aggravated causes of wet and cold, is far less common than is generally supposed. When, many years ago, a paper was read at a medical society advocating the early treatment of acute disease lest it should become chronic, I took the opportunity of remarking that an opposite suggestion might have been, with more propriety advanced—viz, the advantage of arresting chronic processes lest they should become acute. There are far more acute diseases carrying off chronically diseased people, than there are chronic diseases which have had their origin in acute affections. What we might more advantageously direct our minds to, are the insidious and slow-working changes in the organs and tissues, to see if we can grasp these in their beginnings and check them at their source; what we are too often asked to do, however, is to arrest an acute inflammation, which is an evidence only of the beginning of the end. But this is what we see through all Nature. If events appear sudden, they are but the exponents of some long anterior hidden causes. The fires of Vesuvius have long been smouldering below before they issue from the summit; and the earthquake is only the result of the pent-up gases arising from chemical changes which have been slowly going on in the bowels of the earth. In society, an honest person cannot possibly become on a sudden a thief, nor a contented people suddenly break out in rebellion. A sane man cannot in an instant become mad; and, as was observed in a late celebrated case, the event which brings the person to justice is but the sudden explosion of distorted feelings long dormant in the brain, but immediately excited by some trivial event. Although I say these are views which have been greatly promoted by the advance in pathology, yet the more profound observers had a glimpse of their truth, as had the father of medicine himself; for Hippocrates says, "Diseases do not fall upon men instantaneously, but, being collected by slow degrees, they explode with accumulated force." I believe, in teaching, there is no more important fact to impress upon the minds of students than that diseases come insidiously and slowly; and the circumstances which induce them are those most worthy of atten-

tion. When the older text-books spoke of attacking acute diseases in a healthy subject, it appears to us almost as Quixotic as making a thief suddenly honest, or making the French a tranquil people by a new form of government. * * *

I have already said that the body has hereditary tendencies to morbid changes of special kinds, rather than to mere accidental diseases, and, therefore, that the various tissues are liable to their own peculiar degenerations. When we speak, for example, of a gouty man, we imply much more than his liability to an attack of arthritic trouble; he may have, or not, a *materies morbi* in his blood, but he is liable to temporary and organic derangements of a given kind—such as granular kidney, diseased heart and blood-vessels, articular inflammation, and gravel. In tuberculosis, in like manner, there is a tendency to changes in the epithelium of the cutaneous or mucous surfaces, whether bronchial or intestinal. In the nervous temperament, the nervous system is liable to be thrown into unstable equilibrium. But not only in hereditary, but in acquired diseases, we find that the morbid changes are of a particular kind, and that special organs and tissues are also affected. Thus in chronic alcoholism, we find a tendency to fibrous thickening of the tissues, whether these be in brain, liver, or kidney. We find, again, degenerations of a particular kind in syphilis, and in lardaceous disease, which is sometimes its sequel. From other causes, we may find the whole of the bony skeleton diseased, or the lymphatic glands, or the skin. Thus, as before said, it is but a shortsighted view to see special organs only affected by disease, rather than a general morbid condition affecting particular tissues, and occurring under given determinate circumstances. Such views as these have arisen, I believe, from a closer study of the dead; and this has been so little perceived by some, that I have often had to vindicate this department of science to those who have seen no more in it than a curious prying into the body, in order to discover the destruction of some great organ or satisfy a curious diagnosis. At one time, it is true, a diseased organ was simply cut to pieces, and the rest of the body not examined; but now-a-days, when the process is more searching, I maintain that a much larger view of pathological processes is obtained by a dissection of the dead, than could be arrived at by mere observation at the bedside. The narrower views of the ward are expanded in the dead-house. Much larger conceptions are gained,

both as to the nature of the disease and its diagnosis. A simple name for a diseased organ is sufficient for the ward; but the name for a distinct pathological process is required for the dead-house. In a paper published some years ago, in order to vindicate this view, I took several examples in illustration; and I said, if a person acquainted with healthy anatomy were placed in a room to dissect the dead taken from a hospital, he would very soon be able to arrange the cases in classes; he would soon place together, for example, those who had chronic disease of the lungs, those who had died of typhoid fever, and amongst others, those who had that series of changes recognisable under the name of morbus Brightii, even though there might be some slight accidental difference in all of them. There might be, in a series of beds in a ward, one patient dying of pneumonia, another of laryngitis, another of peritonitis, and a fourth of apoplexy; and it is possible under these names the cases might be found in the list of the Registrar-General; but should they come into the hands of the necroscopist, as an unbiassed dissector he might find a recent inflammation of the lungs in one, or a clot in the brain of another; but since in all he would discover like chronic changes in the kidneys, heart, arteries, and other organs, he would rightly place them together; he would see that they all had the same pathology. This is sufficient to show how all but valueless are the Registrar-General's returns for pathological purposes; for example, if effusion of blood in the brain is to be classed amongst nervous diseases, nothing but error can result in drawing any conclusion of a scientific character from such reports. What I at that time said should be the aim of the pathologist, I repeat now; we should attempt to do for morbid anatomy what Bichat long ago performed for healthy anatomy.

Whilst I am on this subject, I must say a word in reference to another piece of pathology, on which a dissection of the dead can alone throw a light; and one which ere this (I own a personal shame) ought to have been perfected; it is akin to the matter of which we have been just now speaking. If it be true that the morbid changes are found progressing through tissues rather than affecting particular organs, as it were by accident, it follows that these different tissues have their own special morbid changes and none others. What we ask ourselves therefore is this question—what are the morbid changes to which each tissue is liable? Now, it is constantly as-

