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CANADA

MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Valedictory Address to the Graduates in Medicine and Surgery, McGill University. Delivered on behalf of the Medical Faculty, at the Annual Convocation, held in the William Molson Hall of the University, on Thursday, 28th March, 1872. By JOSEPH MORLEY DRAKE, M.D., Professor of Clinical Medicine.*

GENTLEMEN GRADUATES IN MEDICINE,—It is, believe me, not in mere compliance with an established custom, with no vain formula of idle words that I, on the part of my colleagues and myself, offer you our most cordial congratulations on this occasion. You have just received the highest honour this faculty has to bestow—the degree for which you have so long and so earnestly laboured, and which you have at length fairly and honourably won. May it acquire fresh honours in the possession of each and every one of you, and thus deserve to be regarded with ever increasing esteem by your successors. Together with that friendly interest and sympathy which all right minded persons must feel, on witnessing the setting forth on life's journey of so many youthful pilgrims. We, as your teachers, experience much personal pride and satisfaction, as we wash our hands of a task, which though laborious enough at the time, promises a most pleasing reward in the future. Most or all of us no doubt, will watch your career in a spirit not altogether unselfish in its character, triumphing in your success and sympathizing in your trials. With an earnest desire for your welfare, I would wish to offer a few words of parting counsel, which I trust may be neither useless nor altogether unacceptable.

You have chosen a profession whose duties are indeed arduous and responsible, but a profession which is second to none in point of usefulness. "Ennobled by endless examples of the most heroic self sacrifice, and offering full scope for the exercise of the highest intellect, the purest philanthropy, the proudest ambition." There is perhaps no other calling which should in itself tend to

elevate and refine its followers—to make them ensamples of good to all men—so much as that to which you have devoted yourselves, and indeed it is not going too far to say that in this respect it is incomparably superior to most other professions. Your prospects of material success depend as a matter of course very much upon the exercise of qualities, which are essential to success in any and every walk of life. Integrity, industry, energy, and temperance in all things, must form part at least of the basis on which to build a lasting superstructure. Without these we have too often seen the most brilliant talents prove useless and unproductive, but possessing these qualities, and with such a knowledge of the principles of your profession as you undoubtedly have, you may confidently expect to achieve a position alike honourable to yourselves and useful to society.

That much of your prosperity, and still more of your comfort, will depend upon the adoption of business-like and methodical habits at the outset of your career, is a statement so obviously true, that it must needs meet your approval. Yet unfortunately, though all admit its truth, we are obliged to admit that comparatively few of us are as methodical as we ought to be, and a very large minority, to speak mildly, appears to get along in a “happy go lucky” sort of way, ignoring method and business habits altogether.

The medical man labours under rather exceptional difficulties in this respect, since he is liable to long and frequent interruptions at all times and seasons. He must constantly be prepared to forego his sleep, his meals, his business, study or pleasure, at the call of suffering, and must exercise the most watchful care to avoid falling into slovenly and unsystematic habits; to say nothing of the very injurious effects which may in consequence, and indeed notwithstanding all care, often do result to his health, and thus impair his usefulness, mar his fortunes, and even shorten his days—the absence of system or method often leads him to neglect or hastily and discredibly perform collateral but less urgent duties. For example—his accounts are badly kept, correspondence deferred, study neglected, often alas entirely discontinued, and what is of almost equal importance, his notes of cases are if taken at all; either recorded so imperfectly, or preserved in so slovenly a manner, as to render them practically useless for future reference, and thus the experience and observations of a lifetime, often valuable in themselves, or rich in suggestions, become all but fruitless of result either to himself or others. Take careful notes of all the cases which come under your care from the very first—regard this as a duty, and not merely as a matter of taste or inclination—

at first you may find the task rather irksome, but presently it will grow into a confirmed and not displeasing habit. The importance of this proceeding to yourselves, and to those under your charge, can scarcely be exaggerated. As a mental exercise, the necessity of accurately and decisively expressing what you observe from day to day, will enable you to form far more clearly defined opinions of the nature and progress of a difficult case, than if you should trust merely to memory, and having the facts always ready for reference, may obviate the necessity for repeating questions formerly answered, and save you from the imputation of carelessness or forgetfulness. The value of such notes in legal enquiries which may arise, the satisfaction of being able at any time to refer to former details of treatment, or to give precise information as to other matters connected with past illness, and the scientific value of such records are obvious enough, and besides the possession of a trustworthy health record of the families you attend, becomes often of great practical value in subsequent illness by reminding you of important circumstances which else would have been overlooked or forgotten. It is I trust unnecessary to caution you to refrain from conduct which may injure the honour and dignity of the profession you represent, to abstain from newspaper advertising in the shape of puffing notices of wonderful operations and miraculous cures, and to strongly discountenance the well meaning, but indiscreet efforts which your friends may sometimes exert in your favour to induce patients to change their physician.

Speaking to gentlemen, it is also unnecessary to enter into detail on the subject of what your conduct should be to your patients. Self interest, if no higher motive should induce you to avoid whatever might sully your good name, or injure you in the confidence of those whose lives and honour are entrusted to you—strive to preserve within you that—

“Peace above all earthly dignities,  
A still and quiet conscience.”

In your intercourse with the sick you must of course expect much that is annoying, much that is unjust and unreasonable, which you must nevertheless bear with philosophic Christian equanimity, content to know that you are doing your duty faithfully. It is I believe a very common opinion that the doctor has but little feeling for or sympathy with suffering. That there is nothing either in the nature of our studies, or in the practice of our profession to warrant such an assertion, I need hardly say. That familiarity with sudden and frightful accidents, with disease and misery of all kinds, enables us to view such scenes with calmness and self possession, is very true and very necessary also. Dr. S.

Johnson who was no great admirer of physicians, and who defined their profession as a melancholy attendance on misery, a mean submission to peevishness, and a continual interruption of pleasure, was nevertheless pleased to admit that every man has found in physicians great liberality and dignity of sentiment, very prompt effusion of beneficence, and willingness to exert a lucrative art where there was no hope of lucre. Indeed there is no calling which more constantly demands the exercise of sympathy, and in which it is more freely yielded than in ours, and complaints of want of sympathy are most commonly heard from those who least deserve it. What can be more trying than to be obliged to listen by the hour—when pressed perhaps by important business to the lugubrious outpourings of some malade imaginaire, whose chief ailment consists in the fact of his having no other subject than himself to think about. Wrapped up in himself he lies “like a porcupine rolled the wrong way, tormenting himself with his prickles.” But to the true physician, the sufferings arising from a perverted or even from a depraved imagination, are diseases as real as those depending on more obvious physical alterations, and equally demand the exercise of his skill, and call forth that sympathy and pity which droppeth as the gentle dew from heaven upon the place beneath, and by its moral effect is of as much real benefit in many cases as more potent medicines. If the physician possesses gentleness of manners, and a compassionate heart (says Dr. Gregory) and what Shakspeare so emphatically calls the milk of human kindness, the patient feels his approach like that of a guardian angel, while every visit of a physician who is unfeeling and rough in his manners, makes his heart sink within him as at the presence of one come to pronounce his doom. Towards your brother practitioners you cannot be too scrupulously careful in your behaviour. Ever bear in mind the golden rule, ‘To do as you would be done by.’ It will not unfrequently happen that you may be called upon to supersede a fellow practitioner, and then, more especially if he be personally obnoxious to you, the utmost caution is required in order to avoid inflicting an additional injury upon him by seeming to give your sanction to and concur in the complaints of inefficiency or ignorance which disappointed patients frequently make. I do not mean to imply that any consideration should interfere with your duty to your patient, or that gross ignorance or carelessness should go unrebuked, but I do say, be slow to receive such complaints, remembering that at some time or other you may be placed in a similar position yourselves, and endeavour to act in that large hearted spirit of charity which is kind, which vaunteth not itself, and thinketh no evil. Above all

things scorn with the true spirit of a man to make use of idle gossip or calumnious reports, even against your bitterest foe. Although to-day's ceremonial invests you with the doctor's robe, and puts a period to your college career, I would yet remind you of the imperative necessity of continuing to be earnest and industrious students of all that relates to your profession. Every day additions are being made to the already large stores of knowledge we possess, and you cannot remain stationary without discredit to yourselves and injury to your patients. As a matter of duty, no less than of interest therefore, you must keep pace with the progress of science, and read with care and attention the medical journals and other publications of importance. Hitherto the medical profession of our country has had but little share in furthering the progress of science, and but very few have achieved more than a local reputation at best. There are good and sufficient reasons for this of course, but we should look forward to the time when we may proudly point to names as great as any that have made themselves renowned in the old world. To our Symes, our Fergusons, Jenners and Pagets. This may appear like boasting, but I would ask does any one believe the fields of science are exhausted, or that treasures great as any hitherto discovered may not await us in the future? I dare say if a polished Roman philosopher had been told the day would come when his countrymen would be glad to sit at the feet of teachers from savage Albion, he would have listened with disdain. Astronomers tell us that the face of the heavens is slowly but ever progressively changing. That even those bright stars which by their apparent fixity in space, serve as a type of immutability, are notwithstanding their apparent unchangeableness, pursuing their solemn march through space, towards their ultimate removal from our view, and that other stars new only visible as faint specks to the curious eye of the philosopher will take their place. So likewise the great universal law of progress seems to be acting ever in the world of thought. Great luminaries of science which served for centuries as centres around which lesser minds were contented to revolve, have passed away and other and brighter constellations have appeared from dark distant regions barely known, or even dreamed of in the old time, to enlighten, and instruct, and guide the nations of the earth. May we not then without temerity entertain the hope that this great country of ours, but just emerging from the reign of barbarism, is yet destined to furnish minds which shall by their heaven implanted wisdom, add new glories to the firmament of science, and yield us truer and more enlarged conceptions of that wisdom and power which climb as

high as we may we can never fully comprehend, "because the scale is infinite.

The prizes which appertain to our profession are not numerous, neither are they in a worldly or selfish nature very remunerative. We do not look for decorations, titles, wealth or ease, or even for the far more deservedly coveted honours which attend the possession of high scientific attainments, unless in very rare and exceptional instances.

The lot of by far the greater number of us is cast among the humbler classes, and it is often among the very poor that our charitable and helpful offices are chiefly needed. The busy practitioner wholly occupied with the faithful discharge of his fatiguing round of daily duties, has small chance of distinguishing himself in the field of special science, however devotedly he may employ the few hours of leisure which remain to him, and however well qualified he may be by nature, education, and taste for competing with those placed in more favourable circumstances. But we may, and we ought to expect to make a fair and competent income, and perhaps to lay up a little for future need, and it should be our ambition to add something however small, to the general stock of knowledge. For the rest, our chief reward will be found in the belief that we are promoting the comfort and well being of our fellow-men, in honestly and manfully labouring for the advancement of our useful and benevolent calling. Gentlemen,—Fare you well.

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*Abdominal Abscess with Fistulous Opening into the Intestines.* Reported by R. A. KENNEDY, M.D., Professor of Anatomy University of Bishop's College.

It was not until the 3rd of February, that I thought of reporting this case, previous to that the record is from memory.

On the 22nd of January last, I was requested to visit a boy in Philips Street, who had been ill for some time.

When I first saw him, he was sitting on the bedside, the hands crossed over the abdomen, and from his appearance in great pain. The face wore a peculiar expression, somewhat resembling the "Facies Hippocratica," and there was considerable emaciation of the body. He was 10 years of age.

I may premise further remarks by stating, that the father has lateral curvature of the spine, with excessive bulging of right ribs; a very large head and scrofulous features. The mother has a "goitre," which has existed for many years, and is slowly in-

creasing; is very deaf and stupid looking. The family, a large one, having generally a scrofulous appearance.

On placing the boy on his back, I found him unable to extend his legs, the whole abdomen being tense and brawny with protrusions, and slight redness of the umbilicus, but no feeling of fluctuation; no difficulty in breathing, but it hurt him to cough; pulse weak, quickened and compressible, not wiry; tongue slightly coated and headache.

There was no history of a blow or other injury to the abdomen, but from the evident scrofulous condition I judged it to be a case of idiopathic abdominal abscess. I directed a large linseed meal poultice to be applied over the whole abdomen. To have nourishing diet, cod liver oil, and syr. ferri iod. A dose of ol. ricini to be given immediately, this latter moved him on the following day.

