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Selected Articles.

TREATMENT OF EPILEPSY.

BY WALTER TYRRELL.

Since the publication of my last papers upon this subject, I am pleased to find that the use of strychnia in the treatment of Epilepsy has been taken up with success by many of the profession, both in this country and in the colonies.

In seeking to cure a disease like epilepsy we must look further than the mere stoppage of the attacks; we must produce some positive alteration in the nervous condition of our patient; we must detect and strengthen that weak spot in the nervous system that allows of the involuntary discharge of nervous power; for it is evidently thus that epilepsy arises. Irritation alone will not produce epilepsy. There must exist a predisposition, a hypersensitive condition of the nervous system, coupled with a want of power of control; for we see that similar causes of irritation may exist in a number of persons, but in only a very small percentage of these will epilepsy supervene, and in those few a deficient power of control of the nervous system is evidently existing. This is evidenced by the large number of adult

epileptics who in early life have suffered from infantile convulsions, a disease identical with epilepsy, the predisposition to this disease has always existed, and the system has readily yielded to exciting causes of irritation.

Although it is my desire to confine myself as far as possible to points connected with the treatment of the disease, yet I feel called upon to notice one or two facts which have recently come under my notice, which strike me as having a strong bearing upon the pathology of this, and, indeed, upon all forms of convulsive disease, more especially with regard to the seat in which convulsions would appear to arise. Believing with Van der Kolk that the medulla oblongata is the centre in which convulsion is organized, it is my habit invariably to examine carefully the upper part of the spinal column in all epileptics who come under my notice, and I have been much struck with the frequency with which pressure in this region will give rise to a species of epileptic aura, arising from or proceeding to some distant part of the body. Thus on making pressure between the occiput and the atlas there is frequently pain or a peculiar nervous tingling felt, sometimes at the pit of the stomach, sometimes down the arms, or it may be in the throat, and in some cases this aura may pass into a modified or even a complete epileptic seizure. In two cases in my practice this has actually happened. The first of these patients was a young lady, E. R., aged twenty. She had been epileptic for nearly five years. She was a strongly built girl, of sanguine temperament. An elder sister, suffering from melancholia, is in a lunatic asylum, the fits first appeared at the commencement of the menstrual period, and were attributed to fright. They came on every ten days or fortnight, but more frequently occurred at the catamenial epoch. They were very convulsive, but she did not bite her tongue. I very soon discovered the effect of pressure upon the upper part of the spinal column, and it was upon the second occasion of my seeing her that an actual convulsion occurred. She described the aura as arising in the throat, coupled with a sense of constriction, this was but momentary. The face became deeply suffused, no cry was given, but convulsions, commencing in the upper extremities soon became general. After this I frequently observed that similar effects could be produced by pressure in this spot, although I never carried it so far as to produce convul-

sion. The case (with this exception) presented no other special points of interest. It was much benefitted by the use of small doses of strychnia. The attacks now are of a very modified description, and occur at much less frequent intervals.

The second case was that of M. A. W., a young lady aged twenty-six and the effects, in this case were very similar. She had been epileptic for nine years, the attacks originating, in all probability, in the stoppage of the menstrual flow from exposure to cold. They came on at irregular intervals, were very convulsive, and she bit her tongue badly. She was pallid, and of a highly sensitive, nervous disposition. In this case, as in the last, I found that pressure over the medulla oblongata produced the most distinct aura the only difference being that the tingling sensation appeared to come from the pit of the stomach, and was accompanied by a slight feeling of sickness. In this case I obtained marked benefit from the use of sulphate of zinc, in combination with the sulphate of strychnia, as the attacks lessened greatly, the aura has become more and more indistinct. I merely mention these facts, as they appear to bear so strongly and to point so distinctly to the seat in which convulsions would appear to be organized.

To recur to the subject of treatment I wish to point out in what mode of administration and in what doses the greatest advantage is to be derived from the administration of strychnia. On my first trials of this remedy it appeared to me that large doses were necessary, and on reference to some of my earlier papers on the subject, it will be seen that the doses given were often very large. Lately, however, I have found that the use of very much diminished doses given very frequently, not only produce results quite as favorable, but the good effects more quickly, and there is less chance of attacks arising from accidental irritations in the early stages of treatment.

Dr. Brown Sequard and others have called attention to the good effects to be obtained by the exhibition of the sulphate of quinine in cases where the convulsive attacks are marked by a regular periodicity. All that can be said of quinine may be said with still greater truth of strychnia. In those cases where disorder has originated in deranged menstrual functions, and where the attacks come on with great regularity at the catamenial period, I always look to strychnia with the greatest confidence.

In my next paper I purpose to define more fully what classes of cases will be found most amenable to this plan of treatment, and I shall illustrate my remarks with cases which have recently come under my notice.—*London Med. Times and Gazette.*

SKIN GRAFTING.

UNIVERSITY OF MARYLAND HOSPITAL.

Michael Graham, aged 26, an Irishman, smelter by trade, was admitted into the hospital March 10th, 1869, having been severely burned on the previous day. Whilst at work in a foundry, in the act of carrying molten iron from the smelting furnace, an accident befel the ladle filled with the fluid metal, by which a quantity of this intensely heated liquid was poured into the boot-top on his left leg, severely burning it from the knee to the ankle. Under the usual hospital treatment of carbolized kerosene oil locally, and the internal administration of opiates, the sloughs cleaned off, leaving the left leg a red granulating surface from just below the knee to the ankle.

As he was the picture of health, a young, strong and vigorous patient, the healing process set in with much activity, and a circle of new skin made its appearance from both the upper and lower edges of the ulcer, and encroached with considerable rapidity upon the raw surface. When this cicatrizing process lost its activity, the further healing was coaxed on by varied stimulating agents, but it finally came to a stand, and after remaining seven months in the hospital he went away, still having a large ulcerated surface upon his leg. At the outer side of the limb the new skin from the upper and lower edges had met, growing into each other. The inner side of the limb was still an open sore. The patient was kept under observation as an outpatient, but the healing process was exceedingly slow.

In July, Professor Chisolm determined to repeat some experiments successfully put into operation by Mr. Pollock, of St. George Hospital, London—experiments suggested and first tried by M. Reverdin, of the Paris Hospital. On July 25th, 1870, in the open sore of this patient was grafted a very small

piece of skin, taken from his chest. The chronic ulcer, still occupying a large area on the inner side of the leg, was about five inches in length by one and a-half to three inches in width. The surface of the sore was bright red, secreting pus, with the edges consisting of a thin pink pellicle of skin of apparently low vitality. The patient reported no appreciable progress in healing for many weeks. The ulcer had now existed seventeen months.

Professor Chisolm explained the nature of the superficial portions of the skin, how beneath the epidermis were formed nucleated living cells, which were constantly reproducing their kind—these in turn gradually pushed to the surface as desiccating scales to form the constantly exfoliating epidermis or scurf skin. He stated that it was not his object to take the outer layer of epithelium, which consisted of what Lionel Beale, of London, called formed or dead matter, cells without nuclei, which had played their part in the living economy, and, possessing no more germinal matter, were incapable of further growth or reproduction. From these dead cells nothing could be expected. The living portion of the small skin graft was the under layer of epithelium known by anatomists as the Malpighian layer or the Rete Mucosum. In this layer presided the formative power for rapid proliferation, and this was the essential portion to be engrafted. The superficial epidermis was only taken along with it for convenience, as it would be quite troublesome to isolate the living from the dead cells.

The mode of performing the operation was as follows.—A very small fold of skin upon the chest was seized by a fine-toothed forceps, and cut off with a scissors. When removed it was about the size of a-half of a grain of rice. In order to be certain in securing living cells capable of reproduction, the snipping by the scissors was deep enough to draw a drop or so of blood from the small wound. With a sharp pointed knife an oblique opening was made in the centre of the raw surface of the ulcer, sufficiently deep to enclose the graft. When the blood ceased to ooze from this small incision the graft of skin was thrust well into it, and then a strip of diachylon plaster was applied to retain it in place and protect the planted spot from injury. This dressing was not removed for two weeks. When taken off a small white speck marked the place of graft-

ing. This point rapidly increased in size, and produced a growing island of healthy skin in the midst of raw tissues. Now (fifty-eight days after the transplanting) the new skin has extended to the border of the ulcer, cutting the raw surface into two portions. For the space of an inch square a dry, white cuticle is seen, surrounded by a bluish film, which marks the most recently formed skin. This bluish pellicle has become intimately fused with the old edges of the ulcer.