sumed that degeneration may occur, and new growths of all kinds spring up, spontaneously in every part of the body, but this is certainly not the fact. If we take, for example, the list of diseases framed by the College of Physicians, which is in all your hands, it would seem as if there were certain morbid states, such as inflammation and its consequences, as well as various morbid growths, which may attack in turn every part and tissue of the body. But is this really so? The morbid anatomist ought long ago to have answered the question; and I believe, had my own attention been directed to this subject earlier, the amount of material passing under my hand would have been amply sufficient to have afforded a satisfactory solution to it. I will explain my meaning: suppuration of the lung is rightly not regarded as a stage of idiopathic pneumonia; consequently, if an abscess be found in the lung, we know that the seeds of it are brought thither from a distance, and we find the source of the pyæmia in some other part. Cancer, again, when found in the lung, has, in my experience, been secondary to cancer elsewhere, and thus we suppose the seeds of it have been thereto carried; (intro-thoracic cancer may be primary, but generally commences in other tissues than those of the lung); then again, as regards other classes of tumours, as fibroid, myeloid, osteoid, etc., they are invariably found existing there as secondary deposits. Now, if what I say be true, the primary morbid changes in the lungs are strictly limited; the epithelium may produce well-formed cells, as found in pneumonia, and ill-formed ones, as met with in the chronic degenerations, but beyond this the lung may be incapable of alteration. The same with other organs; the kidney undergoes certain limited changes, as seen in nephritis, but these do not terminate in suppuration, suppurative inflammation being always secondary; the liver also has certain definite changes, beginning either in the cells or the areolar tissue. The stomach has its own special changes, and is incapable of producing any new formations; as, for example, tubercle. It is thus probably very far from being true that abscess, tubercle, cancer, and other growths occur in all parts and tissues of the body; but, on the other hand, that all these have their favourite or perhaps special seats, and when met with elsewhere must be regarded as secondary formations. It is remarkable how surgeons have always tacitly acknowledged this fact; for, when meeting with a malignant tumour on the surface of the body, they

have seldom hesitated to operate from the fear of any internal complication, since their experience has taught them that the growth on the surface has been primary. On the other hand, the teaching of the surgeon with regard to inflammation and its consequences, as occurring on the skin, having been made applicable to the internal organs, has been the cause of a long series of pathological errors. A knowledge, therefore, of the special changes to which each tissue is liable is vastly important; the materials for furnishing us with the knowledge are always at hand, and the possession of it must be near.—*British Med. Journal.*

A NEW METHOD OF NOURISHING PATIENTS PER ANUM.—Dr. W. O. Leube, of Erlangen (*Deutsches Archiv für klin. Med.*) has made recent investigations on the nourishment of patients *per anum* with an injection-mass prepared in the following manner: With the object of introducing into the large intestine nutritive material resembling its ordinary contents, and of establishing, as far as possible, natural conditions in this part of the alimentary canal by artificially produced digestion, he has endeavoured to transfer to the large intestine a part of the digestive processes which normally take place in the small intestine.

From 90 to 100 grammes of the pancreas of the pig or ox are carefully deprived of fat, and finely minced. Then from 150 to 300 grammes of beef are minced and grated. Both substances are then rubbed down in a mortar with some warm water, in order to form a thick soup, which is taken up into a clyster syringe, furnished with a wide opening. If it is wished to submit, at the same time, fat to digestion, from 25 to 50 grammes of this substance may be added. Starch likewise may be added. A purgative enema is to be administered one hour previous to this nutritive clyster.

His experience clinically in the use of this mode of feeding is as follows:

1. The injected mass, when it consists of nothing more than meat and pancreatic substance, never causes any diarrhoea, but, on the other hand, generally remains in the large intestine from twelve to thirty-six hours without giving rise to a stool.

2. The patient experiences no disagreeable sensations after the

injection, but after a feeling of ease in the abdomen. In every case, he says he made out that the pulse became fuller, that there was an improvement in the general condition and spirits of the patient.

3. The clysters are not well borne at first; the least digested portion of the injected mass being returned.

4. The above-described injection-mass is superior to other substances recommended for rectal injections, through its efficiency, and the readiness with which it can be made.

Since the publication of the above paper by Dr. Lube the *Centralblatt für Med. Wissen'sft* of July 20th contains another article from him on the same subject, in which he says, that in the warmth of summer the pancreas begins very soon to undergo decomposition, and in consequence loses its digestive power and becomes irritating to the intestine, producing rapid expulsion of the material injected. These mishaps may easily be avoided by making a glycerine extract of the pancreas. This extract is quite equal in digestive power to the fresh pancreas, and will remain good for several weeks. The following is the manner of preparing this extract in glycerine. The pancreas of a bullock (which is sufficient for three enemata) is finely chopped and rubbed with 250 grammes of glycerine, and to each third of this, when about to be used, are added from 120 to 150 grammes of finely divided meat. It is important that this mass should be injected into the intestine as soon as it is made, for if it is allowed to stand, the meat swells and the operation is thereby rendered difficult.—(*Medical Record, New York.*)

ECLECTICS IN ONTARIO.

Dr. Morrison, Eclectic member of the Medical Council of Ontario, writes as follows to the *American Eclectic Review* :

"Under the working of the present Ontario Act, it is not to be expected that any students will hereafter take the eclectic or homœopathic licence, since the allopathic licence will give them, in this province at least, a better position in a professional as well as a financial point of view. The result will be, that in fifteen or twenty years there will not be an eclectic or a homœopathic representative in the council, as by that time nearly all the licentiates of these schools now practicing in Ontario, will have died, removed from the country, or retired from practice. This will be the inevitable fate of

eclectics and homœopaths in this province. A repeal of the present medical act, and the re-establishment of the old eclectic and homœopathic medical boards would not be advisable for many reasons which I cannot now stay to detail.

A large number of the eclectics are advocating a union with the allopaths, on condition that they grant us some privileges which I am not at liberty to name now. This reaction in favor of allopathy is to be attributed to the fact, that many of our eclectic licentiates are graduates of allopathic colleges in Canada and the United States. Thus of the one hundred and five registered eclectics now practicing in Ontario, more than one-third are graduates of allopathic institutions. Three of the present eclectic representatives in the council, viz., Dr. Carson, of Victoria College, Ont. : Drs. Cornell and Muir, of the Eclectic Medical College of Pennsylvania, are in favor of the union, while Dr Bogart, of the Eclectic College of New York, and myself are opposed to it at present. The matter will no doubt be decided by a vote of the eclectics before the next session of the council."