26th—Four days after, the abscess had burst at the umbilicus, the pus being thin and extremely fetid; abdomen less tense, but still much pain.

28th—Discharge was altered in character, semi-fluid; of a yellowish tinge and very fetid, showing that the intestine was perforated; at each inspiration this substance exuded. As the parts were still inflamed, the poultice was continued.

29th—The umbilical opening larger, and intestinal contents freely passing outwards. Emaciation increased, a slight hectic cough; tongue clean and moist. The bowels not having moved since the 23rd, ordered ol. ricini.

30th—Inflammatory condition of umbilical opening being removed, and seemingly but little purulent matter exuding with intestinal contents, the poultice was removed, an oiled pad applied to opening, and an abdominal bandage drawn tight, to prevent if possible the passage of the intestinal contents, but this completely failed to accomplish that object. The ol. ricini not having operated "per anum" but escaping at the opening, I directed them to give an injection.

February 2nd—He appeared brighter in countenance than I had at any time before seen him; tongue clean; pulse weaker, but emaciation greater, takes considerable food, but refuses the cod liver oil. Umbilical discharge more feculant, very offensive, and when he gave a slight cough spurted upwards from the opening for over two feet, it was ichorous in character, as the skin was slightly excoriated where it had been in contact. The enema his father told me had not brought anything away, it was ordered to be re-administered.

3rd—Great emaciation, pulse weak and small, dry hectic cough,



tongue dry, and slightly glazed in centre. Still takes considerable nourishment. As there was still no operation "per anum" and doubting if the injection had been properly given, I personally administered one of soap and water, this brought away a large quantity of fœces. On examining the abdomen, there was but little matter on the cloth covering the opening, even the effort to expel the fœces not having caused any to exude; the cloth had not been changed for four hours, the opening appeared smaller and hoping to facilitate its closing, I put on an oiled pad, drew straps of plaster tightly over it, and over all a larger pad and abdominal bandage. To be given a dose of ol. ricini, and in addition to diet, half a grain of quinine three times a day.

4th—Had been suffering great pain in the abdomen all morning. No operation of the oil from the bowels "per anum." On examining the abdomen, found that the pad had not prevented the outward flow, it was removed, and at once over a quart of semi-fluid matter came away, the result of the operation of the oil, the abdominal pain also ceasing. Nothing apparently had passed into the intestine below the opening. Another injection was given but no feculent matter obtained. An oiled pad and bandage was applied, but not to oppose the flow from the intestine.

5th—Intestinal contents still continuing to flow through umbilicus, but darker in colour, nothing passed "per anum." The boy is gradually sinking.

6th—Death occurred this A.M.

His father would not allow a post mortem examination on any consideration, thus preventing me from ascertaining the condition of the parts. From the discharge and rapid emaciation I should judge that the opening was high up in the intestinal canal.

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*Hour Glass Contraction—Unique Case in Midwifery.* By P. R. SHAVER, M.D., Stratford, Graduate of McGill College.

Mr. H. S., who resides a few miles from Stratford, sent for me on the 15th, to see his wife who was in labour with her fifth child.

When I arrived about 11 A.M., I ascertained the woman had been in labour some forty-eight hours, and for the last twelve hours there had been no advancement of the head, which was low down and resting upon the perineum.

After a careful examination of the position of the child, and after a careful investigation into the condition of the mother, I found her pulse rather feeble and quick, some thirst, respiration slightly hurried, and the pains very feeble, in fact absolutely gone.

After waiting some time, I determined to apply the forceps,

which was very readily accomplished, and the child most easily and expeditiously extracted, the mother declaring that she scarcely felt the child being born.

After the child had cried lustily (fine large boy) it was handed to the nurse, and I waited a short time to see if the uterus would resume its action, and in placing my hand over the abdomen, the globe of the womb seemed large and somewhat elongated, and in introducing my finger into the vagina I could feel nothing, neither placenta nor uterus.

I endeavoured to excite the organ to action, by grasping it firmly and strongly, but never succeeded in getting any contraction of the muscular fibres.

I then introduced two of my fingers, thinking I could by passing them as high as the promontory, certainly be able to detect something, but the result was alike negative.

I then waited an hour, hoping the uterus might assume some action after this long respite, but the inertia was as marked as ever.

I then informed the patient that I believed there was a second child in the uterus and that it was impossible for me to reach the presentation with my finger, and as I had now waited so long, and there had been no action, I deemed it proper to introduce my hand into the vagina to ascertain the position of the child, or in the event of no child, to extract the placenta, as it was evident the uterus unaided could not throw it off.

The mother most persistently denied the existence of another child in the womb, saying she was always as large with her other children before the placenta was detached. However, after refusing a long time, she most reluctantly allowed me to introduce my hand, which I did very carefully and cautiously, and as I passed my finger high above the promontory of the sacrum, I then detected the head of another child, completely closed in a cavity by itself. The orifice through which my finger passed to reach the head was about the size of a half crown in diameter, and the fibres of the ring were as rigid and firm as sole leather.

I then kept my hand *in situ* for a few minutes, to fully satisfy myself of the mysterious state of things, and then carefully withdrew it.

I then told the friends there was another child, and I looked upon the case as one of the most remarkable in the annals of surgery. The case was one of hour glass contraction, in which the uterus was divided into two compartments, one portion for each child.

I then sent for my friend Dr. Frazer, a recent graduate of McGill, and when he arrived, he thought I might possibly have made a

mistake in thinking I had detected a second child, as it might be a case of hour glass contraction with retained adherent placenta. However, I requested him to introduce his hand, which he did, when he immediately exclaimed, "you are correct in your diagnosis, there is another child with hour glass contraction of the uterus."

Shortly after this some hæmorrhage began to manifest itself, which told upon the patient's constitution, whereupon we administered large doses of ext. Ergot, but it had no effect in producing uterine action, and we then insisted that the patient would allow us to deliver her immediately, but she most obstinately refused, saying—"there was no second child, and if we would only allow her to remain quiet, she would soon be better, when the after-birth would come away of itself."

We urged and remonstrated with the patient on such folly, as her life was now in great jeopardy, and her only hope was in speedy delivery; but she would not consent, and after waiting about 12 long hours she reluctantly allowed us to proceed.

Dr. Frazer administered the chloroform, and I carefully introduced my hand up to the stricture, and by gentle but persistent pressure, I succeeded in passing my hand through it, and with some difficulty secured the feet, and delivered without much trouble.

There were two placentæ—one in the lower segment, and the other in the upper chamber. I introduced my hand and found the lower one detached, but the upper one was adherent, and required great care and patience in peeling it off.

The uterus slightly contracted upon my hand, when I gently withdrew it.

There was no post partum hæmorrhage, and in an hour the patient had somewhat rallied under stimulants administered *ad libitum*, and felt comfortable. I may state *en passant* that the second child was quite softened and in a state of decomposition.

The patient remained quiet and calm for seven or eight hours, when she wished some arrangement to be made with her bed, she then turned her face to the wall, and in a few minutes *passed away to that undiscovered country from whose bourne no traveller returns.*

This was one of the most extraordinary and unique cases which it has ever been my lot to witness, for I have not heard, neither have I ever read of such an anomaly. For here we have a case of the uterus assuming an hour glass condition, retaining the second child the same as the placenta is retained, in an ordinary hour glass contraction. And here we have the uterus unable to expel the first child owing to its division into two chambers. I regret to say that the friends would not allow a post-mortem.

*London Practice.* By JAMES PERRIGO, A.M., M.D., M.R.C.S., Eng.,  
 Demonstrator of Anatomy, University of Bishop's College.

## No. IV.

At the Samaritan Female Hospital, I had the privilege of seeing Mr. Spencer Wells operate for Ovariectomy nine times. He advises the operation to be performed as early as possible, as then the tumour is less vascular, and consequently there is less likelihood of there being adhesions. He invariably brings the pedicle to the surface, and secures it there by the clamp. Mr. Wells has now operated 400 times, and as he finished each hundred, he brought the results before the Medico-Chirurgical Society.

In the 1st hundred, 34 died.

In the 2nd " 28 "

In the 3rd " 23 "

In the 4th " 22 "

Of the last hundred, 44 were in the hospital, and 56 in private practice. He has hopes of reducing the mortality to ten per cent. He adds that the mortality in hospital and private practice is about the same. In his opinion, tappings do not considerably increase the mortality, and sometimes is of benefit in giving time for the health to improve, or in lessening shock by having fluid removed a few days before. I may state, that when the pedicle is of sufficient length, the clamp is always preferred. Mr. Gant, who is senior surgeon to the Royal Free Hospital, thinks the probability of success is nearly doubled, where the length of pedicle permits of this arrangement.

At the West London Hospital, I saw Dr. Wiltshire amputate the vaginal part of the cervix uteri in two cases. The cervix in each case was enormously elongated, so much so, as to protrude to the vulva. They both did well. The instrument employed was the *ecraseur*, but instead of being armed with the chain-saw, it had a single wire. It is much more easily used, makes a cleaner cut, and prevents bleeding as effectually.

At Moorfields Ophthalmic Hospital, a person can have every facility in studying eye cases. Every surgeon has on an average 100 to 150 out-door patients to prescribe for, and there are four of them busy doing so, every morning from nine to noon, after which there is always some operation to be performed. A stranger there is treated with all possible kindness, and every attention is shown to him in explaining things in the ophthalmoscopic room. This room is quite a large one, darkened and fitted up with nine stalls, each of which is furnished with a gas burner, two chairs, and a small table. Some days, during the out-door hours, there is

hardly one of these unoccupied for a moment. There are many Canadians, who, no doubt will remember with gratitude the great kindness there exhibited toward them; even sometimes firm and lasting friendships are formed. It was so in my case, and in after life, I shall always look back upon my visit to London with pleasure. I was fortunate enough to be allowed to examine a case of opaque optic nerve fibres, a condition that is not to be seen every day. Tonics, rest and fomentations, formed the general run of treatment. Rheumatic Ophthalmia is more common in England than here. It is treated chiefly with Aconite and Colchicum, along with the Bi-carbonate of Potash. Mercury is given largely in syphilitic iritis, just as long as any lymph is formed. Von Græfe's operation for cataract is the favourite method. About 75 per cent. of the cases do well.

In visiting any of the London Hospitals, one is astonished with the neatness and regularity with which everything is done. All the hospitals have assistant physicians and surgeons to attend to the out door work. The posts of house physicians and house surgeons have to be competed for by examination, and they are not held longer than six months. All the nurses are trained by the sisters of St. John, and the hospitals, that take nurses from this institution, pay it so much a year. Charing Cross pays £500. In addition, there is a sister to each ward with a nurse under her, and over the whole hospital is a sister who looks after the diet and wine cellar.

A great deal of the treatment in the London hospitals is highly experimental. Calabar Bean was tried for chorea at the Children's Hospital, Great Ormond Street. As might be expected, it produced no effect on the disease, but strange to relate, it dilated the pupil. Bromide of Potassium is now given for profuse menorrhagia, instead of other remedies. Since my return, I have tried it successfully in one case. The galvano-cautery is now pretty generally employed, and I have seen it used for those little vascular tumours at the meatus urinarius of the female. Carbolic acid, as a dressing, is extensively used in some of the hospitals, but the cases are better chosen for its application than I have seen elsewhere. Holmes Coote will not allow any of it in his wards, and there are a few others who will not use it. Craniotomy is now being gradually supplanted by cephalotripsy. In displacements of the uterus, Grailey Hewitt's ring pessaries are almost universally used, as they can be bent to any desired shape. Lallemand's porte-caustique is now improved by Sir Henry Thompson and Erichsen. Their instruments are so made, that caustics in a fluid condition can be applied. There is very little difference between

Sir Henry's and Erichsen's. Each consists of a catheter, the lower portion being perforated by minute holes. In it is a stilette having at the bottom a sponge fitted on a spring attached to the stilette: the sponge is pressed upon, and the fluid is squeezed out.

Some of the professional men in London, after their appointment to an hospital, however small an institution, consider it their duty to write a book for the edification of their less fortunate brethren. The result of this is a vast amount of medical and surgical literature that falls still-born from the press.