In this very successful skin grafting process, Prof. Chisolm finds an easy means of rapidly healing chronic ulcers, especially those occurring from accidents, burns, &c., in young and vigorous patients. It is only necessary to multiply the number of greets of healthy skin, and the raw surface, however large, will soon be covered with a natural integumentary tissue.

I have seen under the care of this surgeon several cases of successful skin grafting—all of them doing well and promising the best results. I have reported the most advanced, the largest and most rapid growth of those cases experimented upon, believing that this new step in conservative surgery cannot but interest all who practise this branch of medicine—*Baltimore Med. Journal.*

DEATH FROM BICHLORIDE OF METHYLENE.—The *British Medical Journal* of May 7th reports a case which occurred at Guy's Hospital, after iridectomy had been performed on both eyes. One measured drachm of the anæsthetic was used. While it was administered for the first operation, the patient struggled violently and turned blue. The methylene was withdrawn before the operation was finished, and he became quiet. During the administration for the second operation, his behavior was normal, and complete abolishment of pain was not produced. About three minutes after the operation was finished, his breathing began to grow feeble and the radial pulse failed. Galvanism for ten minutes and artificial respiration for an hour failed to restore the vital functions.

Post-mortem examination failed to throw any light on the cause and mode of death.

FIBROUS POLYPUS OF THE UTERUS.

BY DR. TANNAHILL, PHYSICIAN-ACCOCHEUR TO THE GLASGOW
MATERNITY HOSPITAL.

C. P., aged 23, married, was admitted to the Glasgow Maternity Hospital in August, 1870, complaining of strong bearing-down pains, attended by a profuse discharge of blood from the vagina. She was rather a spare woman, but not particularly emaciated or anæmic. She stated that she had been married for thirteen years, but never had any children or miscarriages. Before marriage she was quite well, and for six years afterwards, the menstrual periods not being attended with anything unusual. About five years ago she noticed her health beginning to fail, but could not assign this to any cause in particular. Shortly after she felt a severe pain in the hypogastric region, which she describes as a "cramp," and ever since she has suffered very much at the monthly periods, there being great pain at those times at a spot just above the pubis, as well as a profuse hæmorrhage, continuing often for about a fortnight. The pain always ceased immediately on the cessation of the discharge. Of late these attacks have been much worse. Throughout all this time the menstrual periods have been regular, and when she applied to a practitioner in town a fortnight ago for advice, it was merely on account of the pain which attended them,—for this she got some anodyne medicine.

On admission, about 10 o'clock p.m., she complained, as above stated, of pains very much resembling those of the second stage of labour, and they had, like the discharge, been gradually getting worse for a week.

On examination, per vaginam, I found a large tumour, so low as to be quite apparent to the eye when the labia were held aside. It had a liver-red colour, and its apex was cleft, giving it very much the feel as well as the shape of the prolapsed uterus. Forty minims of solution of hydrochlorate of morphia were administered to ease the pain, and as this did not seem to have any effect, in an hour and a half 25 grains of hydrate of chloral was given, this last caused the patient to fall gradually into a sound sleep. I did not think the hæmorrhage was sufficiently great to demand any very active treatment that night. On the

following morning Dr Tannahill saw the patient, and on careful examination found that the tumour had its attachment at a point in the cavity of the uterus, an inch within the os on its anterior wall. The patient being put under the influence of chloroform, he proceeded to twist the tumour from its pedicle, which was accomplished with great difficulty, owing to the fact of its completely filling up the cavity of the vagina, so that the hand could not be used with any freedom. After the tumour was removed, no hæmorrhage ensued. Patient got 25 grs chloral, and on the following morning was found to be much better, the pains being quite gone. She had slept well, and the pulse was good. From this day patient continued to improve rapidly, and on dismissal, six days afterwards, was quite recovered.—*Glasgow New Journal*.

CASE OF EXTRAVASATION OF URINE. RECOVERY.

UNDER THE CARE OF AND REPORTED BY HECTOR C. CAMERON, M.D.

Andrew Crawford, aged 40, was admitted into a surgical ward of the Glasgow Royal Infirmary (of which I was in temporary charge), on 4th Oct 1869, said to be suffering from orysepelas of the scrotum, which was very red and swollen, while some parts were already black. The house-surgeon in charge ordered poultices to be applied to the scrotum, and brandy and water to be occasionally administered. During the evening he made a certain quantity of water in a distinct stream, and without very great pain or difficulty. I saw him for the first time at the visit the next morning, and found the following state of affairs—On the bed-clothes being removed, a strong urinous odour was perceptible. The scrotum was immensely distended, the greater part being black and evidently dead, the rest varying in tint from an inflammatory redness to a livid purple. The penis was much swollen, the skin of one side of it being dead from immediately below the glans to its connection with the trunk. The perineum was likewise greatly distended, and the left inguinal region presented a red, angry, and very painful swelling, which extended for some way upwards upon the abdomen. His countenance was pale and anxious with drops of sweat on the brow, the breathing rapid, the pulse 150

and irregular yet he was quite intelligent, and suffering no pain. The history he gave was that for seven months he had been troubled with difficulty in passing water. This had of late so greatly increased, *no instruments having ever been used*, that for some days previous to admission he had made water only in drops, the total quantity so evacuated being very small. On the evening of the 1st October, the scrotum began to swell and become painful, and this had increased until it presented, on the morning of the 5th, the appearances described.

The patient being under chloroform, I made three very free incisions into the scrotum, one in the middle line of the perineum, and one above the pubes, giving exit to abundant quantities of urine, some pus, and an amount of shreddy sloughs. I then passed a No. 3 bougie without any difficulty through the stricture, which was situated at about four inches from the orifice of the urethra and found that the canal immediately beyond it was so freely ulcerated through, that the instrument left the natural passage there and could be readily made to appear through one of my incisions into the scrotum.

It is unnecessary to give the whole progress of the case. He was allowed for some time large quantities of stimulants. Charcoal poultices were applied to the parts until all the sloughs had come away, and these were daily aided in their separation by the use of the scissors. Before long all had separated, and the parts presented very much the appearance of a prepared dissection, the testicles, each contained in its tunica vaginalis, being completely exposed to view. He made an excellent recovery, cicatrization having occurred over the whole granulating surface. His stricture, which did not prove difficult of dilation, admitted, when I last saw him, a No. 12 bougie, and he made water, as a general rule, with comfort, a fistula which remained and threatened to be troublesome having healed.

This case seems to me interesting chiefly in the following respects.—

I It is a case of extravasation from ulceration behind the stricture. It began on the 1st October, and although the patient was in very destitute circumstances, and had received no medical advice, so gradual was its progress that it did not drive him into hospital before the 4th. This shows pretty clearly that the case was not one of sudden rupture of the ure-

thral walls from violent straining, while the fact that no instrument had ever been passed into the urethra excludes the idea of laceration from such a cause.

II. It is noteworthy that the stricture was relieved by the occurrence of extravasation. On the night of his admission, he made water in a stream for the first time for many days, and the following morning No 3 was passed without being grasped to any great degree. The same thing is said to hold good after puncture of the bladder. Some time after puncturation, a No. 2 or No. 3 catheter may be successfully introduced, it is said, through a stricture which had previously defied its entrance, so much do the distended bladder and the stricture act and react on one another.

III. The treatment by free incisions produced its usual rapidly beneficial effects. He was decidedly better in the course of a few hours.