"The Ontario Medical Act was passed through the local legislature by certain interested parties in Toronto for the express purpose of suppressing eclectics and homœopaths, and from present indications it will certainly succeed. The act does not protect either the public or the legally qualified practitioner from the impositions of "quacks," who are as numerous here as ever, nor does it confer on the practitioner any rights or privileges which he did not before enjoy. The act has proved a total failure in everything except the suppression of the eclectic and homœopathic medical boards, and the establishment of a high and uniform standard of medical education which, however, is not higher than that which has been required by the University of Toronto for many years. But whatever may be the fate of eclectics in this province, one thing is certain, viz., that the battle which was begun by the founders of the eclectic system of medicine, has been fought and fought successfully. The allopaths have been compelled in a great measure to abandon the use of the lancet and mercurials as the result of our labors and influence, and it is not too much to say, that before another quarter of a century shall have rolled away, the more destructive features of their practice will be supplanted by the more rational practice of the eclectic system of medicine. They have stolen our materia medica, and adopted our views relative to the nature of fever and inflammation."

"On the other hand, however, it must be borne in mind, that the founders of the eclectic system of medicine never intended to build up a sect or party in the medical profession. They adopted the term "eclectic" as an appropriate and time-honored word descriptive of the spirit and practice of all liberal, independent and progressive medical men, and understood the term in the light of a

protest against exclusive opinions, and as an avowal of individual freedom and independence in both opinion and practice. If medicine is a science and surgery an art, there can be no sects, science and art know no sectarianism."

"Before concluding this hastily written article, I desire to place one of my colleagues in his true light before our American friends. Dr. Carson, one of the eclectic representatives was justly censured by his colleagues and all other members of the council, for putting out among the public a vile compound called "Female Regulator," and some other nostrums. The doctor handed in his resignation after the council had struck his name off all committees. It is but just to state that Dr. Carson is not an eclectic licentiate, and consequently has no vote as an eclectic. He is a graduate of Victoria college, Ontario, and has always voted for allopathic representatives."

DR. RICORD ON SYPHILIS.*

There is one question which comes before the medical man very frequently. Can syphilis be cured radically? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these "accidents," not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been great differences in the treatment of them, and they have been radically cured. Doubts have been raised whether real syphilis can be radically cured, and those doubts are not new. Mercurialis thought that it was liable, even after the lapse of years, to break out again; and the doubts remain in the minds of many whether it can be cured radically, or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis; for, as long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffer-

*Speech in the Surgical Section British Med. Association, August 9th, 1872.

ing under the effects of secondary symptoms, he cannot have a chancre of an indurated character; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre, if it take, he was free; if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms; but I say that if the treatment be well done and soon done—and this is most important—you can prevent the first bursting out of the secondary symptoms. Why it is not prevented is, that the treatment is applied too late in the first instance, and the secondaries often come before the treatment of the primary is commenced. But if you make the treatment of the primary early and effective, the secondary will not appear; I can give you warrant for that. The best treatment for the secondary symptoms is the mercurial, and it must be continued and continuous. In Germany, and other places as well, the treatment of the secondary symptoms is not continued long enough. You should choose a treatment which does no harm to the constitution, and continue it for five or six months, and you will have very few cases of relapse; and, after the mercurial treatment is finished, go on for another six months with iodine. When a person comes to me, I tell him that he will have to continue under treatment twelve months. If he will, he will; but if not, then I say at once “good bye.” But then, you know, there are complications. The treatment I have given you is for syphilis arising in a person who is otherwise healthy, and there is then but one enemy to fight against. But in other cases you may have, in addition, scrofula, or an otherwise bad constitution. Well, then the case is not the same; for many of these constitutional disturbances are interfered with by the syphilitic treatment. In many of these cases, the syphilis is the second thing to look at, and you must begin with the constitutional disease first; you must attack the strongest enemy first, and he sometimes waits until you come to him

before he opens his attack. Then you must come on gradually with your syphilitic treatment, and that which I prefer in complicated cases is iodide of mercury, which causes little diarrhoea. One capital treatment is that of rubbing in—it is easy and effective. But there are cases in which the rubbing cannot be employed. In the next stage, I employ iodide of potassium. I use large doses of this, up to 60, 70, 80, and 100 grains a day, and even more. I have made experiments with this, and I have found that, half an hour after the dose has been given, it has passed through the urethra; and it is in reality a sort of broom to the blood. The supply must be kept up. In secondaries, a treatment partially of this iodide and of mercury has its advantages. I have had the potassium stop doing good, and I have gone back to the mercury with good results. That is what Mr. Acton has said, and I quite agree with him. When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases, which may have been existing before. Well then you must stop all syphilitic treatment, and repair the deterioration of the blood by iron and bark. Mr. Acton spoke about the use of bromide of potassium, and I agree with him in its use, for it is a splendid remedy for a complication of syphilis in some cases—in syphilitic diseases of the brain and nervous system; but you cannot depend upon it as an antisiphilitic remedy.

Now I would impress upon you that you can tell your patients that this terrible disease can be radically cured if they have the courage sufficient to go through the treatment, and their physician have the courage to go through it with them. I again thank you for the cordial reception you have given me.—*British Medical Journal*

CORONERS.—Chas. D. Tufford, Esq., M.D., London to be Associate Coroner for the County of Middlesex. John Church Chamberlain, Esq., M.D., of the Township of South Fredericksburgh, to be Associate Coroner for the County of Lennox and Addington. Algernon Wolverton, Esq., M.D., of the city of Hamilton, Associate Coroner for the County of Wentworth. Wm. De Witt Clinton Law, Esq., M.D., of Bond Head, Associate Coroner for the County of Simcoe.

Dr. Lavell, of Kingston, has been appointed Surgeon to the Penitentiary.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

Communications elicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto

TORONTO, OCTOBER 1, 1872.

LIBERTY OF HEALING.