The amount of money given to charitable institutions in Great Britain is almost incredible. Much of it is mis-applied. There is a multiplicity of servants at the hospitals. It takes two or three porters to do work that could be performed here by one, and other items are nearly in proportion. In some institutions, the board meets once every quarter, and sits down to a sumptuous dinner, the expenses being defrayed out of the Infirmary's income. At one of these board "feeds," of which I was myself cognizant, the wine alone cost £27. There are many other things of a like character that remain unknown to the public. This was also the case with the Red Cross Society; a society that did much good, and yet was much cheated. Some of the London instrument makers were enabled to sell a lot of old stock, useless for any practical purpose, to agents of the society who had not the slightest idea what instruments were required.

Comparing the profession in Great Britain to that in Canada, I think we have nothing to be ashamed of. We have everything to encourage us, when we consider the differences of advantages; how wealthy their institutions are, and how poorly ours are endowed. They have one advantage over us, their men are generally better educated before they enter upon their professional studies, and in proportion to the number of schools, there are fewer testing bodies.

There are also better supporters of professional periodicals, and so far as I could judge, there seems to be a greater unanimity and esprit-de-corps, in striving to raise the standard of the profession. The various "pathies" are let alone. Homœopathy, for instance, is never mentioned and is not noticed at all.

Gratuitious advice at the different hospitals has been abused to such an extent, that steps have been taken to have it remedied. Dr. Meadows and others, relate cases where persons have dressed themselves in their servants clothing, and have presented themselves for advice at the out-door departments. Well-to-do farmers come to London for the same purpose. I know of some far-

mers on the Island here, who do the same thing. Recently, a society has been formed, called the Charitary Organization. The committee rooms are in St. George's Hanover Square. All suspected cases are referred to them for investigation. The University College Hospital has already referred a good many suspicious patients to the committee, and many glaring cases of imposition have been exposed. When it was discovered that these patients could well afford to pay for medical advice, they were referred to the general practitioners in the neighbourhood of their abode. Some such arrangement might with propriety, be instituted in Montreal.

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### MEDICAL STUDY IN LONDON.

As referring to the above we extract the following letter from the *Medical and Surgical Reporter* of Philadelphia:

“LONDON, February, 1872.

“EDITORS MED. AND SURG. REPORTER:

“For the practical study of medicine London, doubtless, excels any other city in the world. The number and varied character of the hospitals, the great amount of clinical material constantly presenting itself at these institutions, and the wide reputation of the physicians and surgeons in charge, constitute for the medical student a rare *embarras de richesses*.

“After he has made his first grand round of observation, two puzzling questions come up for consideration: in what direction to first turn his attention, and how best to systematize his time, too short for the numerous demands upon it. The answers will, of course, vary with the particular objects in view in each individual case. Every one will find abundant food for either special or general study. Access is readily had to the hospitals, lectures, museums and libraries.

“The cost of living in London, for a medical student or practitioner stopping here for study, is not less than in Philadelphia, contrary to the general opinion. I doubt, indeed, whether the latter is not the cheaper city. It certainly was before the war. I have conversed on this subject with several American physicians, who have been here for some time visiting the hospitals, and they all agree that it is not possible to lodge and board for a less price than in our own large cities. This fact, to prevent disappointment, should be borne in mind by those who look forward to benefitting themselves by the immense clinical advantages of this great city.

“To the young physician of some years practice, a few months

spent in London cannot fail to be of great interest and profit. He may be quite sure of a cordial reception and open doors. It is particularly in connection with the "out patient" department of the hospitals that he will find unequaled opportunities extended him. The "out-patients" are those who visit the hospital for treatment, as distinguished from those who have beds in the hospital. They are, of course, therefore, all walking cases. Each day there is in attendance, in turn, one of the physicians or surgeons of the hospital to meet them. This physician, who is one of the most prominent men in his department in London, examines and treats, as if at his own private office, with the aid of his assistants, each patient, a task of many hours. An American of industrious habits, and possessed of some experience, can readily associate himself with the physicians of a number of hospitals, not as a spectator, but as an assistant. He will thus acquire, in a short time, a practical training, under the best auspices, in investigating cases, and a close insight into current therapeutics and surgery, which will amply repay him for his outlay of time and money in crossing the Atlantic. These remarks are especially true of new and venereal diseases, diseases of the eye, of the heart and lungs, and of women.

"The surgical clinics are conducted here, as a rule, with much less attention to demonstration than in our own hospitals and colleges. For instance, at a clinic of Sir Wm. Ferguson's, which I have just attended at King's College Hospital, he scarcely addressed a score of sentences to the class during the hour in which he operated for fistula in ano, hair lip and cancer of the breast. What little was said in each case was after the operation, which was immediately commenced, so soon as the patient was brought in and chloroformed, without a preliminary word as to the diagnosis or history. Sir Wm. Ferguson I may mention, *en passant*, most strikingly resembles, in form and feature, Professor Gross.

"The seats in the lecture and clinical theatres are somewhat differently arranged from those in our own colleges. In most instances there is no support for the back. They are all furnished with elevated seats, against which one can lean while standing, the position of most of the class during an operation.

"Details in regard to methods of medical instruction and study in London I reserve for future letters.

"GEO. H. NAPHEYS, M.D."



*Valedictory Address to the Graduates in Medicine*, on behalf of the Medical Faculty of the University of Bishop's College, delivered at the Convocation held April 4, 1872, by AARON H. DAVID, M.D., Edin., L.R.C.S., Edin., D.C.L., Professor of Practice of Medicine, and Dean of the Faculty.

GENTLEMEN GRADUATES IN MEDICINE,—The day to which you have so long and so anxiously looked forward has at length arrived, and you have now attained the acme of your ambition—the investiture of the doctorate in that profession to which is to be sedulously devoted the remainder of your lives. Yet, a few short moments and the link which bound us together as teachers and pupils will be broken; but you are not to suppose we wish you to consider the connection between us as severed—for it is not so. We will ever take a deep interest in your welfare, and carefully watch your progress; and we wish you to cherish a kindly interest in your Alma Mater, a kindly interest in her welfare and progress, and do all the good offices for her it may be in your power to do.

It is natural you can little anticipate on this happy occasion the troubles and harassing difficulties which are inseparately connected with the life you have chosen; all is present sunshine, and you look forward to a bright and happy future; and that your success in life may be equal to your expectations, I need scarcely tell you, is our most earnest wish. The period, however, is one of deep and anxious concern, and is taken advantage of to impart to the youthful aspirant—as a valedictory, those lessons which experience have taught—to guide him in his future course, with advantage to himself and profit to the public.

You must always bear in mind the obligation you have this day assumed—to follow an honourable and discreet course of conduct; to practise your profession in a cautious, chaste, and upright manner; to care and do all you can for the safety of those who may trust their lives in your hands; never to divulge the secrets your intercourse may bring to your knowledge; and, lastly, always to keep in your remembrance the University who has received you as her child, and to uphold and advance her interests in every way you can—in the words of the oath, "*Me in omni grati animi officio.*"

This last, gentlemen, you will best do by increasing your present knowledge, and keeping pace with the improvements that are hourly taking place in our profession. Your present acquirements, the knowledge you have obtained as students, will only be the foundation on which your professional reputation is hereafter to be built. You have laboured hard in the acquirement of know-

ledge, and you will find you have laid in a store that will be of incalculable service to you in the future, and you will have the satisfaction of knowing that in practising your art to your own advantage you will be useful to your fellow-creatures.

At the commencement of your professional life your time will not be fully occupied; opportunity will therefore exist to improve your knowledge on many branches to which, from unavoidable circumstances, you have not been able to devote as much attention as you have to others. You are *not* to suppose, because you have gained the highest honours it is in the power of the University to confer upon you at this stage of your career, that your studies are completed; that you are to be exempted from the *labour*—I ought, perhaps, to say *pleasures*—of study; for if you do, you will soon find yourselves outstripped by your cotemporaries, and deservedly so.

You must pay attention to the advancement in the scientific knowledge of your profession and keep pace with its improvements, and in so doing you will unquestionably elevate yourself and bring credit on our University. You must never forget that you have undertaken a labor and privation—that a physician's work is never done, and *that* it is one of continual study. The experience of the past and the discoveries of science are at your command, and your personal observation and research *must* be compared with the research of others.

Every case that comes before you should be a subject of special thought; and although you have learned a great deal from lectures and from books—which will, undoubtedly, be of great assistance—you will be thrown, in no small degree, upon your own resources.

There is no profession in which it is more essential that those engaged in it should combine the talent of observing, thinking and reasoning for themselves, than it is in the medical profession.

The best part of every man's knowledge he must acquire for himself. You must spend your lives in endeavouring to add to your store of knowledge, and from day to day obtain a clearer and deeper insight into the phenomena of disease—for the most important part of your education is that which you have to give yourselves, and to this there is not any limit. Whatever number of years may have passed over our heads; whatever may be the extent of our experience, every day brings its own knowledge—there is something new to learn, some deficiencies to supply, and some errors to correct.

I shall not, gentlemen, occupy much of your time in mentioning the *disadvantages* of not attending to the improvements that are continually going on around us, for you must be as well aware of

them as I am, but will only tell you it is necessary, if you would "hold your own," to keep up with the ever changing and generally improving aspect of the science. A few years of neglect throws one fearfully behind hand, and in recurring to the subject we find ourselves a stranger in the field formerly well understood. This is the case, particularly in those parts of medicine not immediately practical—as in chemistry and physiology.

Set apart, therefore, a portion of your time for self-culture; for a scholar can no longer repose upon his academical laurels, and each one should make it the object of his life to add something to his medical knowledge.

Pursue with ardour and constancy every discovery after truth. The basis on which rests the glory of the medical profession is the sterling truths of its observations. Never employ your talents in aggrandizing visionary hypothesis, as truth is alone abiding. It is not merely the *duty* of every medical man, but it is his greatest glory and privilege to declare it. Be systematic, patient and attentive and clear, in all your statements. Be affable, yet dignified.

So much as to your professional studies. Now a few words on your duties to the public:

A medical man is emphatically a public man, and should be a man of the people. His aim should be to recommend himself to all parties, to make himself useful to all, and not by active partisanship make himself objectionable to any part of the community. He should only be known as the philanthropist and patriot in the broadest sense of the terms—devoted to the common weal and good of his patients. There is one duty you owe to society, which you should not neglect, and that is to disseminate, as widely as possible, a knowledge of the laws of Hygiene—a knowledge of the laws and conditions of health. To you, especially, will the community look to inform and enlighten it in relation to the best means of preserving health, of preventing the spread of contagious and infectious diseases, the influence of trades and occupations, the effects of different sorts of food, of dress and amusements, the nature, cause and cure of those diseases which attack the lower animals, and vegetable as well as animal life, the influence of soil and climate and season, of geological formations and geographical localities, the question of quarantine, the best mode of warming and ventilating houses, the establishment and regulation of schools and seminaries of learning. You will be called upon to instruct judges and lawyers and courts of law in relation to many important questions connected with hygiene, medicine and surgery, fractures, dislocations and poisons, and your opinions will, if well sustained, be decisive in turning the scale and shaping the verdict

of the jury. Besides this, you are to act your part as good citizens—patronizing every worthy object, aiding in all public enterprises involving the welfare of the masses, taking a special interest, especially in all improvements calculated to benefit the sanitary condition of the people, contributing freely to the support of education and religion—the great bulwarks of safety; in short, doing all that the broadest philanthropy or the most disinterested benevolence can suggest. From this you will see what a wide field the medical man has to fill.

These considerations suggest that there are duties you owe to yourselves, for the relations you are to sustain to the sick and to the public at large imply the possession, on your part, of certain qualifications that can by no means be neglected. You should never forget that to most persons a fit of sickness is an important event, the physician is associated with all its recollections, and you will best secure the confidence and regard of the patient and his friends by having helped to make those recollections agreeable, by having aided in beguiling its wearisomeness, diminishing its discomforts, relieving its anxieties, dispelling its fears, and raising its hopes.