IV. Perhaps not the least interesting feature in the case is the wonderful power of repair shown by nature even after such a disastrous occurrence as the loss of nearly the whole scrotum, and the skin of one side of the penis. The loss of his scrotum is marvellously compensated for by the hardy character which the cicatricial tissue has assumed, so that, although his testicles in semblance are more canine than human, their altered condition seems to entail upon him no sense of discomfort or tenderness.—*Glasgow New Journal*

PUNCTURE OF THE ABDOMEN FOR TYPANITIS.—The *Dublin Quarterly Journal of Medical Science* for May mentions three cases, in which marked relief was afforded by this operation. Two of these were reported in the *Deutsches Archiv für Klinische Medicin*, by Dr Stein. In one the distention was caused by the pressure of an ovarian tumor on the intestine. The puncture was made in the cæcal region, and was repeated daily more than fifty times, at the request of the patient. At the *post mortem* scarcely a trace of the punctures could be observed. The second case was that of a man 61 years old. Eight punctures were made in fourteen days, with great relief and no unpleasant results. [This is a mode of treatment which has occurred to us

as one that would sooner or later be put into operation, and one that could not be attended with any very serious results: Dr. T. Clifford Allbut reported in the *Practitioner* for February, 1869, the case of a man with double pneumonia, on whom this operation was performed successfully for the relief of the most distressing tympanitis. The punctures—two in number—were made over the transverse and descending colon. The patient however died of pneumonia, after obtaining relief to the tympanitis. After death no traces of the punctures could be found, except on the surface of the body. The instrument used was an exploring trocar (No. 1 Weiss).

[The History of the above cases seems to fortify us in regard to our opinions on this subject. We would like the opportunity of seeing this treatment more fully tested, however, before adopting it in our own practice."]

CASE OF PROTRACTED RECOVERY

FROM EXTENSIVE COMPOUND COMMINATED FRACTURE OF LEG.

BY DR. ELLIOTT RICHARDSON,

Late Senior Resident Physician of the Pennsylvania Hospital.

The uncertainties of prognosis are frequently illustrated by fatal results from apparently trivial causes, while on the other hand, it is sometimes our fortune to witness wonderful recoveries from injuries which would generally be considered almost necessarily fatal, either to life or to the usefulness of the member affected.

The following case possesses some interest, not only on account of the ultimately favorable result, but also on account of the protracted recovery.

A railroad employe, 31 years of age, of good height and physical development, in good health, but not free from the use of alcoholic drinks in excess at times, was admitted to the Pennsylvania Hospital, under the care of Dr. W. Hunt, October 29, 1869, suffering from injuries received by being run over on the railroad.

On examination the right thigh was found to be much swollen and discolored, giving evidence of very serious and extensive contusion of the part. The knee-joint was unharmed, but below the knee the limb was extensively injured. On the inner and upper side, about

three inches below the joint, was a lacerated surface about three inches in length, communicating by a rather narrower opening with the seat of a comminuted fracture of the tibia. At a distance equal to about one-third the circumference of the leg on the upper and outer side was a wound about an inch in length, which was found to communicate with a fracture of the fibula.

The fracture of the tibia was freely examined at the time, and found to include, as nearly as could be ascertained, the entire shaft of the bone for a distance of two and a half inches to three inches, the fragments consisting of a large one and a number of smaller ones. The fracture of the fibula was not comminuted.

The patient was profoundly depressed at the time of admission, but, gradually recovering, efforts were made to save the limb. He remained in the hospital until April 6, 1870, during which time several fragments of bone were removed through the sinuses, four in number, communicating with the fracture. At the time of his discharge the fibula had united, but the tibia showed no evidence of attempt at union, and the patient, refusing to submit to an operation for the removal of a large fragment of necrosed bone, went to his home.

On the 22d of June I saw and examined the leg. No union had as yet occurred between the two fragments of the tibia. The sinuses still continued to discharge minute spiculae of bone. On introducing a probe, it was freely passed over a denuded surface of bone for a distance of at least two inches.

When I next saw the patient, October 6, 1870, I found both bones of the leg firmly united. A large amount of necrosed bone could still be detected, but he had so far recovered the use of his limb as to be able to walk with the aid of a cane. There was shortening produced by a marked curvature towards the tibial side, but the muscular development and usefulness of the limb seemed to be good.

It will be seen, from the above, that nearly a year elapsed before union between the fragments of the tibia occurred, and that it occurred at last between fragments of bone separated two or three inches from each other—*Medical Times*.

SUBSTITUTE FOR QUININE—It is stated, in the *Lancet*, that M. Pavia, an Italian professor of chemistry, has produced an alkaloid from the leaves and roots of boxwood, which he calls

bussino. In the experience of several Italian physicians, this substance has been found to possess virtues nearly equal to those of quinine in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness and tinnitus aurium were attributed to the use of the remedy.—*New Orleans Journal of Medicine*.

ON THE COMPRESSION OF THE VAGUS NERVE, CONSIDERED AS A MEANS OF PRODUCING ASTHENIA OR ANÆSTHESIA IN SURGICAL OPERATIONS.

BY AUGUSTUS WALLER, M.D., F.R.S., GENEVA.

* * * * *

In my first experiments more than twenty years ago, when I was studying the subject of compression with reference to hysteria and epilepsy, two cases occurred where compression of the vagus was followed by all the symptoms described by Aristotle.

In each case the patient after moderate pressure fell down as if struck by lightning on the floor before me, like a lifeless corpse, with all the voluntary muscles completely relaxed. Scarcely had I time to become alarmed when sensation and voluntary power returned, although for some time afterwards there remained considerable weakness and debility, though not sufficient to prevent the patient from walking away unassisted.

I must, however, freely own that in most of my observations my object has not been to produce these symptoms, and that I have avoided them as being in general foreign to the object which I had in view. I will therefore reserve for another occasion a statistical account of the effect produced on a given number of selected or unselected cases. Meanwhile I will mention the results I have obtained by means of this method as applied to surgery, but in so doing, I must premise that, practically speaking, it is desirable to class the symptoms under two heads, viz., the asthenic and the anæsthetic.

The asthenic symptoms, which at their culmination constitute loss of all voluntary power, present various intermediate degrees of intensity of muscular debility. A certain amount of debility is almost invariably the result of vagal pressure, resulting entirely or mostly

from incident influence on the medulla oblongata, and evidenced especially by failure of the cardiac force, and loss or decrease of pulsation in the carotids.

In cases of dislocated bones of difficult reduction vagal pressure presents several advantages possessed by no other means with which I am acquainted, as it is unattended with any kind of danger, and is always at hand in any emergency, however sudden. As an illustration of this I may state the following case of very recent occurrence.—

M. C——, a journeyman baker, a powerful and athletic man. In consequence of a fall downstairs the head of the humerus was dislocated beneath the clavicle. Dr G Julliard, whose patient he was, made an ineffectual attempt in the morning to reduce alone the fracture by placing his heel in the axilla. Some hours later Dr J. L. Prevost and myself accompanied Dr. Julliard to give our assistance.

While the man was lying on the bed some unavailing attempts at reduction were made, when Dr Julliard sent for chloroform. In the meantime I proposed to make another attempt with the assistance of compression of the vagus. After removing the pillows at the head, and arranging the patient more comfortably than before, I took my station at the head of the bed to apply compression on both sides, while Dr. Julliard grasped the limb, and Dr. Prevost performed counter-extension. At the end of two or three minutes, as near as I could judge, just as I felt the two carot' 's no longer beating beneath my fingers, a sudden click indicated the return of the bone into its socket.

In this instance, although the chloroform had only to be procured from a chemist's in the same house, the patient was bandaged and arranged comfortably before the messenger returned with the chloroform.

This case, however, offers but a faint instance of the advantage attendant upon a means of asthma always ready at hand in the various emergencies of country practice.

The advantages of vagal compression as compared to chloroform are great from the relative innocuousness of the former agent. The administration of chloroform in the most skilful hands, and while surrounded with all the appliances of hospital practice, is still undeniably attended with a certain amount of danger, which is greatly increased when there is no medical man present to watch its effects. So much is this the case that, as Dr Prevost pointed out to me, there were three fatal cases from chloroform within a few days' interval in the

different hospitals of Paris, where it was administered for the purpose of reducing discolation of the head of the humerus.

On the other hand, compression of the vagus is perfectly free from any danger whatever to life. I have used it in the most varied circumstances, and have never yet witnessed any instance whatever to inspire me with anxiety or doubt as to any fatal consequence.

