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Original Communications.

Remarks on Club Foot. By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., &c., Surgeon St. Patrick's Department Hotel Dieu Hospital, Montreal. Read before the Medico-Chirurgical Society of Montreal, March 24th, 1876.

Club foot is met with as a congenital and a non-congenital affection.

As a congenital affection—moulded and fashioned in the mother's womb; as a non-congenital one,—arising from some early disturbance of the prima via; some disturbance of the nervous centre; some irritation at the peripheræ.

The non-congenital are said by writers to be the more frequent, and tabulated reports average them as three to one in frequency. I give the statement, though my own experience does not corroborate it. The degree of deformity varies as the kind—sometimes so slight as to pass without notice; this is very frequent. Sometimes the deformity is such that the foot may be strongly inverted or everted—the foot itself so shortened that the toes are necessary at the end of shortened legs to show that a foot was intended.

The four varieties of club foot are well-known to you: Equinus; Varus; Valgus; and Calcaneus: and the four sub-varieties, Equino Varus; E. Valgus, Calcaneo Varus; C. Valgus.

The immediate causes of Talipes, of whatever form or degree, whether intra-uterine or occurring after birth, are the same—"alterations in the relative position of the bones, in consequence of irregular muscular action, position, pressure, &c." The *remote* cause is often matter of conjecture.

Irregular muscular action occurs, methinks, most frequently *after* birth, but the deformity arising from malposition, or from pressure, occurs most frequently during intra-uterine life.

The belief that deformities arise from arrest of development in the bones themselves is no longer tenable, although it still serves as an excuse for the non-fulfilment of a rashly-made promise of perfect cure.

It is not my intention to enter at all into the question of non-genital Talipes. Far more than I could give may be found in any systematic work on Club Foot. Nor is it my intention to speak of the various contrivances which have been, and are still, used to remedy this deformity. My object is to speak of certain rules of practice observed by writers,

and to suggest such modifications of them as I have been led to adopt in hospital and private practice.

As they relate to operative interference in congenital cases, I may premise them by stating that medical practitioners are oftentimes deterred from resorting to the *tenotome* by a dread of something untoward, something unpleasant which might, and which does sometimes occur. Let us analyse these, and what are the inconveniences of a character to deter that may arise from the division of a tendon?

1st. The irritation of the wound; but this is so slight, so insignificant, as to be readily healed.

2nd. Hæmorrhage. Since my first case in 1854 I have never had loss of blood to the extent of twenty drops; rarely half that quantity; commonly but one, two or three drops.

3rd. Inflammation—But this can only arise in clumsily performed operations, either from forcibly bruising the part while holding it, or from an unclean knife, or from the unnecessary admission of air.

4th. Non-union of the divided ends of the tendon. It is the dread of this contingency which deters many from resorting to a really harmless procedure. I have seen but one instance of a non-united tendon after tenotomy—and *not* the mode of its performance—*not* any peculiar diathesis in the child—*not* any indisposition to pour out, in and around the cut ends, the needful blastematous material; but the simple fact that the cut ends were at once separated, and kept too widely asunder, by some mechanical contrivance.

5th Adhesion after the operation to adjacent structures.

If the non-uniting of a tendon is, as I have just said, due to meddlesomeness, or clumsiness, *after* the operation, adhesions to adjacent structures are mainly, if not altogether, due to the *mode* of operating. If the skin over the tendon be wounded in more than one place; if, in addition to a puncture at entering, and another at a point opposite, where there should be none, the skin be shaved or split, as sometimes happens, adhesions will probably occur. If, in addition, a very sharp instrument be used, and the tendon, with its investing sheath, be cut cleanly through, then adhesions will almost certainly occur, and adhesions of a character, perhaps, to interfere with the free play of the divided tendons. If, on the other hand, the knife be insufficiently sharp and the surrounding tissues be much handled and disturbed the same result may follow. But this cannot be regarded as a reason for not operating any more than should the puncturing of a flap, the irregular

sawing of a bone, or the insufficiency of integument left to cover it, be considered a reason for not performing an amputation.

As I shall have occasion, in a moment or two, to speak of the *time* when operations should be performed, I may here remark, *en passant*, that not only is the union of a tendon perfect in proportion to the tender age of the patient, but also that adhesions to surrounding structures are weak and insignificant in the same direct ratio.

The adhesions which sometimes take place between the cut ends of a tendon and the sheath, are confined, for the most part, to the tendon of the tibialis-posticus, and even then only when the division has been made at the malleolus.

THE PERIOD FOR OPERATING.—This, gentlemen, is the real subject of my paper. It was this portion, and this portion alone, I had in view when I consented, at the request of the Secretary, to read a paper before you this evening.

I suppose every member of this Society has made up his mind when to, and when not to operate; when he will trust to mechanical appliances; when to physiological treatment; and when he will not trust to one or both of those, but resort to operative treatment.

Thus, no one would think of operating when, although there may be more or less of the varus variety of the deformity at birth (as if arising from mal-position, when the Liquor Amnii was deficient,) a little manipulation suffices for its removal. In such cases there are no structural changes; the heel can be brought down; the foot may be put in situ and even everted, and maintained thus without difficulty, the soft hand of the nurse sufficing, and without pain to the infant. But when the foot cannot be restored to its natural form or position without difficulty; when the heel refuses to be brought quite down, or the foot to be everted, so that the inner malleolus may become prominent; when the os calcis cannot be sufficiently depressed—or if when depressed, the ankle-joint cannot be flexed, operative treatment is necessary. And this brings me to that to which I wish specially to draw your attention.

The necessity for operating being established in the practitioner's mind, when should tenotomy be performed? "Wait till the tendons are more prominent," says one. "Wait till there is less adipose tissue in the way," says another. "Wait till the foot can bear the pressure of the boot," says a third. "Wait till we see what a Scarpa shoe, or tin splint, or caoutchouc boot and leg can effect," say

others who hope to gain by the handiwork of the mechanic more than the hand of the surgeon can effect. "Operate early" say some, and with the latter I agree, for the "earlier tenotomy is performed, and the more quickly all the muscles of the limb are brought into action, and the greater will be the muscular development."

The disadvantages of operating early have been already mentioned. The disadvantages of not operating early are many.

In *T. equinus* as in *talipes varus*, the *gastrocnemius* and *soleus* may, at birth, be alone contracted. But the *plantaris* is soon drawn in; afterwards the *flexor pollicis* and the *plantar fascia*; and afterwards, but long afterwards, the deeper muscles of the leg and foot. In *talipes equinus* the tuberosity of the *os calcis* is raised by their contraction—but easily depressed—after tenotomy. After a time, however, when the upper surface of the *calcis* impinges upon the posterior margin of the articulating surface of the *tibia*, the *astragalus* is thrust forwards and downwards; both bones are consequently *hors de place*, and their facets changed. Shortening of the ligaments of the sole of the foot takes place; the foot, which at first was straight, becomes bent upon itself, as it were, by being depressed at the transverse tarsal joint; and if the operation be delayed till the patient is old enough to walk, the weight of the body is thrown upon the extremities of the metatarsal bones.

As to the ligaments, Mr. Adams says: "The ligaments in front of the ankle joint, and on the dorsal aspect of the foot—especially the ligament between the *astragalus* and *navicular bone*—are found to be elongated in proportion to the degree and duration of the deformity; whilst those on the plantar aspect of the foot are contracted and shortened to a corresponding extent." The anterior portions of the lateral ligaments become elongated, and the posterior shortened.

Even should paralysis coexist, the necessity for early treatment is the same. "Structural changes in the joint, such as thinning and irregular removal of articular cartilage," "and adapted shortening of the ligaments of the joint, take place by the continuance of the deformity, thus rendering the case more difficult in proportion to the delay."

In that more common, yet more complicated form, *talipes varus*, the muscles at birth are healthy and well developed; but they do not continue to grow as those of the other limb. Muscular development is more or less arrested at birth. Not those alone upon the contraction of which the deformity depends

but sometimes all the muscles of the leg and foot. Sometimes, indeed, the muscular structure is wanting, and fibrous and adipose tissue supply the place.

Dr. Little believes "that the deficiency or atrophy and degeneration of muscles is in a precise ratio to the extent of the deformity, and the earliness of the uterine existence at which the deformity is produced."

Mr. Adams was impressed with the inadvisability of allowing the deformity to continue, when he said: "The longer the deformity remains uncured the less will be the ultimate size of the muscles of the leg, and, therefore, on this account, I strongly advise early operation."

The ligaments at birth give little or no trouble; but soon after birth they sometimes offer serious obstacles to the removal of deformity. They adapt themselves to the abnormal position of the bones, becoming thinned and lengthened where the tension is greatest, and perhaps contracted where it is least.

Many of the bones are altered in position, if not in form; notably the calcis, which may early assume an oblique position; and the astragalus, which is tilted forwards and downwards.

Time will not permit me to speak of the other tarsal bones, but this much I shall say, that the changes observed in the tarsal bones are changes of position rather than of form; and the changes of form, ultimately observed, are due largely to long-continued faulty position.

To come back, then, to the question: When should the operation be performed? I regret to observe so great a diversity of opinion among those so competent to speak. Formerly I shared the opinion of Mr. Lizars, who taught that "two or three years of age is that at which the division should be attempted." Mr. Lizars said he preferred "three years." Others preferred the beginning of the second year, when the child has learned, or is learning to walk. Dr. Little, who had submitted to the operation at the hands of Stromeyer, thought not under six or eight months. Mr. Syme, when the patient could run about, as he was permitted to do on the second or third day.

I have come to regard all this advice as erroneous. Why wait till the muscles have become atrophied, perhaps changed in structure? till the ligaments are thinner at one edge, thicker at the other? till the cartilages are partly changed? till the plantar fascia, becomes contracted, which at first is usually but little? till the facets of the bones are changed? and the position of the bones themselves permanently altered?

When, then, should the operation be performed?

Gentlemen, there are two operations in surgery which should, methinks, be performed before the child has been seen by its mother, before, in fact the infant has had an hour's breathing existence; the one, the operation for hare-lip—the other that for club foot. The satisfaction I may have had from performing these operations has been in proportion to the early period at which they had been performed; for I have found that the earlier the more successful, and the more successful the more satisfactory.

Having disposed of this part of the subject, there is another question of much moment in the operative treatment of club foot. Tenotomy is performed—what, then? Should the foot be at once extended and kept extended after tenotomy or not? I have asked two questions at once; but shall answer them separately. As to the first, the foot should be at once extended to enable us to ascertain if the division already performed suffices for the removal of the deformity; and that ascertained—notwithstanding the advice of Miller, Syme and Gross to the contrary—I should, unless in exceptional cases, urge gradual extension as did Stromeyer and Delpech. I spoke just now of exceptional cases; by these I mean those somewhat unusual cases in which, after the division of the faulty tendon or tendons, the foot can be carried easily back, not only to its normal position, but much beyond.

I purposed saying a few words on the order of division of the tendons in the various forms of club foot, but Mr. Adams has left nothing to be said on this part of the subject. I can, therefore, but echo what he has said. Even this much, however, is foreign to my purpose, which was and is to urge upon you not to delay the performance of tenotomy in cases where the operation is clearly indicated; but to operate at the earliest possible moment. An American surgeon, Mr. Sayre, I think, said that the accoucheur is not warranted in delaying longer than is necessary to wash his hands before operating! This is scarcely an exaggeration, though it may appear as such. I should be generous enough, however, to allow the accoucheur time; but no more, to look over his anatomical plates and to see what to divide and what to avoid; or to invite the co-operation of a confrère more familiar with the work than himself.

CASES IN PRACTICE.

Communicated by Dr. Carr H. Roberts, of Salisbury, England, &c., &c.