Your duty to your professional brethren, let me tell you, gentlemen, is not the least part of what is worthy of your deep consideration, and the whole code of ethics thereon may be summed up in the words of the Golden Rule, "Do unto others as you would they should do unto you." Cultivate friendly relations with them. Never, by unscrupulous insinuations, attempt to injure their reputation, but do all that lies in your power to preserve it intact; for by so doing you elevate yourselves and preserve the honor of your profession. Therefore, leave nothing unattended to that will promote this end.

And now, gentlemen, it only remains for me to say farewell. Go forth on your mission. May your manhood be irreproachable and your character unimpeachable; and, for your success and prosperity, you carry with you our most fervent wish.

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# Hospital Reports.

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*Operations for Congenital Cataract, on Different Plans.* Reported by M. O'B. WARD.

The object of these operations was to try the relative advantages of performing the operation for cataract by solution, by passing the needle through the sclerotic or through the cornea. Severe inflammation was said to follow the older method, and a plan by which this could be avoided was desirable.

The advantages claimed for corneal puncture were: 1st. The cornea being less vascular than the sclerotic, the risk of inflammation was of necessity less. 2d. The cornea being transparent, the operator could see the point of the needle, thus being better able to guide it.

Here remark how the operations for hard and soft cataract are reversed. At first, hard cataract was extracted through the cornea, and solution in the soft variety affected through the sclerotic. Now, the contrary is the rule. The hard cataract is, according to Graef's plan, extracted through the sclerotic, while the soft kind operated on through the cornea.

To try the efficacy of both plans, and to compare their results, it was determined upon by Drs. Hingston and Desjardins, to operate upon two patients suffering from this disease, each operator to operate after his favorite plan; Dr. Hingston through the sclerotic and Dr. Desjardins through the cornea.

The patients were both inmates of the "Asile Nazareth." One was a young girl of about 12, and was Dr. Hingston's. The other, a little boy of 8, being Dr. Desjardin's.

The first operation was performed on the 12th of December. Both doctors confined themselves to operating on one eye each. The following was the result:

No inflammation whatever in the eye operated upon through the cornea, and severe inflammation in the one operated upon through the sclerotic.

A second operation was performed on the 17th of January, Dr. Desjardin repeating his operation on the same eye as before, while Dr. Hingston operated on the other.

The object of the latter for not repeating the operation on the first eye was, as he said, that the lens continued to be absorbed for a considerable length of time after the operation, and by refrain-

ing from operating on it, nature as well as art, had a hand in the cure by allowing it to be absorbed as much as possible.

This time Dr. Hingston tried the corneal method and the result was most satisfactory, no inflammation ensuing in either eyes, which fact, as well as the previous one, seemed to be greatly in favor of the corneal plan.

The last operation was performed on the 31st of January. Dr. Hingston operated this time on the first eye, and Dr. Desjardin on the second.

Dr. Hingston tried the new way a second time, but the result for him was not as satisfactory as before, great inflammation setting in, which resulted in the loss of the eye.

This left the disputed point just where it was.

The inflammation in the second eye may have depended upon the previous inflammation, causing the eye to be more vulnerable, but whether this explains matters or not the result was all the same. The slight vascularity of the cornea caused a more severe inflammation than the sclerotic, thus proving that the amount of vascularity in the part has very little to do with the success of the operation.

The remaining eye is now healed, and so are the ones operated upon by Dr. Desjardin.

I shall again give the result of the operation on the other eyes.

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## Reviews and Notices of Books.

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*General Surgical Pathology and Therapeutics, in Fifty Lectures; a Text Book for Students and Physicians.* By DR. THEODORE BILLROTH, Professor of Surgery in Vienna. Translated from the fourth German edition, with the special permission of the author, by CHARLES E. HACKLEY, M.D., Surgeon to the New York Eye and Ear Infirmary, &c., &c., with 152 illustrations on wood; 8vo: pp. 676. New York: D. Appleton & Co., 90, 92 and 94 Grand street, 1871. Montreal: Dawson Bros.

The subject treated of in this work is more that of systematic surgery, or principles of surgery, than true surgical pathology; although the pathological part illustrates that accuracy of observation peculiarly German. The work consists of twenty chapters divided into fifty lectures. The author commences with an introduction, and draws attention to the intimate relationship between medicine and surgery; showing how necessary to ensure success

is it, for the practitioner to be acquainted with both sciences. Here the author gives us some idea of the German method of instruction, which, if it has not given to the profession generally better practical men, has, at least, brought out and developed men like Virchow, Niemeyer, Rindfleisch and the very eminent author himself.

Chapter 1st is devoted to simple incised wounds of the soft parts. This subject is treated of in nine lectures. In the first lecture we have the mode of origin and appearance of these wounds. Hæmorrhage and its varieties, parenchymatous hæmorrhage, and also that from the pharynx and rectum are considered as also that peculiar condition known as the hæmorrhagic diathesis. The constitutional effects of severe hæmorrhage is likewise touched upon.

In the next lecture we have the subject of arrest of hæmorrhage dwelt upon. The author resorts to very definite directions, even to the tying of a knot, which is, we have no doubt, necessary to be understood, but does not speak much for the intelligence of his auditors. Here the author alludes to the lack of common sense on the part of non-professional people in seeking to arrest bleeding in cases of accident, by the application of spider-webs or other nostrums, instead of using the simplest of all methods—compression.

On referring to acupuncture the author states that he has in several amputations, even of the thigh, seen no objection to this method of arresting bleeding, but he does not believe that this means of securing bleeding vessels will altogether displace the ligature. He describes a method of applying acupuncture which is novel and, we should imagine, original with him. He says: "In amputations I prefer acupuncture by torsion. I pass the needle transversely through the" (mouth of the) "artery, which is drawn forward, and, with the needle, make a half or whole rotation in the direction of the radius of the surface of the flap until the bleeding is arrested, and then insert the point of the needle into the soft parts." Various hæmostatics are referred to, and also the subsequent treatment by transfusion of blood. Specific rules are laid down for performing this operation, and the quantity to be injected should not be more than from four to eight ounces.

The next seven lectures are devoted to the various methods followed by nature in the healing process of wounds and the means used by the surgeon to that desired end. These processes are illustrated by microscopic drawings which give a fair conception of the changes which occur.

In chapter two we have discussed some peculiarities of punctured wounds. In this the subject of traumatic aneurism and aneurismal varix is touched upon.

Chapters three and four consist of contused and lacerated wounds. On the latter subject the author mentions several cases which came under his observation where fingers had been torn from the hand, the tendons remaining attached to the severed member. Several cases of this kind have come under our own observation. One, the case of a groom to a celebrated stock horse. While taking out the animal for exercise, in arranging the bit the horse seized the man by the end of the thumb, raised him from the ground and swung him from side to side until the member was severed from his hand and he dropped on the floor. On recovery he observed that his thumb had been bitten off, as he supposed. He experienced pain in the hand and a numb, dead, aching sensation in the forearm. On making search for the fragment he found it with two long tendons attached. The first phalanx of the thumb had been fractured about the centre, and the tendons of the muscles inserted into the second phalanx had been drawn out from the forearm. Amputation had to be performed at the metacarpo-phalangeal joint and the man made a good recovery. The end of the thumb, with the tendons attached to it, is in the museum of McGill University.

Chapters five and six, with an appendix, are devoted to the subject of fractures. We observe at the commencement of chapter six, and, in fact, as the heading of that chapter "Open Fractures and Suppuration of Bone." This term, "open fracture," is made to signify what is recognised by all surgeons as compound fracture, a term of time-honoured usage, and whether it is from habit or some other cause we must observe that we regard it more favourably as indicating the condition of the injury than the novelty "open fracture." We notice the term "compound" is used on several occasions. This is apt to lead to confusion which is to be regretted.

The process of repair in fracture is fully treated of and amply illustrated. In the appendix to chapters five and six the subject of ununited fractures is considered, and the various methods resorted to by the surgeon in seeking to relieve false joints. The treatment of malposition in united fractures is also referred to and fully explained.

The next chapter is taken up in discussing injuries of joints having more especial reference to dislocations and the results of wounds of the articulations.

After the discussion of gunshot wounds, burns, scalds, frost



bites and acute non-traumatic inflammation of the soft parts, in chapters eight, nine and ten, the author next considers acute inflammation of the bones, periosteum and joints. The subject of gangrene is next in order, and then follows accidental traumatic inflammatory diseases and poisoned wounds. To this four lectures are devoted. Chronic inflammation of the soft parts is next taken up, in which the various changes or alterations of the tissues, the result of chronic inflammatory action is referred to. The author alludes to the empirical notions about diathesis and dyscrasia.

Chronic inflammation of the periosteum, bones, necrosis and chronic disease of the joints form the next subject under discussion; and, lastly, tumours are considered. Altogether, this work must be regarded as a valuable addition to our surgical literature, and the translator deserves commendation for having placed it within the reach of the English reader.

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## Medicine.

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### ALCOHOLIC PARESIS AND PARAPLEGIA.

BY J. LOCKHART CLARKE, M.D., F.R.S.

The habitual and excessive indulgence in the use of alcoholic drinks is so frequently followed by partial or complete paralysis of the lower extremities, that no doubt can be entertained that alcohol and paraplegia do often stand to each other in the relation of cause and effect. Many striking cases that have come under my own care support this inference in a very convincing way, so that I think Drs. Handfield Jones and Wilks have done service in bringing the subject prominently before the profession.

On examining the bodies of persons who died either in a state of intoxication or during a course of excessive indulgence in the use of alcohol, particularly in its undiluted state, almost every organ and tissue is found to be more or less altered in appearance. The mucous membrane of the pharynx, œsophagus, stomach, small intestines, and bronchial tubes is red and injected. The liver and kidneys, the substance and membranes of the brain and spinal cord, are in a variable state of congestion. In chronic cases of alcoholism we find more or less atrophy of the cerebral convolutions, and effusion of fluid on their surfaces, with thickening and adhesions of the membranes.

On examining such persons during life, we find a train of symptoms that are quite in accordance with these post-mortem appear-

ances. The mucous membrane of the fauces is unusually red and injected; a viscid, tenacious, or cream coloured mucus hangs about the back of the pharynx and soft palate, exciting vomiting on rising in the morning; a sensation of rawness or heat is sometimes felt along the œsophagus, particularly on drinking warm or spirituous fluids; the stomach is irritable and vomiting is easily excited. A viscid and tenacious mucus collects during the night on the membrane of the bronchial tubes, causing more or less shortness of breath or oppression of the chest on waking in the morning, and exciting cough, which is frequently attended by vomiting. The skin has frequently a dirty yellow tint, although sometimes a remarkable clearness and freshness of colour is preserved, especially in fair persons. The conjunctivæ are often thick, injected, and dirty yellow.

Different individuals suffer from a variety of nervous symptoms—from giddiness; a sensation of being lifted from the ground, or “taken off their legs,” as I have heard them express the feeling; an alarming sensation of choking or suffocation on dropping off to sleep at nights; occasional numbness or “pins and needles” in the fingers and toes; or acute pains beneath the nails; a dull, aching pain across the loins, or an acute pain on bending or on rising from the sitting posture; a darting or lacerating pain in the lower extremities during the act of progression.

The muscular system is more or less affected by weakness, by spasm, or by the withdrawal of voluntary control. The hands and arms, and sometimes the whole body, are tremulous, with frequent fibrillar quivering of the muscles, particularly about the face. Voluntary movements are improperly or awkwardly performed. Even when there is no tremor of the hands, delicate operations—such as writing—are clumsily performed, and are irksome or distressing. The walk is more or less unsteady; and I have often noticed that in progression each foot is alternately carried inwards, and almost in front of the other. The articulation is sometimes peculiar and indistinct from partial loss of control over the muscles of the lips. The individual loses his accustomed energy, is careless of his own interest, and feels himself unfit for the performance of his ordinary duties, until he has resorted to his usual potation, or obtained from the druggist a “pick-me-up.” For this distressing state I have found nothing so useful as full doses of nitro-hydrochloric acid, with a little of Battley’s sedative solution; two or three doses, even, sometimes act like a charm. After relieving the bowels by saline aperients, I combine the acid with quinine, perchloride of iron, or small doses

of strychnine. The occasional use of the Turkish bath is also beneficial.

If the individual persists in the excessive use of alcoholic drinks, partial or complete paralysis, and particularly paraplegia, not unfrequently results. I will only briefly mention two or three of the most striking cases out of a number that have come under my care.