To the ordinary observer the effects of vagal pressure appear to be attended with considerable danger, which is, however, more apparent than real. In the case of an individual falling to the ground as if struck by lightning with all the symptoms of insensibility so graphically described by Aristotle, the heart is always found to be pulsating, and the respiration in play, moreover the physiologist knows of no means of permanently affecting the muscular irritability of the heart by any agents, either mechanical or electrical, applied to the trunk of the vagus. Indeed the two vagi may be divided, as is well known, without arresting the action of the respiratory or the circulatory organs.

It is quite different with the ordinary anæsthetics, particularly chloroform, whose influence continues to accumulate in the various muscular organs, especially the heart, gradually destroying their irritability so insidiously that death may be imminent without our being aware of it. The only way to ascertain this death of the heart in the case of an animal is to expose and subject it to galvanism, when we observe that the toxic influence of the chloroform has destroyed its power of reacting under the influence of electricity and other agents.

We cannot shut our eyes to the fact that the danger attending the administration of chloroform is still considerable in the laboratory of the physiologist, even in the comparatively healthy subjects with which he has to deal, and until this danger can be obviated it is almost hopeless to expect perfect immunity in the operating room.

Guided by the ideas I have above enounced, regarding the nature of the cases where vagal pressure is most applicable, I have lately tried it in a case of tooth extraction. A molar tooth was extracted from an out-patient of the Hôpital Cantonal by one of the house-surgeons. While the patient was seated I was prepared at the back of the chair to apply pressure on both vagi. As soon as the key was gently applied round the tooth I began the pressure, and gave a sign for the operator to commence. The result was perfectly satisfactory. According to the statement of the patient she had suffered no pain, and was most enthusiastic in her thanks to me. At the moment of extraction the

patient cried out, which, however, occurs in many instances with chloroform, where, as in this case, the patients afterwards declare they have not felt any pain.

To resume the foregoing observations, we may say in the first place, that vaginal compression generally produces a state of asthenia very suitable for the reduction of dislocations, &c., and that its application in such cases presents several advantages over chloroform, and is attended by none of its dangers. Its use may be considered as indicated in all cases of difficult reduction previous to the employment of any of the ordinary anaesthetics.

Secondly, in the case of tooth extraction, its employment produced, according to the patient, insensibility to pain, and it may probably be employed with advantage in many cases of the sort, and also in minor operations, such as for phimosis, &c.—*Practitioner, Dec. 1870.*

THE WONDERFUL TWINS—TWO HEADS ON ONE BODY.

BY R. Z. SEEDS, M.D., HILLIARD, OHIO.

Seven miles east of Ashloy, Morrow county, Ohio, lives a Mr. Joseph Finloy, the father of the most wonderful living children known in the annals of history. The Siamese twins compared with these sink into insignificance. If there has ever been, either still-born or living, such a monster or monsters (I hardly know whether two or one), I have never heard of it. Mrs. Finloy was delivered of these children the 13th day of October, 1870. The actual period of labor lasting only twenty-five minutes, or at least they were born in twenty-five minutes after she awoke. A midwife performed the duties of the accoucheur, labor being so precipitate as not to permit the calling of a physician. She stated to me that labor was much more painful than with any of her three former children.

Mrs. Finloy met with no injury during pregnancy of any moment that could have anything to do with this strange malformation, with the exception that, about the middle of the third month of utero-gestation, while going into the house, she fell on the steps at the door. She states that from this time until she was delivered, "she never felt right." There was but one pla-

centa, which was expelled in about twenty minutes with but little hæmorrhage.

These children measure from occiput to occiput twenty and a-half inches, the heads being directly on each end of the body. To a casual observer there is no difference in the two extremities, the two faces looking very much alike, but by actual measurement the circumference of one head is about three-quarters of an inch greater than the other. Some physicians who have examined it express an opinion that the vertebral column is continuous, or that there is but one. But when I tried to trace it through with the finger, I was unable to do so, but lost it about the middle. I could detect but one umbilicus. There is but one anus, the recti, I think, uniting somewhere near the orifice, and a singular fact is that when one evacuates the bowels, in the course of a minute or two the other always does the same. There is but one vaginal opening, and the same is true with regard to urination as in defecation. From the umbilicus either way the children are well developed—thorax, arms, hands and head. Two legs protrude from either side, right and left. From the one they are nearly normal, seven and a-half inches in length, of normal thickness, &c. From the other side two, but both enclosed in one integument, only four inches long, with ten toes.

The action of the children, I think is entirely independent of each other. When we entered the room one was asleep while the other was nursing. One will sleep while the other is crying. The mother also nurses both at the same time. The children take nourishment eagerly and grow very fast, and I think their prospects for long life are as good as any children I ever saw. They are named Minnie and Ninnie.

This is an object of great interest to the profession, and well worth visiting. I will not attempt to comment on it, but would be pleased to hear from those who are able to explain the mechanism of so wonderful a freak of nature.—*Medical Repository.*

EXCISION OF THE ENTIRE SCAPULA.

BY M. SCHUPPERT, M.D., OF NEW ORLEANS.

The patient, a female, aged 36, suffered from a large tumor, comprising the right scapula, for which she had already undergone three operations. The first time she was operated upon in 1859, by Dr. Beck, a military surgeon in Froiburg, the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumor was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish color and a smooth surface, were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumor. The tumor, from its posterior margin to the acromion process, measured 0.18 metre, the largest in a vertical line being 0.21 metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Goutbrueck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumor, ended near the spinal column, a second incision, over the middle of the tumor, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoid cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumor. The removal of the tumor left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by uninterrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acet of morphia, 0.03 gramme, was sub-cutaneously injected. After patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently and vomited during several days from the effects of chloroform. No unfavorable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abscesses formed in the arm, discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of re-appearance of the disease in any part of the body. The skin of which no part had been removed, though after the excision of the tumor it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago, the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumor weighed nearly six pounds, and measured respectively 0.35 and 0.40 metre in circumference. From the original scapula but one third of the span, a small portion of the coracoid process and the centre of the glenoidal cavity remained intact, all the rest was involved in the growth. The tumor consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of the cartilaginous tissue.

Towards the contro true ossification had taken place. We have to consider it, therefore, to be an osteochondroma.

Those interested in the history of this operation I refer to a valuable contribution of Dr. Stephen Rogers, of New York, in the *American Journal of the Medical Sciences*, October, 1868.

A BLIND DIAGNOSIS.

BY F. O. TICKNOR, M. D.

The following case, curious in itself, will serve to illustrate the value of a little care in diagnosis, and add, perhaps, an instructive paragraph to the great *undited* volume of medical blunders.

Nettie B—, brought from a distance, was submitted to my care, as a sufferer who had exhausted the resources of the medical science, and was seeking only relief from pain for her few remaining days.

The case came labeled by my brethren of the faculty as one of "*Blind Piles*."

I found the patient a mere anatomy, in a necklace of *buck-eyes*, and surrounded by representatives from every other known and unknown pile remedy.

"How old?"

"Forty!"—apparently sixty.

"Your trouble?"

"Constant tenesmus, something in my bowel that I cannot pass off!" Add, hectic fever, &c.

"Has your bowel been examined?"

"Never. The doctors all said 'blind piles,' but nothing has ever done me any good."

"Any children?"

"That is my youngest." (A lusty screamer of six months.)

Examination of the rectum revealed nothing beyond so much irritation as might arise from such topical applications as *sulp. cupri.*, which she had been instructed to use assiduously by enemata.

But outside of the rectum, and anterior to it, the finger

could trace the outline of a huge tumor, smooth, fluctuating, and of a general character, which at once invited attention to the uterus.

Per vaginam, the same tumor was evident, and was soon discovered to be the uterus itself, loaded with a *fœtus* and its accompaniments.

Gentle friction over the pubes (*a la Dewees*) immediately threw the organ into action. The membranes protruded, were ruptured; a hand followed; was replaced; the feet brought down, and the woman delivered of a four months' *fœtus*. Decay had advanced until, in spite of care, the head parted from the body while clearing the arch of the pubes. This was soon recovered, and the secundines removed.