E. Edwards, æt. 41, admitted into sick ward of Union House, 3rd June, 1875, thin, spare, tall, has

been fireman on board of passenger steamer all his lifetime, family history good, and he himself has always enjoyed very good health until the present attack; states his habits to have been always of a temperate nature, very much more so than most of his class, and one has every reason to believe his statements, as after-events proved that he is very intelligent and far above the average in his state of society; was attempting to make his way on foot from Southampton to Bristol, the weather being intensely hot, when he was suddenly taken with his present seizure. When admitted, his *right* eye was completely closed, with total inability to spontaneously elevate the lid. There was total loss both of sensibility and of muscular power of the *left arm and leg*. There was nothing the matter with the *left eye or lids*. I should have said that the sight of the *right eye* was very cloudy and misty, his tongue being very coated and dirty, and his breath extremely offensive, and, remembering a maxim that was early instilled into me by my first teacher, Mr. Ord, F.R.C.S.E., of Brixton, to "always in the first instance pay attention to the main drainage," the patient was, for the first week, indulged every other night with a couple of pills containing hyd. chlor. gr. iij. and pil. col. co. gr. viij, and on each subsequent morning half oz. of sulphate of magnesia. At the end of that time the condition of his stomach and bowels being manifestly very much improved, he was placed upon plain but nourishing diet, eggs, beef tea, milk, soups, mutton chops and rump steaks, etc., etc., with half a pint of stout twice daily. A blister was placed at the back of the right ear; a seton at the back of the neck; he was ordered to be galvanized every night and morning with an ordinary machine, the shock to be at first slightly administered (down the spine) and to be increased by degrees to the fullest extent; a hypodermic injection of the sixtieth part of a grain of strychnine was given every morning, and he was also ordered a grain of quinine and five drops of liq. ferri perchloride, three times daily. This treatment was commenced on the 10th of June, discontinued on the 17th for twenty-four hours, when his pills were given at night and his half ounce of mag. sul. in the morning, and this latter has been given him with very rare exceptions every week or ten days, during the whole time. On the 20th of June, a blister was applied on the right temple, the dose of quinine was increased to two grains thrice daily, and he was given the fiftieth part of a grain of strychnine as a hypodermic injection; on the 30th of June the latter was increased

to the fortieth of a grain; on the 30th of July it was increased to the thirtieth; on the 20th of August the twentieth of a grain was injected; and on the 10th of September, the tenth of a grain was injected, and continued for three days, when rather violent tetanic convulsions made their appearance for the first time, and the injections were discontinued. Up to this date, improvement, except as regards his general health, had not been perceptible, and the case looked almost hopeless, and the governors began to have serious thoughts of passing him to his native place, as an incurable case; but the patient begged very hard to be tried, as he said, "a little longer, for he thought there was a good time coming, if we would only wait a little longer." I, also, was loth to lose sight of the case, it being a very interesting one, the man being very intelligent, very grateful, and most anxious to get better. Consequently, on the 15th of September, instead of the hypodermic injections, I gave him the sixtieth of a grain of strychnine for a dose in conjunction with his quinine and iron, three times daily. The seton caused him such intense pain that it was removed, and blisters were applied to the arm, the leg, and the back. The galvanism, which had never been discontinued all down the spine, he was now able to bear to its fullest extent. On the 20th of October, a manifest improvement. About the 15th of November a pair of crutches was procured for him, a large broad band was passed round his neck and under his foot, and, with an attendant on each side of him, he managed to hobble up and down the ward. On the 20th of December he was able to stand alone on his crutches, and, by getting hold of the band, was able to drag his leg and slide his foot along from one place to another. Up to the present time, March, 1876, his progress has been very slow, yet most marked, and his present state is; perfect use of the lid of, and sight of, the affected eye, almost perfect use of the arm, and he has considerable power with the leg, which he can now drag along without touching the band. The dose of strychnine has been gradually increased until, at the present time, he is taking the twelfth of a grain twice daily, in conjunction with the liq. ferri. (The quinine was discontinued in December, on account of his having pain in his head, but I think that was more likely occasioned by want of sleep from some phthisical patients in the same ward, but as he appeared to progress so favorably I did not resume it.) Every now and then at irregular intervals, tetanic spasms occur, the strychnine is then discontinued, but he has always

recommenced with the same dose he left off with, and that dose, as I said before, has been slowly increased to the present date; the galvanism he still continues, and is now engaged in making me a set of chessmen, which he manufactures with an ordinary knife and file out of the bones of the meat from which the soup is made for the inmates. Had he not been as intelligent as he is, I could not have trusted him to continue and discontinue the use of so powerful a drug, in the way that I did do. The case is a useful illustration of the benefit of strychnine combined with iron, in these cases; and the truth of the old motto, "Nil desperandum." My patient is very proud on hearing that his case is to be made the subject of a paper, and hopes that in a very short time *his* good time is coming, for which he has so patiently waited a little longer. I hope in a little time to be able to give a final and favorable report of the result.

March 7th, 1876.

Mary Palmer, residing at a village three miles off, æt. 74, stout and having always enjoyed good health, was seized with a fit on the 14th March, 1875, and laid perfectly insensible for four days, her stertorous breathing alone showing that she was alive; being unable to swallow anything, the only treatment that could be adopted was the occasional administration of five grains of calomel placed on the tongue, and mustard to the calves and soles of the feet. To my great astonishment she recovered consciousness on the fifth day, and it was found that she had completely lost the use, but not the sensibility, of her right arm and leg. I put a seton in the back of her neck, and, after purging her very freely, gave her the sixtieth part of a grain of strychnine, twice daily, with nothing else; as she lived that distance from me I was always afraid to increase the dose, especially as I was unable to trust the old lady, but not being very fond of medicine she would only take it at very irregular intervals, so that there has not been much fear of the peculiar cumulative action of the strychnine being exhibited. The seton was taken out and a fresh one (which is in still) put in about three months since; the ancient dame is able to get about now with a stick and do a little knitting.

March, 1876.

My notes on the case of John Fletcher, communicated in your February number, were accidentally not completed. I should have said that he was admitted to the Infirmary, and died the following day. No fresh symptoms occurred, and the most careful

examination failed to detect any other symptoms of hernia than those already mentioned. All his friends being unwilling, it was impossible, although urgently requested, to get a post mortem.

John E., æt. 41, commonly called "Alderbury Jack," a short spare fellow of somewhat weak intellect, whom the lower class of people here were very fond of giving beer to, until he was intoxicated, and then playing tricks with and making game of him, was found lying dead on the pathway leading to his home, by the side of a running stream, which was not fenced or protected in any way. Two young fellows were proved to have been seen with him last, and to have been told to leave him alone. It was a bitterly cold night, that of the 21st of January, 1876, and when found about six in the morning of the 22nd, his body was found frozen to the ground, his hat was carefully deposited by his side, his clothes were completely saturated, and a few yards off there were marks on the bank as if a heavy body had been dragged up, not as if a man had tumbled in and scrambled out again. The following are my notes of the post mortem which I was directed by the Coroner to make. Body fairly well nourished. *Externally*, several abrasions about face, head and hands, which latter were tightly clenched and full of gravel; clothes and body very wet. *Brain* small but quite normal and healthy. *Lungs* slightly diseased, a considerable amount of pleuritic adhesions. *Stomach* contained only about a tablespoonful of a liquid smelling and looking like undigested beer. *Bowels* contained a little flatus, but not a particle of feces. *Liver* and *kidneys* were healthy, but the heart was very much diseased and almost empty. Double scrotal congenital hernia. There was no doubt that deceased had either fallen, or, more likely, been pushed into the water, dragged out again, and, finding that he was insensible, left on the bank to be found by the next passer by. A good deal of evidence was given by various people, of cries for help, etc., etc., being heard, but, as that is unfortunately a common occurrence about twelve o'clock on a Saturday night, no attention was paid, more especially as they soon ceased. The parties were examined by the Coroner, but, of course, were not likely to criminate themselves, consequently, an open verdict was returned, that "Deceased came by his death from immersion in the water and subsequent exposure on such a bitterly cold night, but how he came to be in the water there was no evidence to show." I do not suppose there was any "malice prepense," but that it was done for a "lark." The old fable of the boys and the frogs once more exemplified.

Progress of Medical Science.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, March 16th, 1876.

DR. S. S. PURPLE, PRESIDENT, in the Chair.

THE TREATMENT OF DIPHThERIA.

The object of the paper read upon the above subject by Dr. C. E. Billington was, to contribute to the proof of the doctrine that the primary disease was a local affection and the source of constitutional manifestations. The doctor admitted that there were many cases which seemed difficult to explain upon this theory, but claimed that the exceptions were too few to weigh against that doctrine, which he couched under three heads:

1st. In the great majority of constitutional cases which have been under his observation, the local affections have been much more severe than in the other class of cases;

2d. The constitutional disease, as he had seen it, had been, not antecedent to, but consequent upon the local affection;

3d. The results of treatment on the principal of local disinfection strongly confirmed this view. The paper was based on observations made in 300 cases, of which 150 were under his own care; and the great majority of all the cases occurred in patients under 12 years of age.

Three elements entered into the study of the treatment of that affection:

1. Contagion; 2. Inflammation, and the formation of the pathological exudation and the accompanying nerve irritation, symptomatic fever, etc.; 3. The resulting specific and septic poisoning.

The indications in the treatment were, 1, to destroy the contagion; 2, to subdue the inflammation, which was most effectually done by removing its cause; and 3, to combat the absorption of the poisonous element from the spot at which the local disease was manifested.

Failing in these essentials, constitutional remedies were useless. In other words, local disinfection was the proper treatment for diphtheria. The physician should aim to destroy the poisonous exudation and fluids; but, at the same time, should exercise the utmost care, and not irritate the part affected.

That gave rise to two questions:

1. What were the best medicinal agents that could be employed for that purpose?

2. What was the best method of employing them?

The tincture of the chloride of iron was placed at the head of the list of remedies to be used as local disinfectants; and it also possessed other properties, which justly commended it as an agent to be employed in the treatment of diphtheria.

Lime-water, glycerine, chlorate of potash, carbolic and salicylic acid, and sulphite of soda were also mentioned in this connection.

With regard to the manner of employing these remedies for the purpose of obtaining their disinfectant influence, Dr. Billington recommended their internal use rather than topical application by means of a camel's-hair brush, sponges, etc. By that, how-

ever, he did not wish to exclude spray and the local use of remedies by means of the soft brush, for these means might be employed in certain cases with great benefit; but they should be used with the utmost care, lest a mechanical irritation should be produced. The following prescriptions were given:

℞ Tinct. ferri perchloridi..... ʒ iss.
Glycerini,
Aquæ, ā ā ʒ i.
M.

A teaspoonful to be given every two hours. For children under two years of age, one drachm of the iron was a sufficient quantity to enter into the prescription. When vomiting was a troublesome symptom, it sometimes became necessary to omit this mixture.

It was also recommended to administer teaspoonful doses of the following mixture, every two hours—that is, alternate with the above; but the administration should come after an interval of thirty minutes.

℞ Potassæ chloratis..... ʒ ss.
Glycerini..... ʒ iij.
Liquoris calcis, ad..... ʒ iij.
M.

The frequency of this dose was insisted upon by Dr. Billington as an item of very great importance.

It was also recommended to give teaspoonful doses of the following mixture, in addition to those already prescribed.

℞ Acidi salicylici.....grs x to xv.
Sodæ sulphitis ʒ ss to grs. xlvi.
Glycerini..... ʒ ss.
Aquæ, ad..... ʒ iij.
M.

It was recommended to use the following mixture in the form of spray for several minutes at a time, and just before the administration of each dose of medicine.

℞ Acidi carbolici.....m. x.
Liquoris calcis..... ʒ iv.
M.

Applied by means of an ordinary perfuming atomizer. The doctor had found that children under two years of age so resisted the use of the atomizer that it was not available. He also recommended early resort to the nasal douché, and if offensiveness of the breath persisted, the nasal syringe should be resorted to and the salicylic mixture already mentioned.