A good deal of newspaper discussion has been elicited within the last few weeks regarding the prosecution of a quack in Port Hope, named Ryder. The circumstances of the case are as follows—Mr Ryder rented his farm a short time ago and attended lectures in a hygienic school in New Jersey, for a term of about 20 weeks. He then returned to Canada and commenced practicing medicine in the town of Port Hope, Ont. At the instance of Dr. Dewar, President of the Medical Council of Ontario, he was summoned before a Magistrate and fined \$25 for practicing without a license. The editor of the *Globe* makes this the occasion of an article on "*Medical Infallibility*," the tone of which has caused us a good deal of surprise and astonishment. In the first place we do not think it is exactly the thing to seem to uphold men, in the violation of any law, whatever one's private opinion concerning that law may be. The point upon which the editor of the *Globe* seems most inclined to take issue is as to the propriety of an enactment compelling all medical men to come up to a certain standard, and to pass an examination on certain subjects which do not form a part of their creed. He also complains that no provision is made for the admission of Hygienists to become legal members of the medical profession in Ontario. Here he is entirely in error. There is nothing to prevent a Hygienist from entering the profession through the same portal

as the "Homœopath," the "Eclectic," or the "General School." True, there is no special examiner appointed for that school, neither do we see any occasion for such. We are all Hygienists in the true sense of the term, and besides, the utmost latitude is allowed in reference to the treatment of disease. What the law requires is that every medical man shall be well grounded in the fundamental branches of medical science, and so far as the practical part is concerned he may practice whatever system he chooses. It may seem hard in one sense to compel a highly qualified man, coming from the United States or Europe, to go through the ordeal of an examination before the Board of Ontario, but we are sure it is much better, and safer for the public, than that incompetent and ignorant men should be let loose upon the community, which would be the case if we had no law to prevent it. If Dr. Pyder wishes to practice in Canada as a Hygienic Physician all he has to do is to qualify himself as all other medical students do. No exception will be taken to his hygienic ideas regarding the treatment of disease. He can obtain his license and practice any system he chooses, without let or hindrance. Can anything be more liberal than that? And yet we are charged with being bigoted. The fact is it is these men of only idea who are really bigoted. All that we ask, and we ask it in the interests of the public, as well as in the interest of the profession, is that all medical men, call themselves by whatever name they choose, shall be liberally educated and thoroughly qualified for their calling, and, if that be secured, we can safely give them the fullest liberty in the art of healing.

ELECTRICITY IN DISEASE.

The application of Electricity in the treatment of disease has of late received a good deal of attention from scientific men both in Europe and America. Unfortunately for the science, it has hitherto been almost exclusively in the hands of the charlatan, ignorant alike of its properties and its proper application. Very few physicians, even of the present day, are familiar with the different forms of electricity and the various instruments in use, much less the Therapeutics of the subject. This is in great measure owing to the fact that the attention of the profession has not been directed to its

use. One thing more than any other which has militated against its use is, that until within the last few years the instruments in use have been very imperfect, uncertain, uncontrollable, and not possessing any arrangements for its proper application. This has been overcome to a great extent in the improved make of machines and appliances. The Galvano-Faradic Company of New York are solely engaged in the manufacture of electrical instruments for Medical use. Their instruments are well got up, portable, reliable, clean, and require very little attention. They are quite under control, and possess a wide range of vibration. For some forms of paralysis and rheumatism they are preferable to any other.

Dr. Kidder, of New York, also manufactures a very superior instrument. It is very smooth in its action, never fails when wanted, and the most delicate organ can be operated on by it. It is well adapted to extremely nervous persons. A good deal of confusion seems to have arisen in reference to the various forms of electricity, owing to the employment of so many different terms expressive of the kind of current employed. All this may be avoided however if we recollect that aside from magnetism and static electricity there are but two forms manifest—galvanic and faradic electricity—with the first of these the terms primary, constant and continuous are synonymous; with the second the terms secondary, induced and interrupted exactly agree. The former affects powerfully by reflex as well as by direct action. It has power to stimulate directly the brain, spinal cord, and great sympathetic; and is preferred in the treatment of many forms of central disease. The latter works slightly by reflex action, having but little power to influence directly the brain or spinal cord. The galvanic is therefore used in deep-seated affections of the brain and spinal cord, to produce contraction of paralyzed muscles that fail to respond to the faradic, and in electro-surgery to produce electrolysis or cauterization. The faradic, on the other hand, is used when it is required to act mildly on the nerve centres, to excite muscular contraction when the muscles are capable of responding, and to produce strong mechanical effects. The electrolytic power of the galvanic current has within the past few years, been repeatedly used in the treatment of morbid growths, and has been found sufficient in many cases to dissipate tumors, both malignant and non-malignant. It seems also to possess the property of destroying the reproductive power of malignant growths. Improved appli-

ances have also been constructed for the application of galvano-cautery, for the removal of tumors, cauterization of ulcers, treatment of fistula, amputation of diseased parts, &c. In the amputation of such parts as the neck of the uterus, polypi, &c., that are difficult of access, this method is invaluable. The wire can be adjusted before heating, there is scarcely any pain, and little or no hemorrhage follows its use.

Electricity, like many other remedies and appliances, has its indiscreet and ignorant partizans, and for that reason has been long neglected and despised, but it is now being raised to its proper place, and is undoubtedly destined to be greatly extended in its sphere of usefulness.

MEDICAL ASSOCIATIONS.

BRITISH MEDICAL ASSOCIATION.—The 40th annual meeting of the British Medical Association was held in Birmingham during the month of August. Dr. Baker, the President, delivered an address which will be found in another column. Addresses were also delivered on medicine by Dr. Wilks, and on surgery by Mr. Oliver Pemberton. The presidents of sections also opened them with addresses, some of which we have endeavored to give our readers. The attendance was very large and the arrangements most complete. We regret that our space does not permit us to give anything like a full account of the proceedings. We have made a few selections for the present month and will endeavor to supplement them in our next issue. Additional interest was imparted to the meeting by the presence of distinguished visitors from foreign countries, among whom were Ricord, Demarquay, and Labbé, of Paris; Gross, of Philadelphia; Bogue, of Chicago; A. Smith, of New York; Berns, of the Hague, and De Mural, of Zurich. There were over 500 persons in attendance, and the session lasted four days. Excursions were made by several of the members, in attendance, to the Stoke Salt Works in Worcestershire, Dudley Iron Works, in Round Oak, Sewage Works, &c. of Leamington, Stratford-on-Avon the birth-place of Shakspeare, &c., &c. It was upon the whole, the largest, the most interesting and influential meeting of the profession ever held in any country of the world.