The woman went to sleep, and has progressed to complete recovery without a bad symptom.

Was the child a "twin," dying at the period of quickening, and retained through the labor which gave birth to the other child, and for six months thereafter—occupying the womb for fifteen months in all?

Or, did she conceive in a month or two after her confinement?

However this may be, as the rectum and anus were in a state of sanity which half Christendom might covet, we are clearly justified, I think, in transferring the epithet "*blind*" from the piles to the diagnosis.—*Nashville Med. Journal*.

DR HUGHES BENNETT ON ANÆSTHESIA.

Dr Hughes Bennett, at the meeting of the British Medical Association, stated that "he had always considered that anæsthesia was due to the pressure on the brain, caused by an alteration in the circulation—for instance, congestion of the capillaries. No doubt it was by the same kind of mechanism that sleep was produced. The regular or irregular action producing sleep was a kind of congestion in the brain. Dr Richardson gave the preference to bichloride of methylene, of which there was not yet much general experience. It was asserted by the American surgeons that there never had been a death caused by sulphuric ether; but how far that was correct he did not know. Dr.

Richardson had stated the proportion of deaths from chloroform to be 1 in 2,500. But there were many deaths from chloroform that were never published. As was well stated in the paper, death from chloroform was one of the most dreadful things that could occur. Ho (Dr Bennett) knew of one very sad case that happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning, and had a tooth extracted. Five minutes afterwards she was dead. This was only one of many similar cases that had occurred, but had never been published. If a safe—positively safe—anæsthetic were to be discovered, which, though perhaps not so agreeable, would have the great advantage of safety, he thought that a very great blessing would have been obtained. The question was, Did sulphuric ether or bichloride of methylene give that safety?—*British Med. Journal*

NOVEL MODE OF CONTROLLING HÆMORRHAGE.

BY J. H. HOBART BURGE, M.D.

Surgeon to Long Island College Hospital, President King's County Medical Society, etc., etc.

June 16, 1870, Mrs. D summoned me in haste, the messenger announcing the fact that she had lost a quart of blood. I found her sitting up and quite comfortable. She said she ought to have three weeks yet before confinement, but, though she had had no pain whatever, she felt that labor would not be deferred many hours. She had lost more than a pint of blood on two previous occasions during this gestation, and the present hæmorrhage was much larger. I told her she must lie down immediately, and not rise again until she was delivered. I found, as I expected, a margin of the placenta presenting. The liquor amnii had so completely drained off that the outlines of the child were easily recognizable through the abdominal walls. The examination excited some pain, and immediately hæmorrhage recurred. I observed that during the pain the pressure of the child's head upon the placental edge completely controlled the hæmorrhage, and that the moment relaxation took place the flow commenced. Taking advantage of this indication, I grasped the uterine tumor and pressed steadily in the direction of the os. This I continued with

perfect success for two and a half hours, when a living child was born, and the placenta followed without interval of time.

During all this period, if I relaxed my pressure when the uterus was not in a state of contraction, hæmorrhage was sure to commence immediately. In a prize essay written by Prof. James D. Trask, and communicated to the American Medical Association, fifteen years ago, I find the following sentence. "Rupture of the membranes by permitting the escape of the liquor amnii, and allowing the direct pressure of the presenting part against the placenta, is, for the most part sufficient to restrain hæmorrhage in partial presentations, but usually proves insufficient when the presentation is complete."

I learn from the same source that Mauriceau, as early as 1682, introduced the practice of rupturing the membranes in cases of partial placenta prævia, whenever it was possible to do it, "with the hope of securing increased contractions of the womb."

Dewees and Baudelocque both opposed it, "because of the difficulty of its performance and the risk of increasing the hæmorrhage by separation of the placenta." Besides, they asserted that it very seldom stopped the hæmorrhage, and the draining off of the liquor amnii was a serious source of embarrassment in case version became necessary. In my case, the membranes were already ruptured, so that I had no responsibility in the matter, but whether ruptured spontaneously or designedly, I find nowhere any recommendation of the practice which I instituted and found so efficient. If it is new, I am glad to contribute it as an additional means of success in a class of cases always sufficiently grave. If it is old, those who are greater readers in this department will soon advise me of the fact.—*N. Y. Med. Jour.*

A STRIKE AMONG DOCTORS.

The Medical Society of Camden, New Jersey, has bound its members not to make official *post-mortem* examinations for less than from twenty to fifty dollars—the price hitherto paid by the authorities being ten dollars. A strike among doctors is a rare event, though we cannot see why they have not a common right with others to the luxury.—*Pacific Medical and Surgical Journal.*

STERCORACEOUS EMANATIONS AS A CAUSE OF DISEASE.

The agency of effluvia and of subterranean percolations from human feces, in producing various forms of disease, is considered by many medical writers as a well established fact. The odor of feces is reported in some cases to have given rise to severe epidemics. Cholera is said to have been propagated in this way, and also by percolation from privies into wells at some distance, though the water may appear to be quite pure when tried both by sensible and chemical tests. This fecal theory is the best theory extant for strategic purposes. Wherever man is, feces must be near at hand; and a lively imagination can always trace the subtle poison rising in the air and entering the lungs, or sinking into the earth and impregnating the water of springs and wells, and thus reaching the human stomach. Take the following illustration, from no less a personage than Dr. Anstie: "A country town, without deep drainage, disposes of its sewage in cess-pools, and the limited space in which the houses stand renders it inevitable that the drinking wells should be within a very short distance of the cess-pools. From the latter a continual oozing of decomposing organic matter takes place, and more or less of this finds its way into these wells. For years possibly no particular harm can result. But at length there was a long, dry summer, which reduces the water to a low ebb, and concentrates the impurities, besides favoring decomposition. In such circumstances typhoid fever breaks out among the persons who drink the water."

Now it so happens that this description applies exactly to the city of Oakland, and has applied to it every year since its existence, and yet there has never been a typhoid epidemic in the place, while several sparsely settled rural districts in Alameda county, where the water of springs is used, which could by no possibility be impregnated with such impurities, have been frequently visited by that disease. It is worthy of note that no account is taken by Dr. Anstie of the 'long, dry summer which reduces the water to a low ebb,' as a climatic cause of disease. There is overlooked in his etiology only as it affects the water, whereas, every one knows that just such summers are favorable to ordinary autumnal fevers in all malarious regions of country

According to our observation, typhoid and typho-malarial fevers prevail quite as much in California, in rural districts where fecal impurities of the water can not exist, as in towns where wells and cess pools are in proximity. The towns, indeed, are more exempt than the country.

We never have had any faith in the fecal theory. We regard it as one of the bubbles of the day, which will disappear before many years, and return by-and-by, like a comet from its wanderings, to amuse a future generation of medical philosophers.—*Pacific Med. and Surg. Journal.*

A NEW REMEDY FOR CATARRH

A recent number of the *Heilbronn Memorabilien* (Germany,) contains the following resume of an article on the nature and treatment of catarrh, by Dr. M. Frank, of Munich.

Nasal catarrh should always be regarded as an infectious disease. The infectious principle is chiefly transmitted to the nasal passages in the air of respiration, which very soon manifests its action in a profuse watery secretion from the mucous surfaces. The affection is then propagated along the lachrymal ducts to the conjunctival membrane, into the pharynx, Eustachian tubes, larynx, trachea and bronchial tubes, with the accompanying train of symptoms in these organs, or the affection may extend down the œsophagus, into the stomach and intestinal tract, with the corresponding morbid phenomena. In most instances, where the intensity is not great, it runs its course in from seven to eleven days. With many the febrile state, sense of weakness, and feeling of discomfort generally are so great that the patient will take to his bed, or the necessity of continual cleansing of the nostrils, or sometimes the just appreciation of the danger to others, will cause him, for the time being, to avoid all society.

The constant neglect of colds, or ordinary catarrh, on account of its being regarded a trivial affection, is a matter of daily observation, and which led Huteland to assert that a greater number of people died of it than from the pest.