For tough, unyielding membranes, the following was recommended:

℞ Tinct. of the chloride of iron.....two parts.
Glycerini.....one part.
M.

Applied with a camel-hair pencil, but the greatest care should be exercised not to treat the affected parts roughly.

Dr. Billington regarded quinine as worse than useless, especially in young children, except as an agent to reduce the temperature. It was to be used

for this purpose only when the temperature remained high after the initial stage had passed. For the high temperature, sometimes present early in the disease, a single dose of calomel was recommended. The doctor also maintained that the great majority of cases required no medication except the disinfectant measures, to which allusion had been made. Taking all the cases, probably 60 per cent. would recover spontaneously. Stimulants should not be used indiscriminately. The patients might have ice freely when they would take it; should be sustained by cold milk, perhaps eggs; and the juices of fruits, and the fruits themselves were regarded as beneficial.

Dr. Billington reported astonishing results, which he had obtained by following out this plan of treatment. Membranous exudation was present in every one of the cases referred to in the paper.

Out of one hundred and twenty-four dispensary cases, there were ninety recoveries. Of these, one hundred and two were under his own care, and eighty-eight recovered. The largest number in a single month occurred in the month of August, 1875. In his private practice, the doctor had had seventeen cases, and all recovered, with but a single exception. Of these, seven were of the severe tendency; the others were mild. The average duration of the doctor's cases was from four to six days. These cases, added to those treated by Drs. Darkin and Bullard, in accordance with the same plan, raised the number to fifty-one, and with but a single death, already mentioned. The inhalation of steam was regarded unfavorably. Dr. Billington believed that he could prevent systemic infection, and also subsequent serious laryngeal complication, by early, thorough, and faithful resort to and continuance of the measures for local disinfection which he had recommended.

The paper was listened to with marked attention.

Dr. Barry, in discussing the paper, remarked that the success obtained by Dr. Billington in the treatment of diphtheria had been wonderful, and that he had not been able to obtain any such results by any plan of treatment he had ever adopted. Dr. Barry was of the opinion that diphtheria was strictly a constitutional disease, and the local manifestation was simply an indicator. His treatment, therefore, was local and general. He discarded the promiscuous use of irritating substances in the throat. Where the amount of exudation was small, he used tincture of iron or muriatic acid with glycerine; and if the patient was of sufficient age, an astringent gargle: alum, chlorate of potash, etc. If the patient was young, the vapor of hot water or vapor of iodine was recommended. In those cases in which the tonsils were pretty well covered, he had been accustomed to use a powder composed of sulphate of iron, chlorate of potash, and muriate of ammonia. This was blown through a quill into the throat every two hours.

His general treatment was supporting in its fullest sense, for the tendency to death was by asthenia. Iron with quinine, chlorate of potash, carbonate of

ammonia, milk, beef essence, milk-punch, should be employed. The surroundings of the patient should be cheerful and pleasant; the unaffected children removed, if possible, from the house; the room continuously disinfected; and the sick quarantined. In his cases the ordinary duration had been about two weeks if the patient was to recover. The more acute symptoms passed away in from four to six days; and if the case were to prove fatal, it usually did so about the fifth or sixth day. He had not met with a single fatal case in an adult patient in his own practice.

Dr. Burke was also of the opinion that diphtheria was a constitutional disease with a local manifestation. He also regarded local applications by means of brushes and sponges as harmful. "The mild cases," said the doctor, "would get well of themselves, but perhaps they had better have given them a little cubebs mixed with mucilage." "The malignant cases," continued the doctor, "would die in spite of all treatment."

There was a class of patients between these extremes that could be saved, a certain portion of them, by the use of constitutional remedies, such as quinine, iron, etc., etc.

Dr. Burke mentioned the use of bromine with bromide of potassium, as recommended by Prof. Thomson; and in some cases it had evidently done good, but in many cases it had done no good whatever. He also recommended inhalation of the vapor of lime-water, especially where croupy symptoms became developed.

Dr. Hanks remarked that Dr. Billington's paper was exceedingly interesting to him, for two reasons: first, because of the remarkable success which had attended his mode of treatment; and second, because it was the expression in words of convictions which had been slowly but surely maturing in his own mind during the past fourteen years.

Dr. Billington's success was truly remarkable, for he well knew the type of the disease as it had appeared in the twenty-first ward; having had in his private practice, during the last five years in that district, from twenty to thirty cases, every year. He knew that many of these cases attended by Dr. Billington had been severe, not a few malignant. Therefore, when the large per cent. of recoveries was considered, a cause must be looked for, and he believed two excellent reasons could be found for this satisfactory result. One was the kind of medicaments used locally and internally, and the other was the great care he bestowed in teaching the parents or nurses the *proper manner* of administering the remedies presented. This carrying out to the letter every little detail has had much to do, more than many had been led to suppose, in the cure of diphtheria.

He wished he could sufficiently emphasize the vast importance, in treating diphtheria, of careful attention to the minutiae. Many had been, and still were in the habit of looking at the patient's throat, writing a prescription to be taken, ordering a gargle every few hours, and the nose to be syringe

twice a day, believing that their directions would be followed. He knew, however, that one-half of the best class of patients even did not receive the full benefit of the medicaments through lack of proper, intelligent nursing.

He mentioned that the paper was interesting to him, because it was the concise and practical expression of views that had been maturing in his mind for several years. He remembered the disease as it appeared in New England fourteen years ago. Then it was not alone a disease of childhood, but adults were frequently attacked, and it seemed to him that nearly one-half the deaths were among those over fifteen years of age. The prize essay of Slade was the only authority for the treatment at that time. They were taught to cauterize the throat, and use severe remedies, etc., etc. He remembered how, while performing the part of nurse for his preceptor, he applied strong nitrate of silver, locally, twice a day, gave strong solution of tincture of iron and quinine, brandy and whiskey, and made external application of poultices of various kinds. About one-half of the patients died, both young and old. When he commenced practice in Massachusetts, the disease was prevalent in a malignant type, and he treated his patients as he had been taught. He could not conscientiously continue the use of strong caustics, and began to use tannin dissolved in glycerine. Also Huxham's tincture with aromatic sulph. acid, in frequent doses, internally, with a little pyrophosphate of iron occasionally. His success was better, he learned thus that the disease did not require nitrate of silver in the first stage; and never, excepting in the necrotic or ulcerative stage, which appeared in some cases from the eighth to the fifteenth day. Within the last few years he had not changed the internal treatment, except that he had found more quinine necessary in New York than in Massachusetts. For local treatment, he had changed the glycerine and tannin for pleasant solutions of carbolic acid as a gargle, or equal parts of powdered chlorate of potash and sugar thrown through a glass tube into the mouth and on the affected parts. He liked Dr. Billington's medicaments, and especially his preparation of carbolic acid and lime water, which he used with the admirable little atomizer.

The success of his treatment would not equal Dr. B's, yet he had been led to suppose that it compared favorably with most of his brother practitioners. During the year 1875 he had had twenty-seven cases, with twenty-one recoveries and six deaths. As one of the latter number occurred out of the city, and he saw the patient for the first time after it was too late to do any good, he deducted it in making his per cent., and therefore reckoned this 70 + per cent. of recoveries as a fair record, considering the type of the disease. There was one practical suggestion on which he laid greater stress than had Dr. Billington. He believed he had met with marked success in enforcing a sort of quarantine regulation when the disease had appeared. A careful and thorough disinfection of the room and apartments of the patient and family could not be too strenu-

ously insisted upon. For this purpose he used sulpho-carbolate of lime. He also compelled a persistent administration of the antiseptic remedies, carbolic acid in solution, or pulverized chlorate of potash, to all the unaffected members of the family. In carrying out that régime during the past year, he had had the satisfactory result of preventing the spread of the disease to other members of the family. In several instances where there were four or five small children that result had been attained. In conclusion, he wished to say that we could not be too careful, using all the means our knowledge could command, in preventing the ravages and spread of that fearful disease.—*New York Medical Record.*

A NEW METHOD OF PREVENTING THE SECRETION OF MILK IN THE FEMALE BREAST.

Dr. John Wm. Lane, L.R.C.S., writes to the *Medical Press and Circular* :—

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless, as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take, for instance, the case where the infant has been born at the full period, but is dead, or dies within a few hours after its birth. The milk makes its appearance in the breasts generally about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive. My plan consists in taking a piece of emplastrum adhaesivum of about ten inches square, round the corners, cut a hole in the centre for the nipple, then from the centre of each corner make a straight cut toward and within two inches of the centre hole; having now got it ready, let the patient lie on her back, her body being perfectly horizontal; warm the plaster and place it over the breast, then strap one of the lower corners down first, draw the opposite one tightly upward and fix it in its place, then the other lower corner and lastly the opposite upper one, having drawn it sufficiently tight first; now take a piece of plaster two inches wide and about sixteen or eighteen inches long, and put it on from below and outside the breast, across, close by inside of nipple, and fasten the end over the clavicle; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips, the size of the breasts must be taken into consideration, there being so much difference in the size of female breasts.

The above plan I always follow when one of my patients wishes to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child or any other cause. I also am certain that strapping will prevent mammary abscess if resorted to in the earlier stage; I at least have found it to do so in many cases.

FORMULÆ FROM THE PHARMACOPŒIA OF THE PHILADELPHIA HOSPITAL.

Our useful contemporary, the *American Journal of Pharmacy*, has published a number of the formulæ for the "house mixtures" in use in the Philadelphia Hospital. As these mixtures are the result of very extended and careful trial, we reproduce several which are of more general interest.

Mistura Anti-rheumatica.

R. Potassii nitratis,	3 j
Vini colchici, radicis,	f. 3 j
Spiritus ætheris nitrosi,	f. 3 j
Syrupi guaiaci,	f. 3 ij
Olei gaultheriæ,	gt. vj
Aquæ,	q. s. ad. f. 3 vj. M.

Signa.—Dose, a tablespoonful every two hours.

Pilulæ Anti-neuralgicæ.

R. Acidi arseniosi,	gr. iv
Strychniæ sulphatis,	gr. iij
Extracti belladonnæ,	gr. xxiv
Cinchoniæ sulphatis,	3 ij
Pilulæ ferri carbonatis,	3 v. M.

Fiat pilulæ cxx.

Signa.—Each pill contains 1-30th grain of arsenic, 1-40th grain of strychnia, 1-5th grain of belladonna. 1½ grains of cinchonina, and 2½ grains of Vallet's mass.

Mistura Ferri Chloridi Composita (Basham's Mixture).

R. Liqueoris ammonii acetatis,	f. 3 ij
Tincturæ ferri chloridi	f. 3 ijss
Acidi acetici diluti,	f. 3 j
Curacoa vel alcohol,	f. 3 ij
Syrupi,	
Aquæ,	āā q. s. ad. f. 3 vj.

Fiat mistura.

Signa.—Dose, a tablespoonful.

Syrupus Pectoralis.

R. Ammonii chloridi,	3 ss
Syrupi senagæ,	f. 3 j
Misturæ glycyrrhizæ compositæ, q. s. ad.	f. 3 viij. M.

Signa.—Dose, a dessertspoonful.
Excellent as a general cough syrup.

Tinctura Saponis Viridis cum Pice.

R. Picis liquidæ,	
Saponis viridis,	
Spiritus methylici,	āā 3 j M.

Cum leni calore.

Very useful in many skin diseases.

Syrupus Chloralis.

R. Chloralis hydratis,	℥xiv
Tincturæ cardamomi,	f. 3 j
Syrupi,	f. 3 iv
Aquæ cinnamomi, q. s. ad.	℥j. M.

Signa.—A teaspoonful contains 10 grains of chloral.

An agreeable vehicle for chloral.

THE CANADA MEDICAL RECORD

3 Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND

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THE MEDICAL BILL AND "THE CANADA MEDICAL RECORD."

Literal translation of an Editorial in the February number of *L'Union Médicale du Canada*, on page 87.