CANADIAN MEDICAL ASSOCIATION.—This was held in Montreal on the 11th and 12th ult., the proceedings of which we give in another place. The attendance was not what might have been expected; and the meagreness was in some measure owing to the opposition to the proposed Dominion Medical Bill. The President's address was read by Dr. Marsden of Quebec, the author being unavoidably absent. It will be found in another column. Some very interesting papers were also read, which will shortly be published. The proposed Medical Bill has received its quietus, and the association will take up its own legitimate work, and we bespeak for it greater success, and we hope soon to see infused into it some of the vitality which marks that of our brethren on the other side of the ocean. Drs. Grant and Worthington have offered a gold medal for the best essay on the Zymotic Diseases of Canada, to be competed for at the next annual meeting. We are not quite sure whether this will accomplish the object they have in view, at all events the time is rather short for the amount of work to be done. To do justice to an essay of that kind will require more than a year, even if one's whole time were devoted to the subject.

CLINICAL INSTRUCTION.

Arrangements have been entered into by the several Medical Schools in Toronto for the regular delivery of clinical lectures in the Theatre of the Toronto General Hospital by the acting members of the Hospital Medical staff. There will be *four* clinical lectures delivered weekly at such hours as will best suit the convenience of students in attendance. Unusual facilities will thus be afforded students attending the Hospital for the clinical study of Medical and Surgical diseases, the importance of which cannot be too highly estimated.

We are glad to see that the Teachers of the various Medical Schools in Toronto are alive to the interest of the students who may place themselves under their instruction, and we feel certain that their action in reference to this matter will be fully appreciated. This arrangement will tend to make the clinical teaching of the Toronto General Hospital second to no other in the Dominion. Surgical operations will be performed on Saturdays at one o'clock.

NOTES AND COMMENTS.

FRACTURE OF BASE OF SKULL.—A remarkable case of recovery after fracture of the base of the skull is reported in the *Glasgow Medical Journal* for August 1872, by Dr. Kelly, of Glasgow. The patient was 21 years of age. He was injured by the falling of a mass of coal, weighing about two hundred weight. Blood flowed from his nose, mouth, and left ear. The latter continued about two days, and was followed by total deafness, and the escape of *watery fluid*, which continued about 12 days. The quantity of fluid that escaped was estimated at about 14½ pints. Twelve weeks after the accident all the threatening symptoms had subsided, but sensation was deficient on the left side of the face and head, and the muscles paralyzed. The left ear was completely deaf, but his intelligence was unimpaired. The case is interesting as showing that recovery may take place even in this usually fatal accident.

MEDICAL REGISTRAR'S OFFICE.—We have been requested to announce that Dr. Pyne, Registrar of the College of Physicians and Surgeons, Ont., has opened an office in the School of Technology, Toronto. Parties at a distance having business to transact with him will please address, Dr. Pyne, Registrar, Toronto, and it will be promptly attended to. The Ontario Government has kindly granted the use of two large rooms in the above mentioned school for the use of the Council.

MEDICAL MEN IN THE HOUSE OF COMMONS.—The Medical Profession will be represented in the next House of Commons by the following members—Dr. Bergin, Brouse, Grant, and Landerkin, of Ontario, Fortin, Fiset, Lacerte, Paquet, Robitaille, and St. George, of Quebec, Almon, Forbes, and Tupper, of Nova Scotia, and Schultz, of Manitoba.

APPOINTMENTS.—Dr. Drake has been appointed Prof. of Institutes of Medicine, McGill College,—the chair rendered vacant by the death of Dr. Fraser. Dr. Ross has received the appointment on the staff of the Montreal General Hospital in place of the late Dr. Fraser, and Lecturer on Clinical Medicine, in connection with McGill College.

MEDICAL ELECTIONS.—We beg leave to remind the Medical Electors of the Territorial Division of Midland and York that the

election of a representative for the above Division in the place of the late Dr. Agnew will be held on the 7th inst. Voting papers will be forwarded to all "registered practitioners,"—who are also entitled to vote,—in due time, by the Registrar, Dr. Pyne.

TREATMENT OF BURNS AND SCALDS.—Dr. Montgomery, in the *Pacific Medical & Surgical Journal*, speaks highly of the efficacy of warm and soothing applications in the local treatment of burns and scalds. For that purpose he recommends poultices of slippery elm or linseed meal to be applied immediately, and covered with oiled silk. He records a number of cases in which this treatment was pursued, and with the most satisfactory results. It soothes the pain and excludes the air.

DEATH FROM ETHER.—A death has recently occurred in Bellevue Hospital, New York, from the inhalation of Ether. This is a circumstance of such rare occurrence that we wait with anxiety for the particulars of the case.

RUPTURE OF THE URINARY BLADDER.—Opening the bladder by means of the lateral operation as for stone is strongly recommended in the treatment of this accident. This plan of treatment was brought to the notice of the profession by Dr. Walker, of Boston. It has been put into practice in two cases, one by Dr. Walker and the other by Dr. Mason, of the University of New York, reported in *New York Medical Journal*, August, in both of which it was successful. This is more than can be said of other forms of treatment. It should be done early.

MANAGEMENT OF THE PLACENTA.—Dr. Churchill has recently laid before the Dublin Obstetrical Society the statistics of his 39 year's Obstetrical practice. In reference to the time which elapses between the birth of the child, and the expulsion of the placenta, he gives a record of 2387 cases:—In 1965, it was 5 minutes, in 278, it was 10; in 61, it was 15, in 25, it was 20, in 27, it was 30 minutes, and in 8 cases it was an hour—among them were three cases of *post partum* hemorrhage, with one death, also 10 cases in which extraction was necessary from flooding, irregular contraction and morbid adhesion. He mentions that many of the cases in which the longer intervals elapsed occurred in the earlier part of his practice, before he had realized the safety and value of pressure so

applied as to squeeze out the after-birth from the uterus into the vagina. Firm grasping pressure applied immediately after the birth of the child and continued for a few minutes, he found generally sufficient to expel the placenta from the uterus into the vagina, from which it is easily removed. He had never known hemorrhage follow cases thus treated.