Dr. Frank recommends the following treatment, which he has practised for two years, with constantly favorable results:

Immediately on the approach of the first symptoms in the nasal passages, the patient is directed to use a weak solution of the hypermanganate of soda as a disinfectant.

Enough of the hypermanganate is added to a goblet full of water to give it a cherry red color.

A handful of this solution is snuffed up the nostrils every couple of hours, using the precaution to blow out carefully after each operation. If the pharynx has become affected, the same should also be used as a gargle. Usually before the end of the second day all symptoms have disappeared.—*Chicago Examiner*.

WEIGHT OF HUMAN BRAINS.—The *Medical and Surgical Reporter* of July 8th quotes from the *Journal of Mental Sciences* this table of the weight of the brains of several distinguished men:

	Age.	Oz.
Cuvier, naturalist	63	64.5
Abercrombie, physician.....	61	63.
Spurzheim, physician.....	56	55.06
Dirichlet, mathematician	54	53.6
De Morny, statesman and courtier.....	50	53.6
Daniel Webster, statesman.	70	53.5
Campbell, Lord Chancellor	80	53.5
Chalmers, celebrated preacher.....	67	53
Fuchs, pathologist	52	52.9
Gauss, mathematician	78	52.6
Dupuytren, surgeon.	58	58
Whewell, philosopher.....	71	49.
Hermann, philologist.....	51	47.9
Tiedemann, physiologist.....	80	44.2
Hausmann, mineralogist.....	77	43.2

[To these may now be added

Simpson, physician.....	54
McGee Canadian Statesman	59] Ed.

DISEASES OF THE HEART.

Dr. Horace Dobell, in one of his communications to the *Medical Press and Circular*, on Pain at the Heart and in its neighborhood, dwells upon the significance of pain in the *pomum adam*, which, according to his experience, "is one of the most fatal symptoms which we meet with in connection with diseases of the heart."—*Lancet and Observer*.

DIFFERENCES OF OPINION BETWEEN MEDICAL MEN LESS THAN BETWEEN MEMBERS OF THE LEGAL PROFESSION.—Reference is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or to point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.—*Brit. Med. Journal*, June 18, 1870.

HYDROCELE IN A FEMALE.

BY F. P. BENNETT, M.D., DANBURY, CONN.

Hydrocele in females is of such rare occurrence that most authors on surgery fail even to make mention of it, and many physicians claim that it never exists, and in an extensive practice of over forty years but one single case has come under my observation. This case occurred recently in a young married female residing in Putnam county, and was mistaken by a surgeon of some eminence for a case of inguinal hernia, who endeavored to reduce it, but failing to do so, pronounced it adherent and irreducible, and advised to let it alone. That such a mistake should have been made is not at all surprising, as it was a hydrocele of the round ligament coming down through the inguinal canal, and occupying exactly the place of inguinal hernia, and closely resembling one. She subsequently came under my care, and upon inquiry I learned that about five years since a small tumor had made its appearance, which had slowly and steadily increased in size until it had attained its present size, which was about as large as a turkey's egg. It had not been painful, was not attended with abdominal disturbance, had never receded when decumbent, and gave to the touch a feeling of fluid contents, instead of the doughy feel of hernia, and I therefore thought that, whatever it might be, it was not hernia; and upon a closer inspection I diagnosed hydrocele of the round ligament, although it was not diaphanous. So sure was I of a correct diagnosis, that I at once proposed an operation, to which she readily consented, and with the aid of a professional brother, who coincided with me in my diagnosis, I proceeded to cautiously lay open the sac, when we found to our great satisfaction that we had not blundered in our opinion. The serous contents of the sac having been evacuated, I injected it with a saturated tincture of iodine, and she speedily recovered, without the super-vention of a single unpleasant symptom. The case is only important from its rarity, and the fact that most physicians are not aware that hydrocele can or ever does, occur in the female; and my object in writing this article is not to record any remarkable achievement in surgery, but to call the attention of physicians to this subject, and thereby prevent mistakes which might be attended with disastrous results.—*Medical Record.*

TAPE-WORM EXPELLED BY TURPENTINE.

Dr. Freeman, of Brooklyn, presented a tape-worm sixteen feet in length (about four feet of which was in fragments), which had been passed by an English girl, aged thirteen years. She had been treated for tape-worm five or six months ago in England, but without any gratifying result. On the 3rd of October, having fasted for twenty-four hours, two ounces of fluid extract of male fern were administered, followed the next morning, she still fasting, by an ounce of castor-oil and a drachm of oil of turpentine. This latter dose was repeated during the day. No portions of the worm were passed. She was let alone until the following Friday, when two ounces of oil of turpentine, in half a teacupful of milk, were given, and in the course of three or four hours afterwards twelve feet of the parasite came away, together with forty or fifty small pieces. The case was interesting, as proving the efficacy of the old-fashioned remedy, oil of turpentine. She suffered no bad symptoms from the large dose of turpentine, but the small ones produced more or less strangury.

Dr. Fennell remarked that had the patient died, there would have been no difficulty with a coroner's jury in arriving at a verdict of death from an overdose of turpentine. The remedy, nevertheless, seemed from the results of the case to be well chosen.

Dr. Whitall recalled a case in which he had administered on one occasion an ounce of pumpkin-seed in half-a-pint of water, and in which thirty-eight feet of the worm had been discharged alive. Finding it necessary, three months after, to treat the patient again for the same trouble, he administered two drachms of the essential oil of felix mas, followed the next day by two ounces of castor-oil. This resulted in the passage of four feet of the tenia, dead.

Dr. Aitchison had some time ago asked Dr. Squibb what was the best remedy for tape-worm, and the reply was, two ounces of oil of turpentine. The remedy in large doses acts as a purgative, but in small quantities, as in Dr. Freeman's case, was apt to produce strangury.—*New York Pathological Society's Report.*

OBLITERATION OF VARICOSE VEINS.

From some clinical remarks made by Mr. Haynes Walton during a recent visit to the wards, we gather that he is much in favor of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favorable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches, which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the valuable operation of lithotrity, which was also by the powerful opposition of Brodie prevented from coming into general use for several years. Both methods of treatment, however, have been very generally revived amongst us of late, and Mr. Walton believes that if due discretion be exercised in the selection of cases, and proper caution observed in the performance of the operation, the ligature of varicose veins is as safe and as effectual a proceeding as any remedy which has been proposed. Mr. Walton never operates as long as fair relief is obtained from elastic stockings or bandages. When these means fail, however, the patient is put to bed and kept at rest for a few days, with a cold lotion to the affected leg, and then the swollen vein is obliterated in the usual manner. Much stress is laid on the method of introducing the pin, which must be inserted vertically through the parts by the side of the vein, the point carried well round, and thrust sharply out on the other side. Mr. Walton generally follows the plan suggested by Mr. Henry Leo, of dividing the vein between the points of compression, not with the object of rendering the operation more effectual, but merely to prove that the vein is properly secured and not transixed, transfixion by a careless operator being the great source of danger in this otherwise highly satisfactory treatment. During the past year Mr. Walton operated on seven of these cases, and each time with a successful result — *Med. Times and Gazette.*

Original Communications.

URINARY CALCULI'S IMPACTED IN THE URETHRA OF "A LITTLE BOY."

BY T. CONSTANTINIDES, M.D., M.R.C.S.

Early in the morning of the 15th inst, I was called in haste to see a little boy, four years of age, who was "just dying" of some *unascertainable* internal trouble. On the way to my little patient, I gathered from his father the following details of his case:

"Tom" had been from his birth a delicate child, though he had never had any particular illness. Some four months ago his health began to fail somewhat more than usual, and on application for medical advice he was treated for worms, of which he passed one or two at different times, without, however, any perceptible improvement. On the contrary, he appeared to grow worse every day, and now, in addition to his other many ailments, his abdomen commenced to swell, and to be tender to the touch, and he began to feel pain and to experience some difficulty in voiding his urine, which seemed to be irritating and to scald the orifice of his urethra and the adjacent parts. They still continued to treat him for *worms*, to the presence of which in his intestines all his ever increasing difficulties were ascribed, and of which they were said to be the more *sympathetic symptoms*.