Mr. the Editor of the *Medical Record* writes but little and seldom, for which he deserves praise to judge from his last article on the Medical Bill presented by the Hon. Mr. Chapleau. He does arrange his phrases in order, it appears, only when laboring under strong excitement. This does seem to give a sense of vigor to his writings, but it obscures the force of his arguments, or rather at last they disappear altogether under the influence of passion (rage). If he will believe the advice of a friendly confrère he will gain by remaining mute and taking a cold douche as a calmative.

Wherefore, as our confrère has thought it well to venture a few words on the Medical Bill, in his January number, it becomes us to examine them. It is unnecessary to say that he attacks with all his might the poor mortals who have had the audacity to introduce a Bill before the Legislature, without consulting the thundering Jupiter who occupies the editorial chair of the *Canada Medical Record*. This does not astonish us, it is rather the contrary that would surprise us on his part. Jupiter he would really believe himself to be, but Minerva never came forth armed from his head. This, however, does not prevent his believing that all that does not germinate in his brain is unworthy of consideration; this is, at the least what we can infer from the line of conduct that he has adopted in reference to the Medical Bill.

He admits that a change in the existing law is necessary, and refuses to give an opinion on a subject which he finds, willing or not, placed before the medical profession. Is this not puerile? That this project would take too much space to enter the precious columns of the *Medical Record* does not in any way prevent its being submitted now to the medical profession, and of being placed before a tribunal that will decide its fate. If our honorable confrère had read with that coolness that appertains to a serious question, and had not considered the half dozen of ultra-reformers to whom he attributes the paternity of the bill, perhaps we should have seen the shadow of an argument shoot forth in his article. But it was sufficient for him, no doubt, to know where the Bill comes from to judge of it, and moreover the rashness which brought his

article to light, was not of a nature to guide him in the study of this important subject. If a hint will serve to give a little calm to the ideas of our confrère, we can tell him that the promoters of the bill had no idea of pushing it this session further than its second reading. In so doing they had two objects in view, first to have the Legislature confirm the principle of the measure and the necessity of a reform, and secondly, to submit to the profession in this way the projected Medical Act. And they are perfectly satisfied with the position it holds to-day. The *Medical Record* advises the debate of reforms through the College of Physicians and Surgeons. Is this a farce? Does our confrère ignore the fact that for years, since the incorporation of the College, many useless efforts have been advanced by different members of the College for improvement. These have always been wrecked and stranded on the rocks of apathy and indifference of rival schools. And will it be different to-day? Has Mr. the Editor lived in the moon, that he is ignorant of all that passes around him? How many projects during the last twenty-five years have been shattered before the Governors of the College?

Let us give the suggestion or project that was entombed at the meeting of the 25th of November last.

At a meeting of the College, on the 24th of September, 1873, a committee was named to draft amendments to the act of corporation. In May, 1874, they had not reported. A new committee was asked for, but they took good care, of course, to eliminate therefrom those who took an interest in the question. At the Triennial Meeting in the month of July, in Sherbrooke, there was no report. At the meeting of the College the question was hotly discussed. Four Medical men were named, all professors in Universities, to furnish a report in the fall. At the meeting in September, the committee had done nothing. A Governor, not belonging to the Committee, seeing that nothing was being done, presented a drafted report or act in the name of the Committee; it was ordered to be printed, and its discussion deferred until spring.

In the month of May, the Report was invisible, it had not been printed. How could it be discussed? In the fall, things were in the same position; they then ran around town and unearthed several numbers of a Journal that had published it, and then its discussion commenced. Before its reading had fairly commenced, a certain member made a violent attack on the haste with which they wished to push a measure of such importance, and he left the room followed by a number of others. A quorum remained, who decided to call a meeting of the College for the 24th of November. Quite a number of the members of the College proceeded to Quebec, at the time appointed, but they found out there that, according to law, the members could only so assemble once in three years. They returned nonplussed. And now who are they, in the bosom of the College, who shackle without ceasing the generous efforts of some members? They are the same who to-day cry loudest at the audacity of those who have not believed in

entombing their project in the portfolio of the Secretary.

It is impossible to deny the urgency of a reform, when the injury done has assumed such alarming proportions, but those who are profiting by the abuses are anxious to delay as much as they can a change that they know to be inevitable.

The promoters did not wish to place their work in the hands of those extinguishers, or men of old ideas, and they did well. If this is audacity, it is well to remember the proverb *Audaces fortuna juvat*. The sympathetic and eager welcome with which the House received the Bill of the Hon. Mr. Chapleau augurs favorably for the issue.

Of one thing we may be certain, if at the last session the Bill was not pushed, for the reasons above given, it will be this fall with all the vigor and energy that its projectors possess, and these projectors will not do it silently as they have been accused; they hope to carry the majority, and are not afraid to meet before the committee of the House the adversaries of the measure. It will be then easy to furnish proofs to demonstrate that the system of actual competition between the schools is disastrous to the public and the profession, and that it is necessary to place a check before the enlarging crowd of incompetent students that are admitted to-day, and to this end, there must be taken from these manufactories of Doctors a part of the privileges and rights that they now have and exercise.

The *Medical Record* finds it exorbitant that the new bill transfers the properties of the College to the new organization. First, we would like to know of what the property consists? Apart from its Records, Diploma and Seal, what remains to the College? Shall we speak of the petty cash that comes for the greater part from the sale of its Licenses that are useless to the holders? Let us suggest an amendment, that the members distribute among themselves this enormous amount; or better, let them decide to bury their decrepid organization by a Homeric supper. All is well that ends well.

We must not forget a painting that should be found somewhere, if the (M. Raton) rats have not disposed of it some night for a spree. It is that of the first President, the late Dr. Arnoldi. If it turns up in the dusty corner of some member's residence, we propose to restore it with full honors.

To speak seriously, if the College has any rights of value, the Committee of the Legislature is there to judge and decide. We need expect no injustice on their part. The archives are the only things that the new organization will require to commence work, and to endeavor to get order out of chaos. But, nevertheless, the Medical Bill presented by the Hon. Mr. Chapleau has, amongst the present governors a good number of supporters, and doubtless these confrères will show the value and worth of the projected Medical Act in a way to satisfy the unprejudiced.

Many feel the anomalous position in which they are placed as members of a body reputed to have

charge of the affairs of the profession but that possesses no power to effect it.

We are told of the good accomplished by the present College. We would like to hear of the benefits we owe it. The College can do no good or no harm, as it is impotent. The harm that it does is purely negative, because it can only prevent the good to be accomplished. But that is a good deal. Better to commit suicide under these circumstances for them—

"Life is a disgrace
And death a duty."

We will allow for a handsome epitaph on the monument that will remind future generations of the good that the medical profession derived from the establishment of the College of Physicians and Surgeons of Lower Canada.

We publish the above editorial article from the *L'Union Medicale du Canada*, with the view of letting the English members of the profession know what the promoters of the Medical Bill, which was introduced by the Hon. Mr. Chapeau, at the last Session of the Quebec Legislature, have to say in its favor. The article from the *Record*, which is criticised, was based upon general information which we had received; and as our contemporary has voluntarily entered the field to attack us and to defend the action of those who are the promoters of the Bill, we are justified in looking upon *L'Union Medicale* as their organ. Our contemporary informs his readers that we write but little and seldom. We, however, try always to have something to say when we do write, and though we would be sorry to assert that *L'Union Medicale* follows our example, yet, we venture to assure its editor that he might say a great deal more if he would write less, and we point to the article we have copied as an illustration. His advice we accept with thankfulness, although we venture to think that the re-action, which is generally the result of the treatment he suggests, would not realize the object which he seems to have in view. We have no desire to play the part of a thundering Jupiter, nor to dictate to the profession the course which they should pursue. That is left to the editor of *L'Union Medicale* and its friends, who, ignoring all constituted authority, desire to drive from power those who, for nearly thirty years, have guided the destinies of the Medical profession in this Province, and to erect in its stead, a new corporation, composed of those who, so far as we are able to judge, now, for the first time, shew the great interest they have in its welfare. We had and have a right to characterize such conduct as it, in our opinion, deserves; and we think still that we did not use too strong a phrase

when we said it was "*audacious*." If these self-constituted revolutionists feel that the present College of Physicians and Surgeons of Lower Canada, did not attain results, such as should be expected from such a corporation, there was a legitimate course of action open to them. If they had chosen to take this legitimate course, we would have willingly given them any assistance in our power. As, on the contrary, they have made no such attempt, but have thrown to the winds even any outward semblance of respect for the present organization, we have felt compelled to use such influence as we may possess to defeat the objects which they so loudly proclaim they have in view. We, of course cannot know all who have taken the initial steps in this movement, but we have sufficient information, however, to inform us that some of them are members of the College. As such, they are able to take part in its tri-annual meetings, and we have yet to be made aware of the first step they have taken to show either their interest in its present organization, or their desire it should be remodelled. It may be true, and we believe is true, that several Governors of the College have, for some time felt, that a change was necessary, and that their attempts to obtain such a change have not shown such vitality as to induce a due consideration of it from their fellow Governors. This we willingly admit to be true, but its truth only proves most forcibly the argument which we advance, and that is, that the members of the College themselves, are in reality to blame for this state of things. If, in 1874, those now active in this movement, felt that the Board of Governors, which retired that year, were opposed to any change in the constitution of the College, they should have appeared in force at the Tri-Annual Meeting which was held at Sherbrooke in that year, and there in open meeting expressed their opinion. If a promise, full and explicit, of prompt action, could not have been got from those seeking re-election, an attempt, at least, to obtain such a Board of Governors as would carry out a full measure of reform should have been made. We were present at that meeting, and nothing even approaching a murmur was heard, and the Governors of the College which were then elected had a right to think that the profession, as a whole were, at all events, not clamorous for a change. Perhaps it may be argued by the friends of this new Bill that, as members, they were numerically insignificant as compared with those members interested in Medical Schools. If this be true, even still a recourse was open to them. They could have increased their

strength, by having elected as members all of their friends who, by four years licentiate-ship, were entitled to such election. If they had followed this course, we would willingly have given them not only our sympathy but all assistance in our power, for we are among those who think that a change is imperatively demanded. Not only have we thought so, but we have been steadily working for the past three years, backed by such influence as we could carry with us, to get such a change inaugurated. 'Tis true we have not yet been successful; but we have seen sufficient to satisfy us that the end of the College, as now constituted, is drawing near, and that, too, as a result, of what we believe to have been constitutional means. We have followed by personal observation and by historical research, the history of the present College since its organization in 1847. We have, through the columns of old medical journals, unfortunately now difficult of access owing to paucity of numbers, glanced at the history of the profession in Canada, previous to the incorporation of the College, and we are satisfied that, much as it at present falls short of what we think it ought to be, we are satisfied it has done a very great deal to bring the profession to the present most respectable position, which it occupies in this Province.

Such being the case, we do not think it wise to ignore its existence in any future measure of reform; and we are very strongly of opinion that the Legislature of the Province of Quebec will entertain this opinion also. We do not think we err when we say that the introducer of this new Bill, the Hon. Mr. Chapleau, is one with us on this point. We judge so after a personal conversation with him. We do not doubt the right of the friends of *l'Union Medicale* to introduce this Bill, but we very strongly question their wisdom in doing so; and we have the highest authority for stating that, as the Bill at present rests, they have not succeeded in having the Legislature confirm the principle of the Bill. We will not attempt just now even to allude to some of the clauses of the new Bill, save to remark that with reference to the transference of the properties of the College, the sum of money at present in the hands of the Treasurer is not the insignificant sum which the editor of the *l'Union Medicale* seems to think it is. It would furnish a good many Homeric suppers, not alone to its friends, but also to its enemies, who would doubtless relish the treat, so little of the funds contributed for the support of the College having come out of their pocket.