A cab proprietor and his wife, both remarkably fine and naturally healthy persons, between thirty and forty, were addicted to the most immoderate abuse of neat spirits. The wife, after two or three years of excessive indulgence, with many of the symptoms above described, became very fat and bloated, and one morning found that she had complete paralysis of the lower extremities; sensibility was also almost entirely abolished. At the end of ten weeks she quite recovered, and I subsequently lost sight of her, but heard, after a renewal of her old habit, she died of some stomach or bowel affection. Her husband, who, as I was told, would drink daily as much as a quart of gin, had only paraplegia, with great numbness and pains in the legs. Unlike his wife, he became thin and sharp-featured; and I have seen this originally powerful and magnificent man, who was six feet two inches in height, look down upon his tottering and wasted legs, and burst into tears at the recollection of what he once was; and yet he has straightway gone to raise his spirits by a repetition of his accustomed potation. He went to Bath for the waters, and died there.

Another striking case was that of an old sergeant who had served through the Peninsular war—a tall, stalwart Yorkshireman, seventy-two years of age, who assured me that for the last twenty years he had never taken less than three-quarters of a pint, and sometimes a pint of rum daily, besides sundry glasses of gin and beer. He smoked, also, almost incessantly from morning till night. One day he lost the entire use of his lower extremities without much impairment of sensibility. In six weeks he quite recovered, and became much more moderate in his habits; but two years after I saw him again with almost complete paraplegia. He had frequent vomiting, a brown, parched tongue, with that peculiar smell of breath which so often precedes dissolution, and at the end of a week he died.—*The Lancet*.

HARLEY STREET, W., March, 1872.

## SKETCHES OF SUCCESS AND FAILURE IN MEDICINE.

BEING THE SUBSTANCE OF THE LUMLEIAN LECTURES AT THE  
ROYAL COLLEGE OF PHYSICIANS IN 1862.

BY CHARLES J. B. WILLIAMS, M.D., F.R.S.

*Pleurisy, a local inflammation producing its effects by its effusion, liquid and solid; Varieties; Serous; Empyema; Euplastic, Cacoplastic, and Aplastic Lymph—Treatment of Pleurisy—When, why, and how the chest should be tapped—Cases requiring operation—Successful cases without operation.*

Pleurisy has by no means the same relations to the blood which I have pointed out to exist in pneumonia. Pneumonia is essentially a blood disease, although attacking a particular organ. Pleurisy is essentially a local disease; and its relations to the blood are incidental on the extent of the inflammation and the amount and quality of the effusion which it produces. We may further trace out the evils and dangers of pleurisy in connection with these results under four heads, (1) the quantity of the liquid effusion, (2) its quality, (3) the quantity of the solid effusion. (4) its quality.

When the quantity of liquid effusion is moderate, it is remarkable how little inconvenience it causes. After the pain (if any be present) subsides, which it commonly does in a few hours, or in a day or two, the patient often thinks himself well, till he finds on exertion his breath short than usual. Thus it frequently happens that the existence of the effusion is not discovered until long after it has taken place. Its easy detection by auscultation constituted one of the earliest and most striking triumphs of that mode of examination.\* But if the effusion is very copious and rapid, the functional disturbance may be very great, in consequence of the

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\* *Note added in 1872.*—I take this opportunity to remark that some of the most recent writers on pleurisy seem neither to appreciate nor to understand the nature and value of the physical signs of pleurisy, which were, nevertheless, sufficiently explained and defined more than thirty years ago. In my lectures on "The Physiology and Diseases of the Chest," published in the *Medical Gazette* in 1838; in the article "Pleurisy" in the "Library of Medicine," vol. iii., 1840; and in the last edition of my "Pathology and Diseases of the Chest," 1840, (now long out of print), the physical signs previously known were carefully considered, and new ones described with a precision that removed much perplexity from the subject, and made the diagnosis of pleurisy, with all its results, sufficiently plain to anyone who would take the trouble to master it. Although so many years have elapsed since the date of those publications, I have met with nothing in my own longer experience, or in the writings of others, to invalidate the statements there made. There may be found the first complete description of the varieties and signs of partial effusions in the pleura; the true nature and signification of ægophony; and the first announcement of tracheal and tubular sounds of percussion, the discovery of which Trousseau and others ascribe to Skoda, whose retentions to it are of a much more modern date. My acoustic explanations of the noisy bronchophony and loud amphoric breath sounds of pneumonia are quite different from those of Professor Skoda. They were annually given in my lectures in University College before 1850; but as I hardly published anything on diseases of the chest for twenty years after, I do not think they appeared in print until I mentioned the subject in a note in the chapter on physical signs in our recent work on "Pulmonary Consumption," p. 171.

extent to which the lungs, heart adjacent organs, and chest-walls are pressed on and displaced. The symptoms are those of oppressed and restricted breathing, quickened, partially impeded, and weakened circulation, and deficient and depraved secretion: and, if these are not soon relieved, they may end in suffocation or exhaustion. Fortunately, in a large proportion of cases, medicinal treatment does bring relief; so that fatal cases of pleurisy with serous effusions are rare, and it is not often necessary to resort to the operation of tapping the chest.

The case is quite different when the effusion into the pleura is either purulent at first or is so charged with protein matter that it becomes purulent in the course of the malady. Pus, when once formed, is rarely dispersed or largely absorbed; and it remains in the pleural sac, not only oppressing and displacing organs by its bulk, as serum does, but also doing mischief, both by its solvent and irritative operation, exciting suppurative inflammation in adjoining parts, and tending to find vent through them, and also by its influence on the system through its partial absorption, causing irritative fever and other concomitants of pyæmia. It is very obvious, therefore, that the prudent quality of the effusion in the pleura increases greatly the gravity of the case, so that failures or imperfect recoveries are likely to occur if early relief be not given by tapping the chest. It is quite true that recoveries do take place, especially in young subjects, without any operation, by the matter making its way through the lung into the bronchial tubes, or outwardly through the walls of the chest; but in the first case there is great distress from the violent prolonged cough and expectoration, which must harass the patient for a long time, and cause much risk of permanent disease of the lungs; and in the latter case the matter often burrows in the walls of the chest, doing them more or less injury, before it is discharged through the surface. I have known several cases of empyema complicated with caries of the ribs; and in a few of these it has been difficult to say whether the caries was the sequel or the cause of the empyema; but in some it was clearly the former, and, by long maintaining an offensive wound in the chest-walls, materially retarded the local and general improvement.

In different cases of empyema there is some variety as to the quantity and quality of the pus formed. In some cases the quantity is large and continually increasing, so as to cause much pressure, displacement, and oppression in a short time, and if it does not speedily make its own way out, leaves no alternative between an operation and a fatal result. In other instances the matter is more slowly formed, with much less pressure and dis-

placement, giving time for deliberation and hope that the effusion may be simply serous, until after the lapse of several weeks the frequent pulse and hectic symptoms, perhaps with some local signs of pointing in the walls of the chest, give evidence of its purulent nature. Again, in some cases the matter is inodorous—"laudable"—not differing from that of healthy abscesses; in others it is highly offensive, with the rotten-egg or sulphuretted-hydrogen stench characteristic of decomposed pus, quite distinct from that of fetid abscess which I have before described. Sometimes this fetor seems to be caused by diseased bone, but it certainly occurs also independently of that cause. I have known it in several instances follow the operation of empyema, where the admission of air was not prevented; but I can also recall several cases where no fetor ensued, although air was admitted. This offensive character of the matter must be regarded as unfavourable, both as applying its instability or proneness to decomposition, and also because the sulphuretted hydrogen evolved it deleterious in its influence on the animal economy. Nevertheless patients do sometimes recover, both where the matter originally discharged was offensive, and where it became so after the operation.

I have mentioned varieties in the quantity and quality of the *solid* effusion as tending also to affect the results of pleurisy, favourably or otherwise. When the lymph thrown out is in moderate quantity and of good quality (*euplastic*, as I term it), it is either absorbed, or forms soft, flexible, membranous adhesions between the pleuræ, which little, if at all, interfere with the movements of the lungs. This is a favourable result. But when the fibrinous exudation is very abundant (I recollect a case in which it was from half an inch to an inch thick on the inflamed pleura), it can neither be reabsorbed nor can it be so highly organised: it has more or less of the *cacoplastic* or contractile character, shrinking and becoming dense as it is organized—and, binding down the lung and drawing in the walls of the chest, causes those permanent contractions which are sequels of severe pleurisy. Again, in highly scrofulous subjects we may have the inflammatory lymph entirely *aplastic*—thrown out in a curdy mass, devoid of all organisability, and yet in such abundance as nearly to fill the pleura. I remember the case of a boy aged 10, whom I saw twenty years ago, who was attacked with right pleurisy, and lingered for several months without any return of resonance or respiration on the affected side. After the death the plural sac was found full of soft, solid cheesy matter, not at all purulent, the

lung being partly compressed, as is usual in pleurisy, and in other parts in a state of caseous consolidation.

The treatment which is successful in a large proportion of cases of acute pleurisy is chiefly antiphlogistic, and more local than in pneumonia. Venesection is required only in the plethoric and robust, and then only in the earliest stage of the sthenic form: but leeches or cupping may be used with advantage so long as there is pain with increased temperature. In very many cases there is little or no heat of skin; and in these I prefer a large blister at once, keeping it on not more than six or eight hours, and following it with a large poultice covered with oiled silk. This promotes the discharge from the blistered surface, and, acting as a comfortable fomentation on the side, may well be continued till the parts are ready for further blistering, should it be required. Of internal medicines, mercurial and saline diuretics are the best for the early stage of the inflammation. If there be severe pain, I give a few doses of calomel combined with morphia, till the pain is relieved, and then substitute small doses of blue pill, with squill and digitalis, two or three times a day, until an effect is produced on the bowels, kidneys, or gums. Salivation is by no means necessary or desirable, the best operation of mercury being on the liver and kidneys; and when these are brought to act freely, the effusion, if serous, generally is stayed, and will diminish—quickly in some cases and very slowly in others—without any further active treatment. Saline diuretics of citrate and nitrate, or acetate, of potash are useful in most cases. In mild forms of the disease mercury is not necessary; blisters and saline diuretics are sufficient, and may soon be changed for iodide of potassium in a bitter infusion, with daily painting the affected side with tincture of iodine. But sometimes we meet with cases of extensive pleuretic effusion, which, either from original intensity or from not having been treated soon enough, will not yield to any or all of these remedies; and whenever the effusion is so much as to cause such distress in breathing as to interfere with the comfort of the patient, and especially to prevent sleep, there should be no delay in puncturing the chest. We may be more confirmed in recommending this treatment if the symptoms render it probable that the effusion is purulent, and we may often guess this to be the case when there is general pallor, with partial hectic flush, alternations of chills and sweats, very frequent pulse, much weakness and tremulousness of movement, and more than usual tenderness and puffy feeling of the walls of the affected side.

I must admit, however, that I have noticed tenderness and even swelling of the integuments of the walls of the chest in some

cases which yielded to treatment without tapping, and probably was not purulent. Still the symptom is suspicious, and, if in conjunction with others above-mentioned, may be taken in favour of the effusion being purulent. In doubtful cases the grooved needle may be used to settle the point, if there be any question about the propriety of operating; but I would repeat that when there is great and continued oppression—such as to prevent sleep—I think the operation should be performed, whether the effusion is purulent or serous only. In case of serous effusion, tapping to the removal of two or three pints may be enough to relieve the oppression; the respiration and circulation being thus set free, the rest will probably be absorbed. But in cases of empyema it is desirable to evacuate more matter, and we may require repeated operations. As it is impossible to evacuate all the matter, a long time is required for the lung to re-expand, and for the pyogenic membrane to become covered with lymph, which obliterates the cavity by the adhesion of the pleural surfaces.