On my arrival, I found the little fellow in a critical condition indeed. The tension in the region of his hypogastrium and the incessant pain were agonizing, and the only posture in which he could find a moment's relief—and in which I found him—was to be seated doubled, over a chamber pot full of hot water. His pulse was quick, small, and flickering, his skin dry; his tongue heavily coated and parched, his eyes suffused, his face pinched; his whole aspect was expressive of unutterable distress, and he was rapidly sinking into a state of collapse.

It did not require protracted or minute examination to ascertain the seat of the lesion, and the immediate cause of his

approaching dissolution. One glance at the size and shape of his hypogastrium told, in unmistakable language, that unless speedily relieved, his bladder was in imminent danger of being ruptured. I undertook accordingly to introduce, at once, a catheter, but to my dismay the instrument was presently arrested in its progress into the bladder by some foreign body in the passage, lodged evidently in the membranous portion of the canal. The contact of the instrument with the obstacle conveyed to the touch the peculiar sensation characteristic of a stone in the bladder. Gentle and firm pressure had no effect on the obstruction, I, therefore, withdrew the catheter and introduced a long, slender pair of forceps, by means of which, after many fruitless efforts, I succeeded at last in grasping and extracting a rough urinary calculus, much in shape and size like a split pea. The exit of the stone was followed by a drop or two of blood, but owing to temporary paralysis of the bladder, in consequence of its enormous distention, no urine followed. I, therefore, introduced the catheter again, which now found a ready entrance into the viscus, and let out a large quantity of partially decomposed, highly offensive urine. The alarming symptoms began soon to subside, and little Tom expressed himself greatly relieved.

It may not be very flattering to our science, as well to observe that all the help the poor child received at the hands of his comforters, during all his somewhat protracted and severe sufferings, consisted in minute doses of certain saccharine preparations, in the form of globules.

ABSENCE OF THE UTERUS AND VAGINA.

BY UZZIEL OGDEN, M.D., LECTURER ON MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN, IN THE TORONTO SCHOOL OF MEDICINE.

A medical friend once said in my presence that "No woman should get married till it was known she would make a good wet-nurse," and Meigs says, "A woman ought not to be married who has never menstruated, until it shall have been ascertained that she is not amenorrhœal from faulty development."

Howover much force there may be in both these statements, yet the cases are widely different in the relative importance of their influence on the subsequent lives of the parties concerned, for while the deficiency in the first can be easily compensated without any infraction of the moral law, the defect in the latter, if undiscovered till after marriage can hardly be supplemented this side of Utah, without doing violence to the moral sensibilities of civilized society, and is very apt to entail permanent misery on all concerned.

Meigs says he has seen two pretty women who were allowed to marry before it was ascertained they had no wombs or vagina, and although I have heard a lady physician say that many women would rather consider that a blessing than otherwise, yet it was evident in the case of my patient that she would have preferred the full development of *all her faculties*.

In October last I was asked to see a young woman 22 years of age, about 4 ft 8 in high, rather pale, but moderately well developed, comely in appearance with feminine voice, modest and retiring manner well formed breasts and who at times experienced rather strong sexual desires. She had never menstruated, although she had taken many tonics and emmenagogues.

A year or two ago she was to have been married, but *fortunately* the match was accidentally broken off.

I could find nothing in the general health to account for the persistent amenorrhœa, and as the lady who asked me to see the patient, suspected absence of the uterus, I made a very thorough examination.

I found the breasts and nipples well developed, the mons veneris well covered with hair, the labia majora, minora and the clitoris fully formed; there was no hymen present, and the vagina terminated in a *cul de sac*, about one inch and a-half within the vulva. She stated, with every appearance of sincerity, that she had never attempted sexual intercourse, and I know that she belongs to a respectable family, her father being a farmer within a few miles of this city.

All the external organs and appearances indicated a properly developed, modest good looking girl, well calculated to engage a young man in matrimonial enterprise.

On the most careful digital examination by pressure above the pubes, through the vagina and rectum I failed to detect anything like the uterus, or any tumor within the pelvis.

I then passed a male sound within the bladder and my forefinger

into the vagina, while an assistant passed a finger into the rectum; then by turning the handle of the sound, I made its point completely sweep the anterior wall of the pelvis, and in doing so I could distinctly feel it, as it passed by the point of my finger in the *cul de sac* of the vagina, with nothing but the thin vaginal wall intervening, at the same time my assistant's finger in the rectum distinctly felt the point of the sound, as it passed over the bowel in completing the circuit of the pelvis.

We thus became satisfied of the complete absence of the uterus, an almost total absence of the vagina, and the probable absence of the ovaries, but as these latter organs are usually beyond the reach of the finger, their absence or presence was left an open question.

From the well developed breasts, the state of the *moss veneris*, and the occasional experience of strong sexual desires, combined with the usual feminine voice and instincts, one would be inclined to think the ovaries were present somewhere. But on the other hand there had never been anything like that periodical *nisus*, which is said to mark the return of the catamenial epochs in those cases of absent uteri where the ovaries are known to be present.

Altogether it would seem as if the clitoris was, after all, the seat to a great extent of the aphrodisiac sense, and the case recently reported in which that organ was removed for the relief of epilepsy, in a girl addicted to masturbation, would, by the success which followed the operation, still further strengthen this view.

Under all the circumstances, we felt it our duty to advise our patient against any further matrimonial propositions, an advice which, it is needless to say, appeared to give the poor girl very great pain.

WORM FEVER.

BY R. J. DARRAGH, M.D., COLUMBUS, ONT.

Worm Fever may not be—strictly speaking—a scientific term, but I think, in the present instance, it is a very appropriate one, and perhaps the following case will be sufficiently interesting to report in the *Lancet*.

I was called on the morning of the 30th ult. to see a little boy, aged six, who, as his mother informed me, had been sick for a couple of weeks, and she feared he had, or was going to

have, Scarlet Fever; inasmuch as his sister, who was living out, previously had it, and after her recovery had been home on a visit and left again. The child she informed me, had been covered with a sort of a rash a few days previous to my seeing him, but it had remained only a short time and disappeared, and had not been seen since, nor did I see any trace of it.

I found my little patient in a high state of fever, skin excessively hot and dry, pulse 144. tongue coated at the edges with a dirty white fur, the middle and tip red with enlarged papillæ, —the tip having the appearance of a ripe strawberry. His face was very much swollen; so much so, that the eyes—especially the left one—were almost closed. The abdomen was tympanitic, bowels loose, stools passed involuntarily and of a dirty green color. The little fellow complained of no pains whatever, and though six years of age, I could learn nothing from him. His mother told me she thought he was sometimes a “little out of his head.” But there was no appearance of delirium while I was present. I asked her if she had noticed if he passed any worms lately, she said, not since last Spring. I administered an emetic, composed of zinci sulph. and ipecac. pulv.: ordered him a warm bath, and prescribed a couple of powders, composed of calomel, ipecac., and zinci. sulph., to be given in the course of the day, and left, promising to see him next day. Next day, before I had time to see him, his mother called at my office and told me the child was much better, and she did not think it would be necessary for me to go and see him, (they lived in the country), she told me he had a very free vomit, and that he had ejected a large-sized worm. I then gave her a powder containing six grains of santonine, to be given when she went home. and followed in a few hours by a purge. I saw the little fellow next day and found him very much better, and learned that he had passed no less than 17 large worms; after which he recovered rapidly.

(To the Editor of the Canada Lancet.)