With regard to the portrait of the late Dr. Ar-

noldi, we have pleasure in saying that it is in excellent hands. It graces the walls of the Laval University, who will restore it to its proper place, when such is prepared for it, without calling in the assistance of the editor of *l'Union Medicale* and his friends to give it full honors. It would indeed be an anomaly, that the portrait of a gentleman who did so much to establish the College of Physicians and Surgeons of Lower Canada, should have the honors pertaining to its restoration performed by those who are to-day straining every nerve to wreck the organization he did so much for. The very proposal is in bad taste.

A NEW MEDICAL SCHOOL FOR MONTREAL.

l'Union Medicale for March, says:—It is reported that a new Medical School is being organized in this city. The promoters of this enterprise are negotiating with a Canadian University, for affiliation. If the rumor is reliable, this School will differ entirely from the Colleges now existing. The promoters consider that long didactic lectures are altogether useless to students, who can read just as well from their books, as for professors to read it to them. In the new School, the lectures will be devoted to matters susceptible of demonstration. The students will pass through a course of practical chemical work, the mixing of medicines, operations of the cadaver, and going over the physiological experiments of the Professor, &c., &c., &c. By this plan the number of the lectures will be diminished. The promoters consider that practical lessons during three months will suffice to initiate the student, and the remainder of the time can be given to theoretical studies. As students usually waste their first year at College, it is proposed to limit the course to two years, comprising thus two sessions of three months each, as the length of study.

Bearing on the clinical department, it is proposed to found an extensive dispensary in a central location in the city, where each professor will exercise his specialty. A poly-clinique will also be established; the students will attend patients at their residences, assisted by a physician in important cases."

[Are those interested in this proposed School aware that the study of medicine in the Province of Quebec is controlled and defined by law, and that the plan proposed would not comply with its provisions.]—*Ed. Record.*

Dr. J. R. Mackie, (M.D., McGill College, 1865) died at Leeds, Megantic, the end of March.

We regret to have to chronicle the sudden death of our friend and subscriber Dr. McIntosh, of Hamilton, which event took place on the 23rd of March, from apoplexy. Dr. McIntosh was apparently in his usual health a few moments previous to the attack, having just returned from making his morning professional calls.

We also notice the death of another of our subscribers, Dr. Rufus Holden, of Belleville. We are, however, unable to get particulars.

AMERICAN MEDICAL ASSOCIATION

AND

THE CANADA MEDICAL ASSOCIATION.

It will, no doubt, be in the recollection of our readers that at the meeting of the Canada Medical Association at Niagara in 1874 it was suggested that a conference between the American Medical Association and our own would be attended with great advantage were it possible to be attained, and Resolutions to that effect were proposed and carried, and at the last meeting of the American Medical Association in Louisville these resolutions were read by the Secretary, Dr. Atkinson, and agreed to, and the following gentlemen, Dr. S. D. Gross, Philadelphia, Pa.; J.T. Hogden, St. Louis, Mo.; Austin Flint, sen. New York City; W. Walling, Louisville, Ky.; L. C. Lane, San Francisco, Cal.; Wm. Johnson, Jackson, Miss.; Wm. Brodie, Detroit, Mich.; J. M. Toner, Washington, D. C.; F. D. Cunningham, Richmond, Va.; E. Andrews, Chicago, Ill.; W. B. Atkinson, Philadelphia, Pa.; D. J. Bowditch, Boston, Mass.; and Robert S. Bartholder, Cincinnati, Ohio, were named as a Committee of Conference, "to meet a like number from the Canada Medical Association at such time and place as may be agreed upon by the joint Committee of the Associations."

At the meeting of the Canada Medical Association held in Halifax in August last the following gentlemen were named as its members to meet the American representatives: Drs. Grant, Ottawa; R. P. Howard, Hingston, Montreal; Hodder, Toronto; Botsford, St. John, N.B.; Thorburn, Toronto; Farrell, Halifax, N.S.; Parker, Halifax, N.S.; Fulton, Toronto; Atherton, Fredericton, N.B.; F. W. Campbell, Montreal; Robillard, Montreal, and David, Montreal.

After correspondence between Professor Gross of Philadelphia and Dr. David of Montreal, as it was found it would be impossible to hold the conference in September and as suggested by Professor Gross, it has been decided that it takes place in the City of

Philadelphia on Monday, 5th June next. We trust the members will attend, as the meeting will not only be an interesting one, but one, we think, that will be attended with beneficial results.

We are requested to state that, after deliberation, at the suggestion of several members of the Canadian Committee, it has been decided to postpone the above proposed meeting in Philadelphia until Saturday, the 2nd day of September next. This is done because it is believed the majority of the Committee desire to attend the Centennial Medical Congress, which opens in Philadelphia on the 4th of September, and who will, by this latter arrangement, be able to accomplish both objects by a single visit. We think the idea is an admirable one, and we have no doubt but that this will be the opinion of all interested.

THE CENTENNIAL CONGRESS AT PHILADELPHIA AND THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

At the meeting of the Medico-Chirurgical Society of Montreal held on the 21st March, the following members were appointed delegates to the Centennial Congress at Philadelphia: Drs. Godfrey, Howard, Fenwick, Hingston, Trenholme, Ross and Bell. We believe all these gentlemen will attend.

SUBSCRIPTION AND CLUBBING AGENCIES.

Within the last six months we have received some seven circulars, from what are termed Subscription and Clubbing Agencies, asking the terms of our Journal. In giving them, we have demanded *cash with all orders*, and the result has been we heard no further from that agency. What strikes us as more than passing strange, is that nearly every one of these agencies are located at some small country place, the very name of which is all but unknown. Can any of our United States contemporaries give us any light on the subject?

The *Philadelphia Medical and Surgical Reporter* says: "A rival of Tom Thumb has appeared in Binghamton, New York, in the person of a boy five years old, who weighs nine pounds when fully dressed, is twenty-three inches in height, is physically perfect and healthy, and who talks very distinctly. The child weighed but two and a half pounds at birth, and has not grown since he was a few months old.

CENTENNIAL INTERNATIONAL MEDICAL
CONGRESS.

For the purpose of joining the Centennial Celebration, the Medical Societies of Philadelphia have resolved to hold an International Medical Congress, to open at noon on Monday the 4th September next and close on the 9th.

With a desire of ensuring an active participation of the Medical Profession of all parts of the world in the deliberations of the Congress, a number of honorary corresponding members have been named to inform the Commission concerning the principal Medical Societies of their respective countries, in order that those bodies may be invited to send delegates to the International Medical Congress. Dr. David, of Montreal, has been named for the Dominion of Canada, and is already in correspondence with the Foreign Corresponding Secretaries. The officers of the Centennial Medical Commission are as follows:

President, Saml. D. Gross, M.D., LL.D., D.C.L., Oxon; Vice Presidents, W. J. Rusherberger, M.D., U.S.N.; Alfred Stillé, M.D.; Recording Secretary, W. B. Atkinson, M.D.; American Corresponding Secretaries, Daniel G. Brenton, M.D.; Wm. Goddell, M.D.; Foreign Corresponding Secretaries, Richard J. Dunglison, M.D.; R. M. Bertolet, M.D.; Treasurer, Caspar Wistar, M.D.

The Commission consists of about ninety of the leading physicians of the United States; among the names are those of Surgeon General Barnes, U.S.A.; Surgeon General Beales, U.S.N.; N. S. Davis, Chicago; H. J. Biglow, Boston; Austin Flint, New York; D. W. Yandall, Louisville; S. M. Bemiss, New Orleans; Fordyce Barker, New York; J. M. Woodworth, U. S. Hospital Marine Service; and invitations are to be extended to all the prominent Medical Societies of Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan, and as promises have already been received from the most eminent medical men of the world that they would attend, and many of them read papers, there is not the slightest doubt but that the Congress will be a great success, and an opportunity afforded its members of interchanging friendly greetings, of forming new acquaintances, and the renewing and cementing of old friendships.

UNIVERSITY OF BISHOP'S COLLEGE MEDICAL
FACULTY.

The following gentlemen passed on the 23rd and 24th of March their Primary Examination for the

degree of C.M., M.D., consisting of Chemistry, Practical Chemistry, Anatomy, Materia Medica, and Physiology, viz.: Casey A. Wood, Ottawa, Ont.; Edward A. Graveley, Cornwall, Ont.; Hugh A. Meagher, Drummondville, Que., and Charles Raphael Belle, Montrea. On the 30th and 31st March, Mr. Terence G. Sheridan, of Quebec, passed his Final Examination for the degree of C.M., M.D., consisting of Surgery, Midwifery, Practice of Medicine, Pathology, Hygiene, Medical Jurisprudence, Clinical Medicine and Clinical Surgery. The number of matriculants this year was 37.

The special prize of \$25 (donated by a friend of the University) for the first year student who shall attain to the greatest proficiency in anatomy and dissection, was awarded to John Joseph Cauley, of Norwich, Connecticut, U. S.

The Senior Prize in Practical Anatomy was awarded to Hugh A. Meagher, of Drummondville, Que.

The Junior Prize in Practical Anatomy was awarded to Homer E. Mitchell, of Bedford, Que.

The prize for the best Primary Examination was awarded to Casey A. Wood, of Ottawa, Ont.

UNIVERSITY OF MCGILL COLLEGE—FACULTY OF
MEDICINE.

The Annual Convocation of this University for conferring degrees in Medicine took place on the 31st March, Mr. Peter Redpath, one of the Vice-Chancellors, presiding. In the absence of Dr. George W. Campbell, Dean of the Medical Faculty, (who is in Europe) Dr. Scott made the usual announcements.

The total number of students enregistered in this faculty during the past session was 148, of whom there were from Ontario 86; Quebec, 42; Nova Scotia, 4; New Brunswick, 3; P. E. I., 5; West Indies, 1; United States, 7. The following gentlemen, 21 in number, have passed their primary examinations on the following subjects: Anatomy, Physiology, Chemistry, Materia Medicā and Pharmacy, Institutes of Medicine, and Pathology and Zoology. Their names are as follows: Armstrong G. E., Bell Jas., Boyle Albert, Brodie John, Burland Samuel C., Cannon Gilbert, Cameron Duncan H., Collson Robert, Cotton Cedric L., Faulkner Daniel W., Fortier Alexandre, Fraser Alex. C., Gillies John A. F., Greaves Henry C., Jamieson Alexander, B.A., Lane John A., Law Wm. K., Miner Frank L., Oakley William D., Park Geo. A., Smellie Thos. S. D., M.A.

The following gentlemen—thirty-four in number—have fulfilled all the requirements to entitle them

to the degree of M.D., C.M. These consist in examinations, both written and oral, on the following subjects:—Theory and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children; Medical Jurisprudence and Hygiene, and also Clinical Examinations in Medicine and Surgery, conducted at the bedside in the Hospital.

The names of the successful candidates, and the subject of their Thesis, are as follows:—

Baynes Donald, M.A., L.R.C.P., Bronchocele; Campbell James, Spasmodic Asthma; Clarke Fincastle, G. B., Bloodless Operations; Colquhoun George, Clinical Reports; Cook Guy R., B.A., Bronchitis; Cooke Wm. Henry, Food; Coyle Henry W., Erysipelas; Craig Thornton, Erysipelas; Cream Thomas N., Chloroform; Cruthers Wm., Clinical Reports; Eberle Henry A., Pneumonia; Gray John S., Uterine Hemorrhage; Greer Thos. A., Spermatorrhœa; Hunt Henry, Clinical Notes; Johnson Jas. B., Hospital Reports; Lang Christopher McL., Anchylosis; Levi Reuben, Lobular Pneumonia; McIlmoyle Henry A., Typhoid Fever; Metcalf Henry J., Diabetes Mellitus; Munro Alex., Tubercle; Murray Chas. H., B.A., Hospital Reports; Powell Robert W., Surgical Cases; Reddy Herbert L., B.A., Hospital Reports; Ritchie Arthur F., B.A., Tubular Nephritis; Robinson Stephen J., Typhoid Fever; Secord Levi, Pulmonary Enphysema; Smith Wm., Alcohol; Snider Fred. S., Acute Artic Rheumatism; Stevenson Chas. N., Clinical Reports; Storrs Arthur, Post Mortem Hemorrhage; Stroud Chas. S., Syphilis; Young Philip R., Hospital Reports.