CHLOROFORM IN PUERPERAL CONVULSIONS.—Chloroform is coming to be regarded as a most valuable remedy for the treatment of Puerperal Convulsions: several cases have been reported lately in the various Medical Journals, in which that treatment proved highly serviceable. In those cases in which we have had the opportunity of trying it, it has succeeded admirably; and we have, therefore, no hesitation in recommending it in all cases in which there is no contra-indication to its use.

TREATMENT OF GLEET.—Dr. Woodson, in the *Kansas City Medical Journal* recommends deep injections in the treatment of this affection. He uses a large sized catheter pierced at the curved end with small holes, for the space of $2\frac{1}{2}$ or 3 inches, and having the eyelets closed.

This instrument being introduced, the injection is thrown in by a strong-rubber syringe. The diseased parts can only be reached by these means. He also applies small blisters to the perineal portion of the urethra. The injections used are Tr. Iodine 1 drachm to the ounce of water, Nitrate of Silver 5 grs. to the ounce, or Monsel's solution (Ferri persulphas).

IDIOPATHIC TETANUS.—A case of Idiopathic Tetanus is reported in the Montreal General Hospital, under the care of Dr. Drake. The patient was a sewing girl, aged 17, Canadian, "always weak and delicate," no apparent cause can be assigned for the occurrence of the attack, except that she got wet in the rain. The treatment consisted in chloral every two hours, Ext. Belladonna plaster to spine, and ice bag over it, beef juice and brandy by injection, and small quantities occasionally by the stomach, Hypodermic injections of Atrophine— $\frac{1}{8}$ gr.—were also tried. The patient died on the third day.

FINED FOR PRACTISING WITHOUT LICENCE.—An imposter, calling himself Dr. Ryder, practising as a Physician under the so-

called "hygienic system" in the town of Port Hope, Ont., was summoned before the police-court on the 13th ult, at the instance of Dr. Dewar, President of the Medical Council, for practising without a licence in violation of the Ontario Medical Act, and was fined \$25 and costs. He was told by the judge that this could be repeated as long as he continued to practise in violation of the law.

PROF. TYNDALL'S VISIT.—This distinguished gentleman is expected in New York some time during the present month. He will remain for several months, and is engaged to deliver lectures in the principal cities of the United States.

HYPERTROPHIED TONSILS.—NEW TREATMENT.—The application of fine needles of chromic acid to the tonsils causes notable shrinking of the parts, and is almost without pain or danger. By frequent application of this remedy the hypertrophy may be reduced to one-half its volume. Iodine dissolved in 100 parts of Glycerine is also injected into the tonsil in some cases.—(*Dr. Frankel in the Berliner Klin. Woch.*)

MONOBROMATE OF CAMPHOR IN DELIRIUM TREMENS.—Dr. Allen McLane Hamilton, of New York, speaks highly of this remedy in the above disease. He has also tried it in chordee with most excellent results, and considers it superior to camphor and opium.—(*New York Med. Journal.*)

INJECTION OF AIR INTO THE UTERUS CAUSING DEATH.—Mention is made in the *Gynecological Journal*, Boston, for August, of a case of instantaneous death during the induction of criminal abortion by the injection of air into the uterus. The woman was quite dead when the physician arrived, and a Davidson syringe, which she had used, was lying beside her. An autopsy was made the following day. The uterus contained a fetus of about 6 weeks. The membranes were unruptured, but were detached from the walls of the uterus in several places. A similar case occurred at St. Louis some time ago. Another case was reported by Dr. Hitchcock, of Mich., in the *Trans. Am. Med. Association*, 1864, p. 81. Death in this instance was supposed to have been caused either by the entrance of air into the circulation, or by shock. The *post-mortem* did not throw much light on the subject.

CHRONIC INVERSION OF THE UTERUS.—REDUCTION.—Dr. Braxton Hicks, Guy's Hospital, in the *British Med. Journal* of August 31st, reports two cases of chronic inversion of the uterus reduced by him. Both cases were attended with considerable difficulty. His plan is first to dilate the vagina, and with it the os and cervix, by means of air bags introduced into the vagina, and kept there two or three days. The apparatus for pressing on the fundus of the uterus is a vulcanite stethoscope, having a pear-shaped elastic bag drawn over the thoracic end, and tied tightly round the stem, and inflated by means of a stopcock adjusted to the aural end. Pressure is then made by means of a T bandage, and continued steadily for 24 or 48 hours. Should this not succeed, manual pressure under the influence of chloroform is resorted to.

CORRESPONDENCE.

CANADA MEDICAL ASSOCIATION.

The Fifth Annual Meeting of the Canada Medical Association was held in Montreal on the 11th ult. The attendance was very small, there being only two members present from the Province of Ontario. The President, Dr. Sewell, of Quebec, was absent, but his address was read by Dr. Marsden, of Quebec. It was as follows:—

GENTLEMEN,—The next thing in the order of proceedings is the address of the President. Last year Dr. Parker extended his observations over such a very large field, embracing almost every possible subject, that I really find but little left to comment upon or suggest. There are, however, one or two points upon which I would like to touch briefly.

It is to be regretted that little or no progress was made last session with the Medical Bill. It will be again submitted to-day for your consideration, and in its discussion it is very much to be desired that all sectional or private interests may be laid aside. The question is not this or that, this school or the other. We are here to discuss and adopt such a "Bill" as will conduce most to public good and the elevation of our own profession. Let me, therefore, bespeak from the members of this Association that reciprocal kindness of feeling, which will tend greatly to the peace and harmony of the meeting, while it will expedite the business in which we are all so interested. Medical education is, without doubt, the most important subject that can occupy the attention of a body like

this. No argument of mine is necessary to show that this must be the foundation of the professional character in every country. I trust, therefore, that the Bill now to be considered, and which has for its object the advancement of medical education in this country, will be sufficiently advanced at this session that it may be laid before Parliament at its next meeting.