I do not propose to dwell on the details of the operation of tapping the chest, but I must remark that my experience is in favour of avoiding the admission of air if possible. I know that cases have done well where no attempt was made to exclude the air; but these were healthy subjects, in which the matter resists decomposition, and whose constitution supplies a healing power in spite of difficulties. On the other hand, I have seen several instances in which serous effusion has become purulent, and purulent matter has become fetid, with the evolution of sulphuretted hydrogen, so shortly after the admission of air, that it was impossible to doubt the injurious influence of the air in those cases at least. In young subjects the walls of the chest are somewhat compressible, and by pressure steadily applied whilst the fluid is flowing, and continued till the puncture is closed, it is quite possible to prevent the admission of air without any special apparatus for this purpose. In older patients, in whom the chest is more rigid, this is less practicable; and of the various contrivances to prevent the admission of air in such cases, the simplest and most effectual is the attachment to the canula of the trocar of a few inches of a perfectly flaccid tube, such as a rabbit's intestine, or soft; thin indiarubber, which permits the liquid to flow downwards freely, but, collapsing as the current flags, effectually prevents any air from passing upwards.\*

The treatment after the operation, as well as for all the more

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\* *Note added in 1872.*—The more modern improvements in the operation introduced in the last ten years will be noticed in the next portion of the lectures.



chronic forms of pleurisy, should be of a sustaining and corroborative kind. The solid products of inflammation are the more in proportion as they degenerate: and they are more likely to be absorbed or to form harmless adhesions if the body is well nourished and under salubrious influences. A course of cod-liver oil with a small tonic, a generous but not too stimulating diet, and moderate exercise in a healthy air, greatly conduce to convalescence, and may prevent many evil consequences. In cases of empyema with a permanent opening in the chest, little improvement may take place till the patient goes to a healthy country place or to the sea-side; and then the discharge soon begins to diminish, and the health and strength are simultaneously improved.

On turning to my case-books to illustrate the successes and failures in the treatment of pleurisy, I find the cases successful without operation so numerous and commonplace that it would be superfluous to dwell upon them. As samples, two cases will suffice—one in a young subject, the other in advanced age. The latter and a third case—which exemplifies an imperfect success, which is not uncommon—have been added since the lectures were delivered.)

*Case 1.*—December 11, 1850.—A young gentleman, aged 13, eight days ago, after long riding in the wet, was attacked (in the country) with sharp pain in left side, sickness, occasional fits of cough, short breath and fever, with quick pulse and hot skin. Two days ago he was brought to town, and has been under the care of an eminent physician, who prescribed only salines. The breathing has become worse, pulse 124, urine very scanty and high-coloured; pain less, and skin cool. Complete dulness and absence of breath and vocal vibration throughout the chest, and extending an inch to right of sternum, including dorsal spines, and pushing the heart two inches to right of sternum. *Ægophony* in mild regions. Breath-sound puerile on right side. Blister six inches square to left side. Blue pill, squill, and digitalis, and an effervescing saline every six hours.

14th.—Pain and breathing better; pulse 69; urine free, alkaline. Motions being loose and bilious yesterday, grey powder and Dover's powder given thrice daily instead of pills. Signs the same, except that the heart is three inches to right of sternum, and tubular voice and breath are heard in left upper front.

16th.—Breath better, but is faint from sitting up; urine alkaline. Dulness and displacements continue, but *ægophony* heard lower down in the back, and bronchophony within left scapula. Another blister six inches by three inches. Iodide and nitrate of potass in orange and cascarilla infusion substituted for the citrate

of potass mixture. The blister rose well, and next day the gums were slightly affected. From this time the patient made a speedy and complete recovery, being convalescent in a fortnight. Examined four years after, the chest showed no signs of disease or contraction.

*Case 2.*—A distinguished Physician to the navy, aged 72, consulted me on November 15, 1863; subject to bronchitis in winter. Ten days ago, after exposure and chill, had sharp pain of right side, cough, short breath, restless nights, scanty urine; pulse 90, weak; respiration 30. Dulness from second rib down whole right front, and throughout side and back below spine of scapula; no breath-sound or vocal vibration; ægophony in mid-regions of side and back up to spine of scapula, where, and above second rib, bronchophony and tubular stroke-sound; heart-apex below left mammilla.

A blister six inches square to the right side; blue pill, squill, and hemlock three times a day, with effervescing citrate of potass; nutritious diet, with a moderate amount of stimulants.

The kidneys soon acted freely, and breath and restlessness were relieved. In a week another blister was applied, and iodide of potassium in a cascarrilla mixture substituted for the saline and mercurial. After this the signs of effusion gradually diminished, and the health and strength were re-established in a few months under tonics, cod-liver oil, and country air. I did not see this patient after 1864, but I heard of him as pretty well in 1867, although suffering from cough. He died in 1868. This case shows that advanced age is no bar to success in the treatment of sub-acute pleurisy by the recommended means.

*Case 3.*—Master H., aged 10, June 26, 1863; previously delicate, but not ill till a fortnight ago, when he fainted at church. Since weak, with slight cough, pain in the chest, and shortness of breath, which has much increased in the last two days, and the left front of the chest is swollen. Complete dulness, without breath-movement or sound through the whole of left chest and to right of sternum and dorsal spine; heart two inches to right of sternum; bronchophony above left scapula; protrusion and tenderness of intercostals about mammilla.

Citrate and nitrate of potass were prescribed, but I considered the case so urgent that I arranged with my friend, Mr. T. Tatum, the following day, to tap the chest. When he came we found the swelling and dyspnoea less, and, as the boy was very timid, it was agreed to postpone the operation, and try a blister in addition to the saline diuretic and a few nightly doses of blue pill. This treatment proved successful in removing the liquid effusion in

three weeks, but the side contracted, and the penetration of air into the lung was imperfect. In the following August, under the constant use of cod-liver oil and tonics, with regulated exercise and diet, the lung expanded, and the youth outgrew the deformity, so that, in 1865, he was in good health, with little remains of the contraction. He continued well till 1867, when, at Harrow, he had another attack of inflammation of the left chest, which has recurred since repeatedly, and has induced chronic phthisis. He is still living, but in an invalid state.—*Med. Times and Gazette.*

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#### NOTE ON A CASE OF ATHETOSIS (?)

By C. CURRIE RITCHIE, M.D., Physician to the Hulme Dispensary, Manchester.

In his treatise on disease of the nervous system, Dr. Hammond, of New York, has lately described an affection to which he has given the name *Athetosis* (from *ἀθετός*, without fixed position), and which is "mainly characterised by an inability to retain the fingers and toes in any position in which they may be placed, and by their continual motion." The following may prove of interest, taken in connection with a similar case under the care of Dr. Clifford Allbutt, which was reported in this journal for January 27:—

J. G., an engineer, aged 59, consulted me on October 10, 1870, in consequence of his having been for some time previously subject to involuntary movements of the extremities. He was a short, thin man, with sallow complexion and somewhat anxious expression. He had, however, always enjoyed good health till about three years before, when he began to suffer from "occasional headache and giddiness. One day in November, 1868, when about to sit down to dinner, he suddenly lost consciousness, and fell to the ground. No account of involuntary muscular movements during this seizure could be elicited. He remained insensible for about ten minutes, and was then put to bed, where he continued for five days. His speech was impaired for about three months afterwards. About this period (February, 1869) he noticed a slight sensation of numbness in the right arm and leg, accompanied by severe pain, which began to occur in the fingers and toes of the right side; these were at first slight and under the control of the will, but they had gradually increased, and were now quite involuntary.

When I saw him, he could not flex the fingers of his right hand without the aid of his left, and even with this assistance seemed to have considerable difficulty in doing so. On desiring him to keep the right hand flexed and still as long as he could, in a few seconds, in spite of his efforts, his fingers became extended and

assumed a variety of curious movements, which were continuous and somewhat complex in their nature. They began when the patient held out his arm before him, and took place slowly and deliberately; he could stop them by placing his right arm by his side and firmly grasping the wrist with his left hand. The movements usually consisted of alternate abduction and adduction, combined with partial flexion and extension; no regularity, however, was observed in their occurrence, and frequently the hand assumed a "sprawling" appearance, from the simultaneous abduction and partial extension of the radial and ulnar portions of the hand; sometimes the thumb would remain in a state of extreme abduction, while the little finger was semi-fixed and drawn across the palm. These movements were accompanied by a feeling of numbness and pain. The toes were almost always in a state of flexion, having their tips pointed to the ground. When he wished to extend his toes, he had to plant his heel firmly on the ground, and gradually draw his foot backwards, at the same time raising his heel. During these movements the muscles of the forearm and calf were hard and rigid. The tactile sensibility of the affected arm and leg, and also the temperature, were less than in the others. He suffered frequently from headache, which was always relieved by sleep; tongue tremulous; complained occasionally of vertigo, and "flashes of light" before his eyes; articulation normal; intelligence fair. He had been a temperate, steady man; no history of tubercle or syphilis, congenital or acquired. There was no tenderness or pain on percussion over the spine. He was ordered ten-grain doses of bromide of potassium three times a day, and requested to see me again in a week, when, if there was no improvement in his condition, I proposed to employ galvanism for his relief. When he came to me on October 22 (twelve days after I first saw him), he told me that he had been able to do a little work, which he had not done for six weeks before, on account of the pain in his hand, which was now much relieved; the movements were not so troublesome and he was able to sleep much better. He was recommended to continue the use of the bromide. I regret that I did not see the case again, in consequence of the patient having changed his place of residence; but, as it corresponds closely to the description of athetosis as given by Dr. Hammond, I venture to submit these details, imperfect as they are.—*Medical Times and Gazette.*

# Midwifery.

## ACTION OF QUININE ON THE UTERUS.

M. Monteverdi communicates to the *Nuova Liguria Medica* the results of a series of experiments he has made on this subject. He has invariably employed the sulphate of the alkaloid. He finds that quinine exerts a general tonic influence on all the organs of the body, but especially upon the uterus. In the course of half an hour after it has been administered, short contractions occur in the uterus, unaccompanied by pain; and these gradually become longer and stronger, with distinct intermissions, so as to resemble closely ordinary pains of labour, the effect lasting for about two hours. In order to effect the expulsion of the fœtus and of the placenta, he believes that doses of about four grains will be found the most appropriate. Quinine appears to be preferable to ergot, because it exercises no injurious influence either on the mother or child, because it is very certain in its action, because the contractions it induces are very regular and natural in their character, and because it is free from danger at whatever period of pregnancy it is administered; or in cases of contracted pelvis, incomplete dilatation of the os uteri, and antecedent to the escape of the waters. He finds that it is of service in the metrorrhagia of pregnancy, in amenorrhœa in consequence of a torpid condition of the uterus, and in puerperal fever, as a consequence of its tonic action. He considers quinine to be indicated in all diseases of the digestive organs, and of the urino-genital system dependent upon atony of the various organic constituents. M. Monteverdi gives a caution in regard to the use of quinine in pregnancy complicated with any disease requiring its administration, lest abortion or premature delivery be induced. In cases where quinine proves too energetic in its action, he recommends opiates to diminish its effect. He considers quinine to be contra-indicated, as a general rule, in hysteria.—*Lancet*.

# Canada Medical Journal.

MONTREAL, APRIL, 1872.

## SANITARY REFORM.

We can only look on and contemplate the good things in store for Great Britain, as we observe that Mr. Stansfeld's Bill, with certain modifications and suggestions, will be up for discussion before the British Parliament, with every chance of a useful and beneficial measure being adopted. Such action is not likely to be taken by our House of Commons; and if a Bill is submitted it will, in all probability, pass over several sessions before it becomes law. Unfortunately we are on the eve of a parliamentary break-up, and it appears to us that the members of the Canadian House of Commons are more interested in the possible chance of having to engage in an election contest, than in devising measures for prolonging the lives, health and prosperity of their constituents. That Sanitary measures will be earnestly gone into we make no doubt, but we fear that procrastination will be the role until forced to adopt some definite course in actual self-defence.

There are several noticeable features in Mr. Stansfeld's Bill to which we desire to allude. In the first place, it is proposed to appoint a central medical authority, such medical authority to be constituted by Parliament. Here we have a body, so appointed or constituted, to regulate and direct the details necessary to be carried out, and responsible for its acts to the Executive of the country. Its duties consist in the superintendence of medical relief to the poor, the registration of sickness, improvement in the registration of births and deaths, and the causes of death, and the qualifications and duties of medical officers of health—and generally to direct the administration and carrying out of Sanitary measures.