The Holmes Gold Medal was awarded to Robert W. Powell, of Ottawa, Ont.

The prize for the final examination was awarded to Charles H. Murray, B.A., Montreal, Q.

A special prize was awarded to Richard L. MacDonnell, B.A., for general proficiency, and especially the excellent character of his inaugural thesis.

The prize for the primary examination was awarded to Alexander C. Fraser, Wallaceburg, Ont.

The following gentlemen, arranged in the order of merit, get honorable mention:—In the final examination, Messrs. MacDonnell, Ritchie, Young, Hunt, Smith, Secord, and Lang.

In the primary examination Messrs. Bell, Cotton, Oakley, Smellie, Jamieson, Miner, and Armstrong.

The ceremony of conferring of degree of M.D., C.M., was next proceeded with, Professor Dawson and

Professor Craik officiating. So soon as this was completed,

Dr. RITCHIE, one of the graduates, delivered the valedictory.

Professor RODDICK, M.D., followed in an address to the students, of which the following is a summary:—In accordance with time-honored custom, I am here on behalf of the Medical Faculty of this University to offer to you their hearty congratulations on being this day the recipients of the highest honor which it is their privilege to bestow. After a long, and in the main tiresome race, lasting over four years, you have at length reached the winning-post, and are here to-day in the presence of a gracious, admiring and sympathising public receiving the laurels you have so honorably won. You are to be congratulated, gentlemen, not only on having graduated in Medicine, but in having done so at such an auspicious period in the history of our profession and country. There never was a time in this Dominion when energetic workers, honest, conscientious men, were in greater demand. It is certainly time to be up and doing when we have one of the chief leaders of public opinion in our midst—a journal of which we would have expected better things—upholding the cause of quackery and imputing to us the basest of motives because we attempt to vindicate our right and raise our voices on behalf of a deluded people. The *Toronto Globe* asserts with an air of apparent earnestness that to molest these charlatans in their absurd and often nefarious practice is an unwarranted interference with the liberty of the subject. It positively contends that any one who considers himself competent, either from some inherited charm or from mere taste, of treating the various troubles of the flesh to which humanity is heir should be allowed to do so unmolested. The evil consequence of such a policy cannot be estimated. It is difficult to understand indeed how it should find so strong an advocate in this otherwise respectable mouthpiece of public opinion. This journal chooses to ignore the time and pains we have expended, and the pecuniary outlay we have made in endeavoring to acquire a thorough knowledge of our profession, so that we may the better inspire the over credulous with our ability to heal. Forsooth we are told that to raise a warning voice against, and endeavor by legislation to rid society of these its evil members, is to destroy the liberty of the subject. It is not jealousy that impels us in our action against those clever rogues, who gain immense riches, where honest men starve. Give us our dues; it is

not jealousy but an honest desire, irrespective of our profession, to protect our fellows from fraud. You are called upon then, gentlemen, on the very eve of your professional birth to do battle for legitimate medicine. This refers especially to those of you whose lot will be cast in the neighboring province of Ontario which seemed to be a favorite haunt of these protegés of the Toronto press. The influence which many of you must of necessity wield in a few years cannot better be employed than in seeking to fill the legislatures of our respective provinces with men, either professional or otherwise, having decided and intelligent views on the all-important subject of medical legislation. The fact is, we are not so well represented at court as we might be—that we are not the power in the state we should be. It is true there are members of our profession in our general and local parliaments, but how feeble are their voices when we would expect to find them the loudest in debate. There are two or three who do us credit, and whom we delight in honoring, but, even they, after long political careers, fighting for their party principles, or from other causes, have become estranged from us, and are more famous as financiers or expounders of the law than as sons of *Æsculapius*; besides, our services, I contend, are required in the Legislature of our country as much on the country's account as on our own. Those great measures of sanitary reform, which must, in the natural course of things be accomplished, will of necessity be a great part of the work in our hands. And then we can better procure an enactment respecting vital statistics, the proper ventilation and drainage of cities, and then we can better devise measures for the prevention of epidemics, and the grappling with them when they appear. It is our province; it belongs by right and title to us; and while the financiers of our Legislatures are squabbling over their dollars and cents and ways and means; while the manufacturers are keeping a weather eye open to the tariff, let us have men there irrespective of party, so that Liberal and Conservative, Whig and Tory, will rally round the old flag, remembering that our motto is, *Sanitas sanitatum omnia sanitas*. As medical men, and taking, as you no doubt will, a prominent part in the community in which you work, you will be expected to give a ready and intelligent opinion of various topics of the day, having reference to sanitary science. The relation to defective drainage, impure air and adulterated milk in the causation of typhoid fever, will come up for constant discussion. The subjects of over-

crowding, adulterating food, impure occupations, &c., and the influence they exert in multiplying causes of disease, and in the production of disease, will be matters on which you will be expected to be thoroughly versed. There is nothing, however, in the discussion of which your temper and ingenuity will be more sorely tried than in the defence of that priceless preventative, vaccination. Have at your finger ends some of the more familiar facts connected with this all-important subject, in order to meet the objections of those who have, unfortunately may be, erroneous views on the subject. Relate to them, for instance (among other facts which he named), that during the epidemic in London in 1863, how it was found out that the best vaccination was more than thirty times as protective as the worst; and the worst was more than fifty-seven times better than none at all. Tell them that in the City of Montreal, during the last year of your studentship, the total number of deaths was 6,321, of which nearly one eighth, or 784, were from small-pox, and of these 653 were unvaccinated French-speaking Canadians. If these facts fail to make an impression on these unbelievers, quote the statistics of the Montreal General Hospital during the past year, in which it is found that fifty per cent. of the unvaccinated died, whereas only four deaths occurred among all those who had been vaccinated, and where re-vaccination had been successfully performed only two cases had been admitted, and those were of the mildest type. The Doctor went on to advise the students on the responsibility of their position, the necessity for study, their duty to their patients, to the poor, and as to their professional and gentlemanly behavior towards one another.

INTERNATIONAL MEDICAL CONGRESS.

PHILADELPHIA, 1876.

SEPTEMBER 4TH-9TH.

The International Medical Congress will be formally opened at noon, on Monday, the 4th day of September, 1876, in the University of Pennsylvania.

The following addresses will be delivered before the Congress in general meeting:—

Address on Medicine, by Austin Flint, M.D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

Address on Hygiene and Preventive Medicine, by Henry I. Bowditch, M.D., President of State Board of Health of Massachusetts.

Address on Surgery, by Paul F. Eve, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

Address on Obstetrics, by Theophilus Parvin, M.D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

Address on Medical Chemistry and Toxicology by Theodore G. Wormley, M.D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

Address on Medical Biography, by J. M. Toner, M.D., of Washington, D. C.

Address by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

Address on Medical Education and Medical Institutions, by Nathan S. Davis, M.D., Professor of Principles and Practice of Medicine in Chicago Medical College.

Address on Medical Literature, by Lunsford P. Yandell, M.D., late Professor of Physiology in the University of Louisville.

Address on Mental Hygiene, by John P. Gray, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

Address on Medical Jurisprudence, by Stanford E. Chaillé, M.D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

Discussions on scientific subjects will be opened in the Sections as follows:—

SECTION I.—MEDICINE.

1st Question. Typho-malarial Fever; is it a Special Type of Fever? Reporter, J. J. Woodward, M.D., Assistant Surgeon U. S. Army.

2d Question. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital.

3d Question. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

4th Question. The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

SECTION II. BIOLOGY.

1st Question. Microscopy of the Blood. Reporter, Christopher Johnston, M.D., Professor of Surgery in the University of Maryland.

2d Question. The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

3d Question. Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

4th Question. The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

SECTION III. SURGERY.

1st Question. Antiseptic Surgery. Reporter, John T. Hodgen, M.D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

2d Question. Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M.D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

3d Question. Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopaedic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

4th Question. The Causes and the Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

1st Question. Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M.D., Professor of Dermatology in Harvard University.

2d Question. Are Eczema and Psoriasis Local Diseases, or

are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

3d Question. The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

4th Question. The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keys, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

SECTION V. OBSTETRICS.

1st Question. The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

2d Question. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

3d Question. The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M.D., of Philadelphia.

4th Question. The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

SECTION VI. OPHTHALMOLOGY.

1st Question. The Comparative Value of Caustics and of Astringents in the treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

2nd Question. Tumors of the Optic Nerve. Reporter, Herman Knapp, M.D., of New York.

3d Question. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

4th Question. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

SECTION VII. OTOTOLOGY.

1st Question. Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.

2d Question. What is the Best Mode of Uniform Measurement of Hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

3d Question. In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.

1st Question. Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

2d Question. Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopaedic Surgery in the University of the City of New York.

3d Question. The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

4th Question. The Present Condition of the Evidence concerning "Disease-germs." Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.

1st Question. The Microscopical Study of the Brain. Re-

porter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

2d Question. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

3d Question. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

4th Question. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate there will be published on or about June 1st the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The Public Dinner of the Congress will be given on Thursday, September 7th, at 6.30 P.M.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P.M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

The foregoing programme is published by the authority of the Committee of Arrangements of the Centennial Medical Commission.

S. D. GROSS, M.D.,
President.

William B. Atkinson, M.D., 1400 Pine Street, *Recording Secretary*; William Goodell, M.D., 20th and Hamilton Sts., Daniel G. Brinton, M.D., 115 S. 7th Street, *American Corresponding Secretaries*; Richard J. Duglison, M.D., 814 N. 16th Street; R. M. Bertolet, M.D., 113 S. Broad Street. *Foreign Corresponding Secretaries.*

Philadelphia, March, 1876.

DEATH OF SIR GEORGE DUNCAN GIBB, Bart., M.A., M.D., M.R.C.P., London, L.R.C.S., F.G.S., LL.D.