Looking over the curriculum to be enjoined on medical students I am struck with the small amount of time given to clinical instruction. Although two courses of three months upon clinical medicine and clinical surgery are all that is required at most of the recognized schools, still a moment's reflection will satisfy any one that this is far too little. Clinical instruction, as now conducted, is made subordinate, and, as it were, a secondary branch, instead of being put forward as one of the most important and most indispensable subjects of professional instruction.

The importance of demonstrations in lectures upon all subjects, medical or otherwise, requires no proof, and surely no demonstration can be so effectual to the medical student as the illustration of the remarks of the professor, by an exhibition of the patient in all the different phases of the disorder.

Again, not only should the number of clinical lectures in the different schools be increased, but greater facilities should be afforded to the student to prosecute his studies at the bedside. For this purpose the Hospital Fees should be much reduced, or, if possible, entirely abolished. With regard to this matter I am happy to say that in Quebec we have taken a step in the right direction. Our hospitals are almost free, while the number of clinical lectures on medicine and surgery, apart from those given on diseases of the eye, amount to 360 per annum—240 only are required by law.

I believe the student cannot too soon commence his attendance at the hospital, and although his medical education may not be sufficiently advanced to enable him to profit by this attendance, to the fullest extent, still if he is observant, he will pick up much which will be invaluable to him hereafter, and he will learn much which will render the lectures he will receive later on in the College far more intelligible, and therefore far more profitable than they would otherwise be. To the same effect is the language of the great Trousseau. Addressing his class, he says, "Clinical instruction should not be deferred till near the end of the student's curriculum. From the day a young man determines to be a physician, he ought to attend the hospital. It is essential to see—to be always seeing—sick persons. The heterogeneous materials. They may be for the present useless, but at a later time he will find them stored in the treasure house of his memory." And they will become of incalculable service to him.

Let me here throw out a hint which, if acted upon, might be of advantage to our students in all the different schools. I allude to

the situation of house surgeon in our various hospitals. Hitherto, I am of opinion, these officers have retained their appointments too long, to the exclusion of others from those advantages which they themselves (it is to be presumed) no longer require. In each hospital I would like to see a house surgeon and an assistant house surgeon. The former should be a licensed practitioner, the latter a student in his fourth year, who, if found qualified, should succeed his chief the following year on being received. By this arrangement each house surgeon would spend two years in the hospital, a rotation system would be established, a stimulus would be given to the students, and a larger number of them would benefit by the advantages thus afforded. I do not hold positively to the periods here laid down, but I believe the hint here thrown out might be acted upon or modified to the great advantage of our students.

Again, in the interest of the students, there is yet another point upon which I would like to touch. I allude to the adoption of trimestrial examinations in all schools of medicine. My colleagues and myself can testify to the immense amount of labour which this entails on the professors, but we can also testify to the immense advantages it affords the students—and herein we are amply repaid. These examinations are conducted by a committee of the Faculty, each professor examining on his own branch in the presence of his colleagues. At Laval there are three terms in each year; consequently the student undergoes twelve of these almost public examinations in the course of his four years' study. The advantages to be gained by the students are, first, and perhaps above all, a strong inducement to him to commence his studies in earnest the very day he enters the college. Secondly, by these examinations he discovers whether his lectures or private reading have been profitable to him or not; and lastly, he learns to appreciate and take in the full scope of his professional questions, and by frequent habit, he obtains a facility of answering. The quarterly examinations above alluded to are of course in addition to the usual weekly examination in each class.

The course of study is I see to extend over a period of four years. This is not too long, but perhaps it would be well to specify distinctly in the bill that no degree *ad practicandum* shall be conferred before the full expiration of his term.

It has been suggested by the Association of Medical Superintendents of American Institutions for the Insane, that in every school of Medicine, commencing degrees, a course of lectures should be given on insanity and medical jurisprudence, as connected with disorders of the mind. As most of the cases of insanity in their earlier stages come under the care of the ordinary physician, this is, perhaps a subject which may occupy the attention of the different collegiate councils of this Dominion.

Last year Dr. Parker directed the attention of this association,

in very earnest language, to the necessity of establishing institutions for the treatment of inebriates. It is very much to be regretted that up to the present moment the Government of this Dominion has taken no action in this most important matter. It is true that Dr. Wakeham, with that enterprise and intelligence which have always characterised him, did some years ago, at his own risk and cost, open an institution in the neighborhood of Quebec, for the purpose alluded to, and has maintained it ever since upon a most respectable footing, though I fear at a considerable pecuniary loss. This he has borne, in the hope, hitherto a vain one, that government would ere this have come to his assistance. It is also true that an Act was passed by the Local Legislature in 1860, authorising the interdiction of inebriates, so that now these persons may be controlled and sent to such institutions for treatment. So far so good. But still this does not exonerate the General Government from the great responsibility which lies upon it in this matter. I agree entirely with your late President that all governments are as much morally bound to make provision for the treatment of this class of sufferers as they are to find hospital accommodation for the treatment of other forms of disease, whether of the mind or body. It will no doubt have been seen by many of you that Drs. Parrish and Dodge, Superintendents of the Sanitariums of Binghampton and Media, have been formally invited to appear before the British Parliament to give a detailed history of Inebriate Asylums in the United States, the system of treatment adopted in them, and its success. This is a most praiseworthy step on the part of Great Britain, and will be followed no doubt by other governments, our own, may it be hoped, included.

There is yet another subject to which this Association might call the immediate attention of the Government. As the law now exists no insane person, however violent [*being also an epileptic,*] can be admitted into the public asylums of the country. The consequence is our goals constantly contain several of these doubly afflicted persons, who are exposed to the jeers and jibes of those around them, inducing, no doubt very frequently, epileptic paroxysms, which under more favourable circumstances, might have been avoided. Why an insane person, because he is also an epileptic, should be less dangerous to himself or others, or requires less the protection of Government for the same reason, I am at a loss to understand. On the contrary, being doubly afflicted, he should be a special object of sympathy, care, and protection. I believe this matter has only to be brought under the notice of the Government to be at once remedied. There are some other points upon which I might dwell, as for example the better regulating of the duties of chemists and druggists in large cities, medical fees in courts of justice and at coroners' inquests, &c., but as there is a good deal of work before the Association, and but little time to do it in, I prefer waiving these, so that we may proceed at once to the discussion of the Bill.