Medical officers of health are to be appointed by the local justices, subject to the approval of the Central Medical Board. The duties and qualifications of such medical officers of health shall be determined by a general regulation to be issued by the Government board. Every medical officer of health shall be required to relinquish private practice, and devote the whole of his time to matters affecting the public health, and report thereon to the county authority. The Central Government Board are to have the general direction and supervision of Sanitary matters, and

should any local authority neglect to carry out prescribed improvements which are deemed essential for the public weal, it will simply be done for them under the authority of the Central Government Board, at the charge and expense of the local authorities.

It will be readily conceded that such action is necessary under certain circumstances, and if in Canada there had existed, recently, a central board, with similar powers, we would not have suffered the humiliation of being forced to a compromise in the matter of establishing a small-pox hospital in our own city. The fact that the usefulness of our general hospitals has been marred, by having attached small-pox wards in connection with these institutions, has been a matter of great concern. In the Montreal General Hospital small-pox has, on several occasions, broken out in the general wards, and persons who were afflicted with other maladies have taken that disease, and in some instances it has proved fatal. Such being the case, the governors, on the advice of their medical board, determined to close the small-pox wards, and thereby throw upon the city the onus of securing an isolated building for small-pox patients.

This action on the part of the authorities of the Montreal General Hospital led to a general meeting of the Health Committee of our City Corporation, presided over by the Mayor. The debate at this meeting was, as might be expected, in many respects undignified; questions of nationality and creed were allowed to enter into their arguments, the speakers forgetting that both the Hotel Dieu and the Montreal General Hospital receive persons, suffering from disease, independent of country or creed. But, what was the result of these deliberations? Why, that the same state of things is to remain; that the City of Montreal is to pay the Community of the Hotel Dieu fifty cents a head, *per diem*, for all small-pox patients admitted, the Hotel Dieu taking all cases of small-pox sent for admission; (a like sum was offered by the City to the Montreal General Hospital, for similar service but was refused); and to secure, as far as possible isolation, the Ladies of the Hotel Dieu have arranged that the small-pox patients shall to be placed on an upper flat of their hospital.

At a subsequent meeting of the Health Committee it was ascertained, and the authorities of the Montreal General Hospital were kindly informed that by the Act 24 Victoria, Chapter 24, "No warrant shall hereafter issue for the payment of any sum of money granted by the Legislature to any hospital, unless and until a certificate, signed by a medical officer of such hospital, to

“ the effect that there is in such hospital a distinct and separate  
“ ward set apart for the exclusive accommodation of patients  
“ afflicted with small-pox, has been fyled with the clerk of the  
“ Executive Council.” There are many ways of reading or of  
interpreting the meaning of certain clauses in Acts of Parliament,  
but we take it that this shows absolutely and conclusively that  
the legislators of that day were fully convinced of the injury and  
injustice done to other patients by exposing them to the contagion  
of small-pox; that they expressly enacted what was supposed to be  
a check, viz., isolation in a separate part of the building. It was  
never intended to affirm that all hospitals were to have a small pox  
department or forfeit their grant, but that the ward for small-pox  
shall be distinct and separate, so as to guard the other inmates  
against contagion.

Is it, then, necessary to isolate and segregate small-pox patients?  
This all hinges on a matter of belief. Some men do not believe  
in their own existence; they regard themselves and all around  
them as a myth; but we should imagine it a very unpleasant myth  
to contract small-pox through the folly and obstinacy of any num-  
ber of men in power. It was to prevent the chance of contagion  
spreading amongst the inmates of the Montreal General Hospital  
that the Board of Governors determined to close the small-pox  
wards. We regret that they have agreed to withdraw from that  
position even for a time. But we have cause to regret the action  
of the Hotel Dieu as fraught with greater danger. That hospital  
claims to occupy some 175 beds—out of this number let us sup-  
pose they have 30 cases of small-pox—persons not suffering from  
that malady are being constantly visited by their friends. These  
persons go abroad to their houses, after a certain amount of  
exposure; and although they may not suffer themselves, yet they  
are capable of disseminating the poison of the disease, carrying  
it about in their clothes.

It is well known that contagious diseases are frequently  
thus propagated, we need not refer again to facts bearing  
on this subject; we write chiefly for medical readers who are  
familiar with this subject; but we doubt not that, if carefully  
inquired into, a large proportion of the cases of small-pox in our  
city, outside of the hospitals, could be traced to hospital expo-  
sure, or by having the disease brought to them from the hospitals.  
In the case of the Montreal General Hospital the exposure is less  
than in the Hotel Dieu, because the small-pox patients are in a  
separate building, and no persons except the medical staff are  
permitted to enter that building. In the case of the Hotel Dieu  
small-pox patients, until recently, were mixed with the other  
patients. We believe that they now occupy a separate flat, but  
are all under the same roof, and hence the danger of contagion to  
outsiders is very considerably augmented.



## ANNUAL CONVOCATION OF MCGILL UNIVERSITY.

The Annual Convocation of McGill University, was held in the William Molson Hall of the University, on Thursday afternoon, the 28th March, 1872, for the conferring of Degrees in Medicine and Law.

A large number of ladies and gentlemen were present. Shortly after 3 o'clock, the Members of Convocation who had assembled in the library, made their appearance in order of procedure, and took their seats. The Hon. Mr. Justice DUNKIN, presiding.

Ven. Archdeacon LEACH opened the proceedings with prayer, after which

Mr. Secretary BAYNES read the minutes of the last meeting of alumni, as also those of convocation.

The DEAN of the Faculty of Medicine (Dr. G. W. Campbell,) read the following report of the Medical Faculty for the past session:—

The total number of Students in the past session was 138, of whom there were from Ontario, 73; from Quebec, 55; Nova Scotia, 2; Prince Edward Island, 2; New Brunswick, 1; United States, 5.

The number of students who passed their Primary Examinations, which includes Anatomy, Chemistry, Materia Medica, Institutes of Medicine, and Botany or Zoology, was 36; alphabetically arranged as follows:—

Duncan A. Alguire, Lunenburg, O.; Robert W. Bell, Carleton Place, O.; Harry Brown, London, O.; William Caldwell, Brantford, O.; Duncan A. Carmichael, Beechburg, O.; Oliver C. Edwards, Clarence, O.; Saram R. Ellison, St. Thomas, O.; William Ewing, Hawkesbury, O.; John J. Farley, Belleville, O.; Lewis McC. Fortune, Huntingdon, Q.; Edwin A. Gaviller, Montreal, Q.; Thomas F. Guest, St. Marys, O.; Joseph Hills, St. Gregoire, Q.; Richard W. Hurlburt, Mitchell, O.; William F. Jackson, Brockville, O.; Montgomery H. J. Jones, B.A., Montreal, Q.; Edward E. Kittson, Hamilton, O.; Bernard D. McGuire, Joliette, Q.; John B. McConnell, Chatham, Q.; James McDiarmid, Prospect, O.; Joseph D. A. McDonald, St. Francis, Q.; James McLeod, Prince Edward Island; Robert O'Brian, L'Original, Q.; David O'Brien, Almonte, O.; William Osler, Dundas, O.; Hezekiah R. Perry, Coteau Landing, Q.; Peter E. Richmond, New York State, U.S.; Francis John Shepherd, Montreal, Q.; John A. Stevenson, Cayuga, O.; Walter Sutherland, Helena, Q.; Andrew W. Tracey, Island Pond, U.S.; Wymond W. Walkem, Quebec, Q.; George O'Donnell Walton, Montreal, Q.; William T. Ward, Stanhope, Q.; James W. Whiteford, Belleville, O.; Robert E. Young, Hamilton, O.

The number of students who passed their first examination for the degree of M.D., C.M., was 28. Their names, residences and subjects of thesis are as follows:—

Hamilton Allen, West Osgoode, O.; Arthur A. Browne, B.A., Kingsey, Q.; William B. Burland, Montreal, Q.; George Henry Christie, Lachute, Q.; William L. Copeland, St. Catherines, O.; Daniel C. Cram, Almonte, O.; George McGill Farewell, Oshawa, O.; George William Gernon, St. Laurent, Q.; Zotique Hebert, St. Constant, Q.; Harry Hethrington, Melbourne, Q.; Robert Howard, St. Johns, Q.; Albert E. Mallory, Cobourg, O.; Louis T. Marceau, Napierville, Q.; Peter McLaren, B.A., Lanark, O.; John Morrison, M.A., Waddington, N.Y.; James T. Munro, Roxburgh, O.; Wolfred D. E. Nelson, Montreal, Q.; William R. Nicol, St. Marys, O.; William Osler, Dundas, O.; Austin J. Pegg, Simcoe, O.; Henry Ross, Embro, O.; Wesley Robinson, Markham, O.; William James Sharpe, Simcoe, O.; Leonard St. John, St. Catherines, O.; George A. Stark, Milton, O.; Alexander Stewart, Hampstead, O.; Dixon A. Wagner, Dickenson's Landing, O.; William E. Waugh, London, O.

Of the above named gentlemen, two have not yet completed their twenty-first year, and cannot therefore receive their diplomas at the present Convocation. Their names are Leonard St. John and George Henry Christie. They have, however, passed all the examinations, and fulfilled all the other requirements, and only await their majority to receive the degree.

#### PRIZES.

The Medical Faculty prizes are three in number:—

1. The Holmes Gold Medal, (founded by the Faculty in honour of their late Dean) awarded to the graduate who received the highest aggregate number of marks for all examinations, including primary, final and thesis.

2. A prize in Books, for the best examination—written and oral, in the Final branches. The Gold Medallist is not permitted to compete for this prize.

3. A prize in Books, for the best examination written and oral, in the Primary branches.

The Holmes Gold Medal was awarded to Hamilton Allen, West Osgoode, O. The prize for the Final examination to George A. Stark, Milton, O. The prize for the primary examination to Francis John Shepherd, Montreal, Q.

The Faculty has in addition this session awarded a special prize to the Thesis of William Osler, Dundas, O., which was greatly distinguished for originality and research, and was accompanied by

33 microscopic and other preparations of morbid structure, kindly presented by the author to the museum of the Faculty.

The gentlemen in order of merit who deserve mention:—In the Final examination, Messrs. Osler, Browne, Waugh, Marceau, Hebert, Pegg, St. John and Morrison. In the Primary examination, Messrs. Alguire, Hill, Carmichael, McConnell, Ward, Kittson, and Osler.

#### PROFESSORS' AND LECTURERS' PRIZES.

Botany—William Caldwell and E. B. C. Harrington; Zoology—C. R. Jones. Prize for the best collection of Plants by a Student of Session 70-71, Benjamin Wales.

Practical Anatomy—Senior Class prize, Robt. C. Young; Junior Class, A. C. Sinclair.

The DEAN then distributed the prizes to the successful students.

The Graduates were then called to the front and the "Sponsio Academica" having been administered by Professor Craik, the ceremony of capping was performed by Mr. Principal Dawson, who at the same time presented each candidate with his diploma.

Dr. MACLAREN delivered the valedictory address on behalf of the students. He deprecated the view entertained by some that the medical profession may be considered simply as a means of obtaining a livelihood, and urged that the aims of its professors should be of a far higher and more philanthropic kind, namely, to heal the sick and afflicted.

Professor DRAKE then addressed to the graduates some words of parting counsel, urging them to adopt methodical habits in the practice of their profession, to take notes of all cases which came under their observation, and to be assiduous in the discharge of their duties. Referring to the circumstance that Canada had not yet produced medical men of world-wide reputation, the professor asked if we might not entertain the hope that this great country, but just emerging from the region of barbarism, may yet be destined to furnish men who will add new glory to the firmament of science. This excellent address will be found in our original department.

After the proceedings of the Law Faculty had been gone through, and an excellent address by the chairman, the benediction was pronounced by the Rev. Dr. Wilkes, and the meeting adjourned.

## THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The *Canada Lancet*, for April, contains an article in which, among other matter, the editor recommends the council to remit all examination of students who go abroad and take out any of the diplomas from the colleges of the mother country. We quite agree with the editor of the *Lancet* in the main features of his argument, but it appears to us that he is placing the diplomas of our own colleges and universities at a very great disadvantage.