In our last issue we briefly announced the death of this distinguished Canadian, which melancholy event took place in London, England, on the 16th of February last, after a somewhat lengthened illness, at the early age of fifty-five years. Dr. Gibb was born in Montreal, and was a nephew of the present Benaiah Gibb, Esq., of this city. He pursued his medical studies at McGill College, and was a member of her graduating class of 1846, receiving the degree of M.D. During the year 1845 and 1846 and '47 he was one of the resident medical officers of the Montreal General Hospital. He was also a Life Governor of this institution. In further pur-

suage his studies he in 1848 left for Dublin, where he passed his examination and received the License of the Royal College of Surgeons of Ireland. About 1849 or '50 he returned to Canada and began the practice of his profession in Montreal, his office being on Craig Street, a few doors from St. Urbain Street. In 1851 he joined with Drs. A. H. David, R. Palmer Howard, and George E. Fenwick in establishing the St. Lawrence School of Medicine, which, however, only existed one year. In this Institution he occupied the chair of Institutes of Medicine, and we believe his course of lectures were of a character to promise a bright future for him in this direction, had he been enabled to continue them. In this same year he was an applicant for a vacancy in the attending staff of the Montreal General Hospital, rendered vacant by Dr. David's resignation, but was unsuccessful. In 1853 he determined to seek a larger field of usefulness and at once made for the metropolis of the world—London. It seemed like madness for a young Canadian thus to place himself where personal influence could be of no avail—but twenty-three years perseverance, hardships, and many trials, such as only those who knew him well will ever know, at last gave him a name,—if they did not give him wealth. We have personal reasons for believing that if health had been given him for about two years or so more he would have reaped financial success, the natural sequence of the English and continental reputation he was fast acquiring as an authority upon diseases of the throat. In 1855 he was appointed Reporter to the Hospital Mirror department of the *London Lancet*, and this he held until 1866. This position was an introduction for him to every London medical celebrity—all of whom he knew well, and with all of whom he was on terms of much intimacy. He was a constant occupant of the operating theatre of all the principal London Hospitals on operating days. Many a Canadian student, especially McGill graduates, who have passed months in London, will hear of his death with regret, and will recal many a kind act done for them, many an opportune introduction given, by him who is now no more. On this point we write with feelings of the most pleasant recollections. We were in London the greater part of the summer of 1861, and Dr. Gibb, for a certain portion of almost every week-day was our almost constant companion—and as we to-day refer to our note-book of that period, we realise more than ever how very much of what we saw was due to his unceasing efforts in our behalf. In 1859 Dr. Gibb took the membership of

the Royal College of Physicians of London, and in 1864 we believe Laval University of Quebec gave him the Hon. LL.D. In 1866, on a second visit to London, we found Dr. Gibb engaged in preparing his pedigree, he having, when engaged making researches at the Registry office in Edinburgh, discovered that there was a dormant Baronetcy in his family. We do not know whether Dr. Gibb was the legal heir to this title but we know he honestly believed he was, and he assured us that high legal advice advised his assumption of the title. This he did, but his wisdom in doing so is we know questioned by many. Still by tacit consent at all events, the title was given him, and when in the fall of 1874 the writer again had the pleasure of spending several hours with him at his residence in Bryanston street, Sir Duncan assured him that ere long his legal right to the title would be acknowledged by the highest authority in the land. Upon this last visit we noticed Sir Duncan did not look well, his voice never very strong, was markedly by aphonic, and he showed evident signs of debility from overwork. We hoped, however, for the best, little thinking that within a year he would be on his death-bed. Dr. Gibb was connected with the medical staff of the Westminster Hospital, London, having been appointed an assistant physician about 1867, and physician on the death of Mr. Ainstie in 1874. He was an able writer, and was a prolific contributor to Medical Science. Besides numerous papers on various subjects he was the author of a number of works on general medicine, as "on whooping cough," "on diseases and morbid states of the urine," &c. Before the invention of the Laryngoscope he had written a work on diseases of the throat, and when Czermak's pamphlet appeared, he was selected by the new Sydenham Society to translate it. He at once began to cultivate Laryngoscopy, and soon published a work of his own on the use of this instrument, which has gone through three editions. His study of this class of affections had within the past few years made him a well-recognized authority on them, and as a natural result patients were coming to him in considerable numbers. Had life been spared him a few years, we believe firmly that he would have been in the receipt of a very handsome yearly income.

Sir Duncan did not confine himself to Medicine, but was a devoted lover of Geology. Many a Geological excursion we made with him in 1861 to the chalk cliffs of Chatham, Dover, and Brighton. He was devotedly fond of research, and never seemed so happy as when engaged in hunting up some obscure point,

especially fond was he of Genealogical research. His most extensive work on this subject consists of two volumes of several hundred pages each "on the life of Robert Gibb, Lord of Cariber, 1524 to 1650." showed a really wonderful amount of research for one whose time was so fully occupied. His endeavors to trace the history of the Gibb family did not terminate with the publication of this work, for during our visit in 1874 we were shown by him large volumes, in which were written by him all the information which he had collected since its issue. These will doubtless now find their way to where he intended them to go, viz., to the Library of the British Museum, and so far as we could judge, they seemed full of interest to all of the name of Gibb, although practically they contain no information of actual value. He had a most extensive library, and he expressed to us in 1874 his intention of leaving it so that it should enrich the medical institutions of this city. Whether he has carried out this idea we do not know. In all his habits Sir Duncan was methodical to a degree; he was in the habit of jotting down, in his diary, all the principal events of his life, and every two years this diary was substantially bound, and made its appearance in his library with the following title back: "*Incidents in the Life of George D. Gibb.*" When we saw them last they numbered some fifteen volumes, and they doubtless contain a fund of information which may yet prove of value to more than his immediate friends. Sir Duncan never forgot he was Canadian, and always took a warm interest in Medical matters in Montreal, being in the constant receipt of this *Journal*, and the *Canada Medical and Surgical Journal*, edited by his old friend and confrère, Dr. Fenwick. The *London Medical Times and Gazette* says "throughout his last illness Sir Duncan enjoyed the benefit of the kind skill of Drs. Scott, Allison and Routh; he also had the advantage of the opinions of Sir George Burrows, Dr. C. J. B. Williams, Dr. Walsh and Dr. Hughlings Jackson. He had been suffering more or less since last April, when an attack of pericarditis and pleurisy supervened. A brief apparent recovery took place in the summer, but it was only transient. The left lung became disorganized and at the *post mortem* it was found to consist of corpuscular *débris* undergoing retrograde metamorphosis; grave pathological changes were found in the right lung and in the liver." His remains were interred in Kensal Green Cemetery. We heartily deplore his loss, and in this we know we will be joined by all who have experienced his

kindness during their stay in London, while those in Canada who did not know him, save by his reputation will regret, that a distinguished Canadian, has fallen, before being permitted to realize to its full extent that success which was already dawning upon him, as the result of a life thoroughly and earnestly devoted to scientific investigation.

PERSONAL.

Dr. George W. Campbell of Montreal, who at present is on an extensive tour in Europe, when last heard from was in Rome.

Dr. Reddy, Junior, son of Dr. Reddy of Montreal, who graduated this spring at McGill University, sailed by the Allan S.S. "Polynesian" on the 1st of April for Europe.

Dr. R. MacDonnell, son of Dr. R. L. MacDonnell, of Montreal, and Dr. A. F. Ritchie, both graduates of McGill College of the present session, sailed for Europe by the S.S. "Scandinavian," on the 8th of April.

REVIEW.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine in Munich, Bavaria. New York, William Wood & Co., 27 Great Jones St., 1875. [VOLUME III., CHRONIC INFECTIOUS DISEASES.]

The first three hundred pages is devoted to the consideration of the subject of Syphilis by Christian Bäumler, Professor of Materia Medica at Frieberg, who, all things considered, has given a very admirable paper. The history of the disease is given with considerable minuteness, its various stages are well described, and the doctrines of unity and of duality are enumerated—the various arguments for and against being given with great fairness. His own opinion is summed up in the following words: "Weighing together all the facts thus far collected with reference to the question at issue we cannot but regard *the chancre as a purely local contagious affection*, and that while it may stand in some remote relation to syphilis, it does not so necessarily." In the matter of treatment, he enters fully; at the very outset of this portion of the paper he boldly and firmly enunciates the view that as experience has shown the impossibility of eradicating the disease, the next best thing is to control it. He, therefore, favors

governmental supervision of prostitution and inspection of the prostitutes, and points to centres where this has been done, and the result everything that could be desired. In England, under the operation of the Contagious Disease Act, in garrison towns, the number of soldiers affected with venereal disease had diminished from one hundred and twenty-four per thousand to fifty-four per thousand. In our opinion this speaks volumes in favor of this policy. If the lesion be seen soon after infection, and it takes the form of an ulcer, the application of fuming nitric acid is advised or sulphate of copper, two drachms to an ounce of water or with concentrated carbolic acid—the old method of applying the solid stick of nitrate of silver is not once mentioned. In treating large ulcerating indurations, black wash is the lotion advised—of various strengths—say from three to eight grains of calomel to the ounce of lime water. In the treatment of primary lesions having the form of chancreous ulcers, where the application of the nitric acid is not possible, iodoform is well spoken of. Phagedena he considers is best treated by permanent bath and irrigations of permanganate of potash. In the constitutional treatment of the disease he is a firm believer in mercury, as a direct antagonist. As he believes it is desirable to render the existence of the primary sore as short as possible, by restraining it in its development, as soon as it is fairly established that it is a syphilitic sore, that very moment should the use of mercury be commenced. He lays great stress upon the great importance of the *systematic* and *regular* character with which this remedy must be taken. This is a point of very grave importance, and one which is not insisted upon by the profession as it should be. As to the length of time during which this remedy should be continued—it is placed at four months in mild cases, and double that time for more serious ones. Now our experience will not lead us to adopt this view although we confess it is indeed infinitesimal compared with that of Bäumler. Still we have seen in fourteen years a considerable number of cases, and in not a few the treatment had to be continued for a much longer time. And in this matter it is well to deal honestly by your patient, for if you do not he will in all probability lose heart at the tedious character of his disease, and eventually fall out of your hands into those of some ignorant quack.

From page 314 to page 551 is taken up with the consideration of those diseases which are the result of infection by animal poisons. All are admirable

papers, and embrace about everything which is known with regard to this interesting, although comparatively rare, class of affections. If we would find any fault it is that to our mind a little too much space is first occupied in describing the disease in animals. Perhaps the two most interesting papers in this section are those on acute glanders in the human subject, and hydrophobia in man, but as fortunately they are very rare affections, they perhaps will not attract the attention which they deserve. All the articles in this section are from the pen of Otto Bollinger, whose studies have embraced veterinary as well as legitimate medicine. In his prognosis of hydrophobia in man he says "*the disease is always fatal*," for he does not believe there is a single case of recovery on record from an attack of this disease. We are not prepared to dispute this sweeping assertion, although we fancy some will hardly endorse so complete an anathema.

From page 551 to page 660—the close of the volume—is occupied by diseases from migratory parasites, the various papers being from the pen of Arnold Heller, Professor of General Pathology at the University of Kiel. He is a young man, having graduated in 1866, but is evidently an enthusiastic worker, and all his articles give evidence of much thought and research. The most interesting and important is the paper on Trichinia Spiralis, a disease unfortunately which has appeared somewhat extensively in various portions of this continent.

VOLUME X. DISEASES OF THE FEMALE SEXUAL ORGANS.

This volume was issued in place of volume IV., thus following the issue of the work in Germany, which is irregular as regards the numbering of the volumes—some which are believed to be of more interest and importance having the precedence, although numbered to conform to the plan of the entire work. We for our part fail to see the wisdom of this plan, and think it is a great mistake. These volumes are certainly of very great value to the profession as works of reference, but we do not imagine they are going to revolutionize practice and do not see any object to be gained by irregular issue. We hope future volumes will appear in rotation. Professor Schroeder of Erlangen, who has written the whole of this volume, has an excellent reputation in England, as well as in his own country, a volume from his pen on Midwifery having had an extensive sale in Great Britain. In the present work he has done all that could possibly have been

expected of him, and the result is the production of an excellent treatise upon this now extensive specialty. So far as we are able to judge by the smoothness of the reading and the entire absence of anything like idiosyncrasms, we believe the translations to be perfect. The first portion of the work is devoted to gynecological examination, and diseases of the uterus. A history of the subject is given, and the various instruments employed are fully described. Professor Schroeder, as might be expected from a continental writer, prefers the *dorsal* position in preference to the *lateral* position, which latter is the one we believe universally adopted in England. In this country, our experience leads us to believe that both these methods are followed, according to the case which is under examination. The reasons assigned for the abandonment of the lateral position is "partly because the sensitive palmar surface of the index finger is turned toward the posterior wall of the vagina, and the curvature of the finger and that of the vagina do not correspond, but principally because conjoined manipulation is either impossible in this position or is very inconvenient. He, however, admits the necessity of the lateral position in using Sim's original speculum. In this stand with regard to position, we find most British authorities opposed to him.

In the section devoted to describing examinations by the sound, he gives a very good piece of advice, and one we believe not by any means unnecessary when he says: "It should never be forgotten that the fingers are holding an exploring instrument, which is to seek an always existing canal, and not to bore a new one." He claims to use this instrument only when he expects to derive from it some especial and not otherwise obtainable information.