The reading of the address, together with other routine business, occupied the principal part of the *first days'* proceedings.

The *second days'* proceedings consisted in the reading and discussion of papers on various Medical subjects, reports of committees, &c., &c. The following were the papers read:—"On the Extinction of Syphilis," by Dr. Dehonald; "On Scarlatinal Pleurisy," by Dr. Howard, of Montreal; "On Calculus of the Bladder," by Dr. Fenwick, of Montreal. The discussion of the contemplated Dominion Medical Bill was then entered upon, the subject being introduced by Dr. Howard, chairman of the Publication Committee, and a lengthy debate followed, in which nearly all the members present took part. On motion, it was finally decided to postpone all further action on the subject for two years.

The committee on Canadian Necrology brought in a report, in connection with which mention was made of the late Dr. Fraser, of Montreal, and Dr. Blanchet, of Quebec, and a fitting tribute paid to their memory. Drs. Grant, of Ottawa, and Worthington of Sherbrooke, announced that they would present a gold medal to the Association, to be given for the best essay on the Zymotic Diseases of Canada, the medal to be competed for at the next annual meeting of the Association.

The following gentlemen were appointed as a committee of examiners on prize essays:—Drs. Howard, Fenwick, David, Rottot, and Peltier, all of Montreal. The following committee was also appointed to consider and make some necessary amendments to the Bye-laws of the Association, and report at next meeting. Drs. Hamilton and Gordon, of Nova Scotia, and Dr. Botsford, of New Brunswick.

NOTICES OF MOTION.

Dr. Marsden, of Quebec, gave notice that he would, at the next meeting, move that the names of all members of the Association who have been absent from the annual meetings for three consecutive years, and have neglected to pay their fees during that time, be declared to have forfeited all right to membership.

Dr. Marsden also gave notice of a motion to increase the annual fees of members,

The following gentlemen were appointed to prepare and read papers at the next meetings:—Dr. Howard, of Montreal, on Medicine; Dr. Hingston on Surgery; and Dr. Botsford, of New Brunswick, on Hygiene.

On motion, it was decided that the next annual meeting should be held at St. John, N.B., and should take place the first Wednesday in August, 1873.

The following gentlemen were elected officers for the ensuing year:—Dr. Grant, of Ottawa, President; Dr. David, of Montreal, Secretary.

The Association then adjourned.

BOOK NOTICES.

THE PHYSIOLOGY OF MAN, by Austin Flint, jr., M. D. Vol. IV.,
The Nervous System. New York. D. Appleton & Co.; Tor-
onto: Willing & Williamson.

This is the fourth volume of a series on the subject of Human Physiology, the fifth and last of which is promised within a year. This work, in five volumes, will be one of the most complete treatises on the subject in the English language. The volume now before us has been published in connection with Dr. Hammond's work on Diseases of the Nervous System. The two are intended to form a complete work on the Physiology and Diseases of the Nervous System. A great amount of care and labour have been expended on the present volume. The style is clear, the matter well arranged, and does the author infinite credit. It is a critical digest of the subject on which it treats, and will be read with interest by all lovers of the science.

SMALL-POX AND VACCINATION, by Dr. Carl Both. 2nd edition.
Boston: A. Moore & Co.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE ROCKWOOD
LUNATIC ASYLUM for 1871. J. R. Dickson, M. D., M. R. C.
S., etc., etc., Kingston.

BRAITHWAITE'S RETROSPECT for July, 1872. Townsend & Co.,
New York. Price \$1.50.

HALF-YEARLY ABSTRACT OF MEDICAL SCIENCE. H. C. Lea, Phil-
adelphia.

OBITUARY.

Died at his residence, Brantford, Ontario, August 6th, Edwn Theodore Bown, M.D., æt. 42 years. The deceased was the fourth son of Samuel Bown, M.D., and was born in Highbury Terrace, Parish of Islington, London, 1830. The family came to this country many years ago, and R. R. Bown, Esq., purchased a large farm in the Ox-Bow, now Bow Park and the property of the Hon. George Brown. He also bought a tract in the Eagle's Nest, about a mile down the Grand River from Brantford, which he still holds. Dr. E. T. Bown graduated at the University of Pennsylvania, U. S., in

1854, and took the degree of Bachelor of Medicine at the University of Trinity College, Toronto, in 1855. The University of Victoria subsequently conferred upon him the honor of M.D., and he was elected in 1860, member of the Natural History Society, Montreal. He was Coroner of the County of Brant, and Surgeon of the 38th Battalion. Dr. Bown spent his whole professional life in Brantford, having commenced practice here in 1854. Starting in his career with a respectable competency he enjoyed advantages to which few of his professional brethren of the same age in the towns and rural portions of Ontario can lay claim. When to these were added affable manners, a gentlemanly deportment, a generous hospitality and exceptional skill in the practice of his profession, it will readily be inferred that fortune was not niggard of her favours. For many years before his death he enjoyed a very extensive and lucrative practice. His death has left a blank in the profession here, and is much regretted by a very wide circle of relatives and personal friends. The remains of the deceased were interred in the family vault at Hamilton, the most conspicuous and costly mortuary monument in the Cemetery of that city. His brother, Dr. Walter R. Bown, of Red River, is sole executor to his property, and his eldest brother, John Young Bown, Esq., M.D., M.R.C.S., Eng., ex M.P., of the North Riding of Brant, is the lessee of his late residence, and succeeds to his practice.

On Sunday, the 22nd ult., at the residence of his brother-in-law, Fred. L. Hooper, Esq., in Hamilton, WALTER JAMES HENRY, Esq., M.D., of Ottawa, eldest son of the late William Henry, Esq., M.D., Inspector-General of Hospitals, aged 37 years.

At his residence, Napanee, Ont., on Saturday, the 14th ult., Dr. Thomas Chamberlain, in the 63rd year of his age.

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 bill. 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.