We hold that Medicine and Surgery are as well administered in Canada as in any country in the world. And we believe that medical studies are as faithfully pursued and taught with us as abroad. It is well known that the brightest intellects amongst us have not all been able to avail themselves of the advantages held out by the larger field for observation in the hospitals and schools of Europe. We opposed the central examining system in Ontario at the time that the Bill was submitted to the Local Legislature, because we regarded it as an injustice to the schools already in existence. We would, however, advocate a general Bill for the Dominion, but we fear that such an Act is not attainable under existing circumstances.

Medical schools have, within the last few years, increased rapidly in Canada, and each one is affiliated with some University holding a Royal charter; so that, as far as the Province of Quebec is concerned, we have, at present, five independent licensing bodies. This is to be regretted, as it will tend to induce laxity in examination, and, by opening the door to incompetent men, will thereby lower the standard of medical education. What we really require is a Central Board of Examiners, before whom all comers should have to submit to examination prior to registration.

The *Canada Lancet* observes: "It is certainly most illiberal to force these young men who have a status equal, if not superior, to that of many of their examiners, to pass through the ordeal of another examination, with the attendant loss of time, and further drain upon their already depleted purses." In another portion of the article the editor says: "Surely the Council should be satisfied with the professional status of Canadian graduates who have received the additional degree of M.R.C.S., or L.R.C.P., in London or Edinburgh. We maintain that every encouragement and consideration should be shown to those graduates who have the ambition, the energy and the determination to qualify themselves so thoroughly for the practice of their profession."

It will be observed this has reference to men taking out the

degrees of London or Edinburgh. We suppose the editor of the *Canada Lancet* includes all the licensing bodies in Great Britain, though he does not so state. This being admitted as an abstract principle, then would it be better for us to close our schools and cease medical education entirely: obliging all medical students to proceed to those halls of high learning in the mother country, where they can obtain, at a trifling increase of outlay, advantages which we are unable to offer. The whole article in the *Canada Lancet* grates unpleasantly. We may be, in the opinion of the editor of the *Canada Lancet*, asses and ignoramuses, we may be far behind our fellow-men, we may have done very little for science generally, nevertheless we maintain that the larger number of our Canadian graduates will compare favorably with an equal number of those hailing from British colleges, judging from the specimens we have come in contact with, excepting always leaders in medical science and literature, some few of whom it has been our good fortune to meet.

It is unnecessary to grind all this into our ears, however true it may be. And in our opinion it ill-becomes a Canadian journalist to befoul and belittle the institutions of his own country. 'Tis passing strange, on turning to the title page of the *Canada Lancet*, the reader will there behold, "Edited by J. Fulton, M.D., M.R.C.S., England, L.R.C.P., London."

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## Medical News.

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### RULES FOR THE GUIDANCE OF PUBLIC VACCINATORS.

We publish the following rules, which were adopted by the Board of Health of St. John, N. B., during the recent epidemic of of small-pox which afflicted that city:

1. That each Vaccinator shall confine himself to his respective District.
2. That he shall keep a book and insert, under its proper heading, the date of vaccination—whether primary or secondary—and the name, age, and sex of each person vaccinated, and the result of the vaccination.
3. That he shall visit every house and room in his district, examine the arms of each and every person, and vaccinate all persons who have not been vaccinated, except those who have had small-pox; re-vaccinate all persons who have not been vaccin-

ated since puberty, and re-vaccinate those who have not good characteristic marks of previous vaccination.

4. To secure good and efficient vaccination, no lymph shall be used except such as has been taken from a *primary vaccination*, from a thoroughly characteristic vesicle, and from a perfectly healthy subject. It must be taken about the eighth day, and not after the areola has been completely formed.

5. At each primary vaccination the lymph must be inserted not less than *three times*, and at each re-vaccination once or twice.

6. Each person vaccinated shall be visited about a week after the operation, to ascertain if it has taken; should it not have done so, the vaccination shall be repeated.

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### THE EFFECTS OF VARIOUS LIQUORS ON THE KIDNEYS AND BLADDER.

M. Kraus, of Vienna, in the *Mouvement Medicales*, treating on this subject says: "Sparkling wines are very injurious, but not in respect of their carbonic acid, which assists very materially in the elimination of phosphates. Champagne not only increases the secretions, but, in an extraordinary manner, the phosphates; and the conduct of medical men who advise its use in calculous cases is irrational and unjustifiable. M. Kraus's experience contradicts absolutely the solvent action of carbonic acid on concretions already formed. He considers that old beer is an unobjectionable drink, but that lately brewed liquor is injurious, because the fermenting particles penetrate the mucous membrane and give rise to a greater or less degree of chronic catarrh. English pale ale is open to the same objection in consequence of its richness in alcohol and the great quantity of carbonic acid which it contains; but porter, if of good quality and age, is reported by M. Kraus to be unobjectionable.—*Medical and Surgical Reporter*."

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### REFORM OF INEBRIATES.

The Washingtonian Home, in Boston, designed to assist inebriates who desire to reform, has been in successful operation for thirteen years, and during that period nearly four thousand patients have availed themselves of the privileges of the institution, and in a great number of cases men who had been given up by their friends as hopelessly addicted to intemperate habits, have been restored to respectability and usefulness. During the past year the number of patients under charge was two hundred and seventy-six, and the average amount of each amounted to forty-three dollars.

## PRESCRIBING DRUGGISTS.

## INQUESTS AND THE RATEPAYERS.

It would appear that a new element has been introduced with respect to the necessity of doing away with drug-sellers prescribing for sickness. According to the report of a late inquest in Bethnal Green, the Deputy-Coroner shrewdly illustrated the cost of ignorant and unqualified Practitioners, not only in regard to life and health, but also with reference to the pockets of the rate-payers. At an inquest held last week, before Mr. Richards, the Deputy-Coroner for Eastern Middlesex, it was shown that a boy aged three years, was taken to a "Medical Hall," that he was treated for "hooping-cough," and medicine given him for the cure of that complaint. The boy after, however, was suddenly seized with a "fit of choking," and died in ten minutes. The Medical gentleman who was called in (Dr. Bryant) said that the deceased was a fine healthy boy, and if proper Medical attendance had been forthcoming, he had no doubt, would have been alive now. There was not, in fact, any sign whatever of whooping-cough. Deceased died from croup. The Coroner, in his observations upon the case, made some sensible remarks. He said:—"The extent to which druggists infringe the provisions of the Medical Act is sometimes frightful, having regard to the fact that the lives of many persons are annually sacrificed through the ignorance of these unqualified Medical Practitioners. The consequence is that, at the last moment, a real Doctor is called in, and he refuses to certify the result before a coroner's inquiry and the waste of the county money. The want of a public prosecutor is here most manifest; but until this crying evil becomes thoroughly exposed through the medium of the public press, we may look in vain for any proper measures being taken to check the frauds which are daily perpetrated upon the true Medical Profession by men who know as much of the human anatomy as my inkstand." The Coroner's words were fully endorsed by the jury, and a verdict in accordance with the Medical evidence was recorded. We commend the sensible observations of Mr. Richards to all coroners, not one of whom throughout the country has not, unfortunately, experience of cases similar to the one recorded.—*Medical Times and Gazette.*

## THE CHOLERA IN NEW YORK.

Recently in New York, an important report from the Sanitary Committee of the Board of Health, with reference to the approach of the cholera, was laid before that body. The committee seeks

neither to exaggerate nor to underrate the gravity of the situation, but desire to avail themselves of every means at their command, if possible, to prevent its extension.

To that end, they recommend a thorough cleansing of the streets and wharves, an application of disinfectants to tenements and sailors' boarding houses, and the dispersion of cellar populations to more wholesome quarters. They also urge a reissue of a circular to officers and agents of all vessels conveying emigrants from the northern parts of Europe, enforcing the necessity of cleanliness, prompt isolation, and treatment of all cases of diarrhoea, together with the free use of proper disinfectants to soiled clothing, etc. All classes of citizens here, at home, meanwhile, should co-operate for the common good.

The committee also say: "The medical history of the military posts in New York, shows that cholera, yellow fever, and kindred diseases have been brought within the city limits by the recruits taken from the vagrant population of other cities. The refusal of the Secretary of War to require returns to be made to the department of the contagious and infectious diseases occurring among troops at posts within the city limits, leaves the board powerless to protect the city against the introduction of cholera, or other contagious, infectious, or pestilential diseases, through that channel."

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We beg to call attention to the following course of Lectures to be delivered in June next:

TO MEDICAL GRADUATES.--Dr. Horatio Robinson Storer (late Professor at the Berkshire Medical College,) will deliver his *Ninth* Private Course of Twelve Lectures, on the Surgical Diseases of Women, during the first fortnight of June, 1872, commencing on Saturday, June 1, at 4 P.M. Fee \$50.

The Course is intended to cover all that is yet known of Pelvic Surgery in the female, and, while interesting both to general and to special practitioners, it commends itself particularly to those teaching, or desiring to teach, gynæcology at hospitals and medical colleges.

Applicants for the certificate of attendance will be required, as in previous years, to furnish evidence of good professional standing, as defined by the American Medical Association.

Boston, March 15, 1872.



## REGISTER OF THERMOMETER AND BAROMETER

Kept by THOMAS D. KING, 26 Beaver Hall, Montreal.

FEBRUARY, 1872.						MARCH, 1872.					
Day of Month.	Ther. 8 a.m.	Ther. at 9 a.m.	Minimum.	Maximum.	Barometer, 9 a.m. corrected to sea level.	Day of Month.	Ther. 8 a.m.	Ther. 9 a.m.	Minimum.	Maximum.	Barometer, 9 a.m. corrected to sea level.
1	4	6	3	20	30.27	1	2	3	1	16	29.96
2	15	16	6	17	37	2	4	5	3	16	98
3	4	5	3	25	34	3	14	15	9	23	74
4	20	21	15	21	29.70	4	23	24	18	28	61
5	30	31	21	33	94	5	-18	-17	-19	30	95
6	19	21	18	34	30.15	6	-10	-9	-10	-6	64
7	9	10	9	26	46	7	8	13	5	8	30.10
8	4	6	2	16	44	8	9	12	5	22	19
9	5	7	3	26	42	9	5	8	0	24	07
10	8	10	7	23	24	10	29	31	24	29	29.66
11	12	14	7	26	09	11	27	30	26	35	89
12	26	28	20	24	29.97	12	7	8	4	39	30.32
13	15	18	14	38	30.06	13	4	6	0	18	40
14	30	31	28	37	29.46	14	16	18	12	17	10
15	8	9	6	32	60	15	15	17	15	34	29.98
16	14	15	11	19	71	16	5	8	5	22	30.13
17	7	8	5	23	30.08	17	20	21	17	24	29.87
18	6	7	4	24	20	18	14	15	14	31	82
19	7	8	2	23	17	19	10	12	9	22	54
20	10	13	6	30	07	20	-3	-2	-4	26	86
21	27	26	24	35	29.58	21	0	4	-1	14	30.05
22	1	2	1	30	85	22	7	10	5	18	14
23	-2	-2	-2	21	30.01	23	13	16	10	24	29.94
24	10	11	9	15	29.63	24	26	27	23	33	99
25	30	31	20	30	44	25	17	21	15	35	30.52
26	-3	-2	-3	37	30.10	26	31	33	27	34	20
27	1	2	0	15	29.95	27	30	33	28	35	21
28	7	8	7	21	94	28	25	29	23	43	24
29	2	3	1	23	30.01	29	23	26	21	38	04
30						30	23	25	21	40	25
31						31	22	23	20	39	29.95
	11.	12.5	8.5	25.6	30.08		12.9	15.0	10.5	26.2	30.01
	Monthly Mean, at 8 a.m.	Monthly Mean, at 9 a.m.	Monthly Mean, Minimum.	Monthly Mean, Maximum.	Monthly Mean, Barometer.		Monthly Mean, at 8 a.m.	Monthly Mean, at 9 a.m.	Monthly Mean, Minimum.	Monthly Mean, Maximum.	Monthly Mean, Barometer.

In taking the Temperature the decimals are rejected for simplification.

If Thermometer more than half degree, say 10.7, it is rendered 11°, if less than half degree, say 10.3, it is rendered 10°. The mean is scarcely affected by the rejection of the decimals.

This sign (-) signifies below zero.