The section on diseases of the uterus is an excellent one, and we read with great satisfaction his description of the condition known as Hæmatometra or retention of the menses. He believes this is a misnomer, as his experience leads him to believe that the retention is in the vagina and not in the uterus, and should therefore be designated Hæmatokolpos. Space does not allow us to follow the various sections of this book, all of which are more or less admirable; but as we closed the book after a pretty exhaustive examination of it, we could not help coming to the conclusion, that while undoubtedly our German brethren take the foremost place as physiologists and pathologists, they have not that practical turn of mind which seems so admirably suited to the English and Americans, and therefore

they are not as full in giving treatment as we would like. If the present volume fails in anything, it is on this point alone.

In closing this notice of these two volumes, we would especially call the attention of our subscribers to this work, which is being published by the well known firm of William Wood & Co., of New York. It cannot be purchased from any bookseller but must be subscribed for, when it will be sent direct from the publishing house. It is admitted, we believe, that when completed it will form one of the most valuable medical works of reference ever published, so that any really extensive medical library will not be complete without it. Volumes are issued about every three months, and the price is from \$5.00 upwards, according to the style of the binding. The typographical execution of these two volumes is everything which could possibly be desired, and reflects credit upon the house publishing them.

Volume four is on our table, and will be noticed next month.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA. Volume fifth. Edited by James Tyson, M.D., Professor of Pathological Anatomy and Histology in the University of Pennsylvania, Philadelphia: Printed for the Society by J. P. Lippincott & Co., 1876.

Without a very close and critical examination of this work, it is quite impossible to form a correct estimate of the value of the various cases which are briefly described, and which unfortunately terminated fatally, thus allowing the production of the morbid specimens. Still, however, the fact that a Society composed of such well known physicians permits them to appear in their transactions, is of itself considerable guarantee of their value. We look upon a volume of this character as being of especial value to Hospital Physicians, and those engaged in teaching Pathology at our various Medical Schools; to them we strongly recommend the work. Its range of subjects will be seen when we state that a large number of cases are described of diseases of the osseous system; of the organs of digestion; of the organs of circulation; of the organs of respiration; of the genito-urinary organs; of the nervous system; of the organs of special sense; diseases of the skin; of the ductless glands, besides many specimens not classifiable. Of one thing we are very sure, and that is, no one can even glance over this volume of about

two hundred and fifty pages, without being fully satisfied that the Physicians attached to the Philadelphia Hospitals work largely in the interests of our noble profession. We wish such was the case in all Hospitals, but we know too well it is not. A feature in this report is the recording of the valuable remarks which fall from the various members of the Society. Although attempted before, it was never so fully done as in this volume, and it enhances very much the interest attached to the various cases. Our own experience leads us to the belief that often the remarks called forth by a paper exceed the value of the paper itself.

The volume is well gotten up, and we have only one regret to express, and that is that a few of the illustrations are not exactly as good as we think they might have been.

INSANITY IN ITS MEDICO-LEGAL RELATIONS. By A. C. Cowperthwait, A.M., M.D. J. M. Stoddart & Co., 723 Chestnut st., Philadelphia; Dawson Bros., Montreal.

The manual on Insanity in its Medico-Legal relations has been issued at a very opportune moment, as the relations between the two professions are not of a nature always to command public confidence. Dr. Cowperthwait says quite truly, "it is enough for the lawyers to diagnose the crime, and leave the diagnosis to those who know something about it. Unfortunately this is not always done, and only recently in England this sort of thing was fully exposed. Upon two separate occasions the same lunatic was apprehended and imprisoned for robbery, and this was done in spite of the very best medical evidence in England. At last, owing to the urgent representation of his friends the man was removed to an asylum and died there shortly afterwards." The manual is somewhat short, but contains as much important and reliable information as a great many more pretentious works on the same subject.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF PHILADELPHIA. *Third Series, Volume 1st.* Philadelphia: printed for the College, 1875.—Lindsay & Blakiston, Publishers.

This volume contains several very interesting communications upon medical and surgical subjects—but is especially valuable as it gives at great length the autopsy which was made upon the celebrated Siamese Twins. At the close of the book we find a very able

paper from the pen of Dr. Pancoast, Professor of descriptive and surgical anatomy in the Jefferson Medical College, on the Surgical considerations in regard to the propriety of an operation for the separation of these celebrated twins, based on the above post mortem. His opinion is decided—operation after they attained maturity was an impossibility; if ever it should have been performed, the time was in their infancy, but on this point his opinion is not definite. Dr. Hutcheson contributes an interesting paper on Adenoid(Hodgkins)Disease, with an analysis of fifty-eight cases, and the history of a case recently under his immediate care. The blood of this patient showed a slight excess of white corpuscles, and this condition was believed to have continued up to death, although no analysis was made immediately antecedent to death. In connection with a case of this disease contributed to the last issue of this journal by Dr. Bessy of Montreal, we have read this paper with much interest. Perhaps the next most interesting paper is one by Dr. Forbes, Surgeon to the Philadelphia Episcopal Hospital on a case of Acute Tetanus, successfully treated by nitrate of amyl inhalations, commencing with three drops twice a day and then to five drops. The origin of the disease was a severe burn from a hot iron, extending from his waist to his heels, his buttocks being most severely burned. The tetanic symptoms set in on the 5th day; and were well marked on the 6th day. The inhalation of the amyl seemed from the very first to have a controlling effect on the spasms, which, however, do not seem to us to have been very numerous. The convalescence was tedious, it being the forty-sixth day from the attack before he was pronounced thoroughly convalescent. The transactions contain other interesting communications which space will not allow us to notice. It is published by Lindsay & Blakiston at \$2.50 per volume. It can be ordered from them, and can be received through the Post Office.

ANNUAL REPORTS ON DISEASES OF THE CHEST, under the direction of Horace Dobell, M. D., Consulting Physician to the Royal Hospital for diseases of the chest, London; assisted by numerous and distinguished coadjutors in different parts of the world. Vol. 1, June 1st, 1874, to 1st June, 1875. London, Smith, Elder & Co., Waterloo Place.

Dr. Dobell has favored us, through the post, with the above volume, which we have glanced over with a good deal of care, and we willingly admit that

through his various coadjutors he has amassed a very considerable amount of information, much of which is valuable; still there is observable, more in some portions than in others of course, but still almost everywhere evidences of want of skill in collating the material, and in this way valuable space is occupied unnecessarily. This fault is one which will doubtless be less observable in future reports, for the experience which the coadjutors have gained by this first volume, will come to their aid. While making this observation it is perhaps but right we should mention that some at least of Dr. Dobell's correspondents accepted the position but a few months previous to the issuing of the work and so had little time to revise their labors. The Report from the Dominion of Canada was made by Dr. R. P. Howard of Montreal, and we cordially endorse the selection. Indeed none better could have been made. The consulting coadjutors in Canada were Dr. Fulton, Toronto, and Dr. Fenwick and Dr. Francis W. Campbell, Montreal—all being connected with Canadian Medical Literature. Selections are made from the Canada Medical Record, Canada Medical and Surgical Journal and the Canada Lancet, and Dr. Howard's admirable paper on "Objections to some of the recent views upon the Pathology of Tubercle and Pulmonary Consumption," as read before the 1874 meeting of the "Canadian Medical Association," is published in full. The appearance which Canada makes is little if anything inferior to more pretentious places, but still we cannot help the thought, that a large amount of valuable material, relating to this important class of cases, is lost, not alone to the profession of Canada, but to the world, by the continued neglect of the mass of the profession in contributing to Local Medical Journals. Of the value of the present volume we are fully cognizant, and to all who desire to be thoroughly informed upon this subject, especially those who are in any way connected with Medical teaching, we strongly advise the purchase of these reports, which will continue to be published at the close of every year.

MONTREAL, March 10th, 1876.

The regular fortnightly meeting of the Society was held this evening in the rooms of the Natural History Society.

Dr. F. W. Campbell, the 1st Vice-President, in the chair. Present: Drs. Trenholme, Reddy, Ross, Wilkins, Bessey, Simpson, Gardner, Cline, Nelson, H. Howard, Roddick, Rourk, Angus Macdonell,

Fenwick, Bullen, Shepherd and Bell; Visitor, Dr. Murray, 2nd Bombay Cavalry.

The minutes of the last meeting were read and approved.

Dr. REDDY, seconded by Dr. Ross, proposed Dr. Donald Baynes for membership in the Society.

Dr. ROSS read a report of a case of colotomy, which he had lately performed for the relief of a woman suffering from syphilitic disease of the rectum. The operation was highly successful both in its performance and results. The opening in the left loin is at present stopped with an operculum of gutta percha, which confines the contents of the bowel very perfectly.

Dr. FENWICK described two cases of colotomy, in which he had operated. The first operation was for syphilitic obstruction of the rectum and was successful. In this case, however, Dr. Fenwick thought that a smaller incision through the tissues would have obviated a tendency to protrusion of the bowel which was afterwards apt to take place. The second operation was for epitheliomatous disease of the rectum in a girl of 12 years, who, however, looked much older. The disease extended several inches up the rectum, causing great pain and preventing the patient from retaining the fæces, which constantly drained away in an offensive fluid and acrid condition. The operation was successful in palliating the condition for which it had been performed.

In performing the operation the opening in the transversalis fascia was made small (with the object of preventing any future protrusion of the bowel), and a quantity of fat lying at the lower end of the kidney and protruding through the incision caused some difficulty in immediately finding the colon, which could not rise through the small obstructed opening, even after being distended with air. The lower end of the kidney lying immediately behind the colon forms an excellent guide to it.

Dr. CLINE read some notes of the history and progress of the second case.

Dr. FENWICK then continued his remarks; briefly describing and commenting on the operations of Bryant, Amussat and Callisen.

Dr. GARDNER read a report of an operation of colotomy he had performed on an infant two weeks old, whose rectum was imperforate. The colon was opened in the left groin. The operation was successful and the relief to the patient perfect. A probe passed into the bowel, took a course towards the right side, showing no continuity of tissue with the anal cul-de-sac. There was afterwards a strong

tendency to the closure of the opening, by contraction, which was prevented by the introduction of bongies.

Dr. Ross was glad to have the opportunity of congratulating Dr. Gardner on his having added another to the small number of successful operations of the kind he had described.

A discussion of the subject of the papers, in particular and generally, then followed, after which

A vote of thanks to Drs. Fenwick, Ross and Gardner for their able and interesting papers was moved by Dr. H. HOWARD and seconded by Dr. REDDY.

The Secretary read a communication from the Commission of the International Medical Congress, requesting the Medico-Chirurgical Society to appoint delegates to represent it at Philadelphia in September next.

Action on this was postponed till the next meeting.

The meeting then adjourned,

(Signed,) JOHN BELL, A.M., M.D.,
Secretary-Treasurer.

BISMUTH IN SKIN DISEASE.

To alleviate the intense itching and irritation which accompanies chronic eczema and other forms of skin disease, apply an ointment, containing half a drachm of subnitrate of bismuth to an ounce of simple ointment, rubbed up with a little spirits of wine.—*Am. Med. Weekly.*

BIRTHS.

In Blythe, Ontario, on the 1st February, the wife of Dr. Sloan of a son.

At 1 St. James Place, Canning street West, on the 24th March, the wife of Wolfred Nelson, C.M., M.D., of a daughter.

At Ottawa, on the 11th March, the wife of Clarence B. Church, M.D., of a son.

MARRIED.

On Tuesday, 21st March, at the residence of the bride's parents, by the Rev. A. DeSola, LL.D., David A. Hart, Esq., C.M., M.D., of Bedford, second son of the late Alexander T. Hart, Esq., of Three Rivers, to Sarah Matilda, eldest daughter of Dr. A. H. David, of this city.

DIED.

At Brantford, Ont., on the 15th March, Caroline, widow of the late Dr. Alfred Digby, aged 67 years.

At Lambton Mills, on the 26th February, Elinor, wife of Thomas Beatty, M.D., aged 49 years.

In Montreal, on the 2nd instant, Mabel, infant daughter of Wolfred Nelson, C.M., M.D.