SIR,—I noticed in the *Canada Lancet* for the present month, an extract from the *Orillia Northern Light*, referring to Dr. Henry Strange's neglect in attending to his duties as Registrar. As you ask for information on the subject, I will give you my own experience. I

arrived in this country in the middle of August last, and immediately wrote to Dr. Strango (enclosing a stamped envelope), for information as to the forms necessary for registration. After waiting a week and receiving no answer, I wrote a second time with the same result. Then I wrote to Dr. Brouse, and by his advice sent my diplomas with the fees to Hamilton, in the beginning of October, and as a precaution enclosed an affidavit sworn before a J. P., that they were genuine. I still heard nothing from Dr. Strange, and, after waiting a week, wrote to him threatening him with legal proceedings unless he registered and returned my diplomas at once. Four days after, I received them, with a letter (not pre-paid), to say that the affidavit I had sent was useless, and that I must make one before the County Judge, before I could be registered. Owing to the Judge's absence from town, I had to wait six weeks before I could do so. I then (Nov. 24) sent them back to Dr. Strange, with a request that he would register and return them as soon as possible, but up to this date have not heard from him, though I wrote a week ago, threatening legal proceedings, which I shall commence in a few days, unless the diplomas are returned. Owing to Dr. Strange's neglect, I have had to pay double express charges, besides the annoyance of frequent writing and waiting. Had he attended to my first letter, and furnished me the information he is paid to give, the business might have been finished in a fortnight at the furthest. Two other gentlemen have informed me that after waiting six months, and trying every other means, they have only recovered their diplomas by legal threats, and I am told this is not uncommon. The students here who passed their preliminary examinations last spring have, I understand, not yet received their certificates.

I am, Sir,

Yours faithfully,

H. J. SAUNDERS, M.D., M.R.C.S., Eng.

Kingston, Dec. 19, 1870.

(To the Editor of the Lancet.)

DEAR SIR,—I have received several of your *Canada Lancets*, and have read with pleasure several articles therein on behalf of the present and future welfare of the profession. As I feel the necessity of a still further perfecting of the present Medical Act, I would ask if any more has been made to get the Act perfected in regard to fining—

and collecting the fine—from persons practising without the proper license?

The properly qualified practitioner, through the Medical Council, has been required to register and pay a fee of \$5 or \$10, as a protection against unqualified men while the Act is so framed as to allow the latter to practise with impunity in your very midst, and if you say anything in reference to the law— he'll laugh at you and your law and tell you you can't do anything with him, as the statute does not provide for the collection of fines.

This is a sad state of affairs, especially for the country physician, as he is beset on every side by unprincipled scoundrels, who are ready and willing to take every advantage of him and the law; and the public are willing to listen to and be led by these men in preference to us. The ignorant public will patronise these men and sympathise with them, because they think we are trying to put them down.

There is I think, another serious drawback to the proper working of the new Act, and that is this— there is no one appointed to put the law in force. Now if a properly qualified person was appointed as a public prosecutor, with instructions to prosecute all unlicensed practitioners without scruple or diffidence, in a short time the country would be rid of all quacks, and then the qualified men could, without fear of being underpriced by humbugs form themselves into organizations and establish a regular tariff.

I am pestered by one of these *quillers* of the public and I can speak from experience. I sometimes feel hard towards the leaders of the profession, who compelled me to pay my \$10 to gain protection, and then be left in the present position as regards quacks. Now is the time, I should think, for something to be done, while the Government is sitting in your midst.

I did not write this letter for publication, but I feel as if I should do or say something, and probably stir the matter up, as we in the country will always be hampered until this flaw in the statutes is corrected.

I am, respectfully,

D. L. WALMSLEY, M.D.

Elmira, Dec 10th, 1870

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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

TORONTO, JANUARY 2, 1871.

As will be seen, the present issue of the *Lancet* is increased to 64 pages, and otherwise materially improved in character and appearance. We have the promise of assistance from some of the most prominent medical men in this city, and others in contributing to our pages, and we therefore hope to be able to furnish our readers with a larger amount of original matter than we have heretofore been able to obtain. Considerable expense has been incurred in carrying out the changes we have made, and we trust that our friends and subscribers will assist us in our earnest endeavor to build up a first-class medical journal in this country. The *Canada Lancet* has nearly doubled its circulation within the past six months, and is still increasing rapidly. It is now the largest, most widely circulated and best appointed medical journal in the Dominion, and we are determined that no efforts shall be spared to maintain for it the prominent position which it has already obtained. Since assuming its management, we have received the most flattering testimonials from members of the profession in all parts of the country, and also many kind words of encouragement. It is highly gratifying to know that our labors have been duly appreciated, and our humble efforts fully recognized by those members of the profession whose opinions we so highly respect. We enter upon the new year with buoyant hopes and bright prospects of success in the future.

Considerable space will be given to original communications, and we would again urge upon our medical brethren the import-

ance of this department in successful journalism; and we trust that they will lay liberally to our hands of such material as they have at their command. Our editorial pages will be well filled with interesting and instructive articles on medical and scientific subjects, and correspondents will have abundant opportunities of expressing their opinions freely on all matters appertaining directly or indirectly to the interests of the profession. Great care will also be exercised in the selection of articles from the best British and American journals. Copies of the present number will be sent to many who are not as yet subscribers, and we sincerely hope it may meet with their approval and support, and that they will kindly favor us with their names as subscribers to the *Lancet* for the current year.

BRITISH MEDICAL BILL.

It is proposed, in order to reform the constitution of the General Medical Council of Great Britain, to introduce a new Medical Bill, the draft of which, published in the *London Lancet*, is now before the public. It has been a subject of complaint that the existing Council, which consists of 24 members, is too large, and it is proposed to reduce the number to 12, of whom 4 are to be nominated by the crown, 4 by the medical authorities, and 4 are to be elected by the registered practitioners, 2 by the registered practitioners of England, and 2 by those of Ireland and Scotland, respectively. The four nominees of the crown are to be divided between the three kingdoms in the same proportions, and the corporations and universities of the three kingdoms are respectively to combine or amalgamate, to elect in England two representatives, and in Scotland and Ireland, one each.

Another feature of the proposed bill is the election by the new Council of a National Examining Board for each of the three kingdoms. In order to secure an effective Examining Board, it is suggested that the Council shall appoint only such persons as examiners as "are of approved skill in the several subjects on which they have to examine." And a further guarantee is proposed by the appointment of Inspectors of Examinations. It is also proposed that no other diploma shall be given until after the State License has been obtained. Permission is given, however, to candidates to be ex-

amined by any of the medical authorities, but the degrees or diplomas are not to be actually conferred until the license has been granted. The License is to be given in the name of the General Council, thus avoiding any professional inconvenience or territorial distinction. There are many other less important points which we need not refer to at present.

The new Bill is, on the whole, an improvement upon the existing one, although defective in several particulars. In the first place, we think that the proposed number of representatives is entirely too small, for we are convinced that the various opinions of so large a body as the medical profession of Great Britain cannot find expression in so small a number of representatives as twelve. The only reasonable objection to a large council is its expense, but this we do not hold to be a valid one.

Another point which will be likely to give rise to considerable discussion is the proportion of representatives assigned to the three kingdoms. The number of registered practitioners in England is not double the number of those in Ireland and Scotland, while the representatives will be two in the former to one each in the latter. Some difficulty will also be experienced in the amalgamation of the corporations and universities of the various kingdoms to elect their representatives, and complaints respecting the unequal representation will not be wanting.

Most of the provisions of the new Bill have been discussed by various persons, and some of them have been advocated by several of the most eminent medical men in Great Britain. The appointment of the examining board by the Council was proposed by Dr James, before the act of 1850 was passed. He also strongly maintained that no other diploma should be granted until the State License has been obtained. Mr. Charles Hawkins, a member of the Council, was strongly in favor of a council of twelve, and maintained that the representatives of the medical authorities should be excluded. This view of the case has been frequently urged, as it may be considered that a controlling body should be independent of those whom it is to control.

PERSONAL.—At an examination held at the Royal College of Surgeons of England, on November 5th, 1870, Mr. Arthur Jukes Johnson, M.B., late of Toronto School of Medicine, passed the primary examination for member, and was highly complimented on his knowledge of anatomy and physiology.

THE SYME TESTIMONIAL.

Upon the retirement of Prof. Syme from the chair of Clinical Surgery in the University of Edinburgh, in 1869, after a term of 36 years, a meeting was held in London by the medical profession, to consider as to the best mode of getting up a suitable testimonial in his honor. This meeting was attended by many of the most eminent physicians and surgeons of the British metropolis, and it was resolved that the testimonial should consist of two parts—"A Fellowship in Surgery in the University of Edinburgh, to be called the *Syme Surgical Fellowship*, and a marble bust of the learned Professor to be placed in the University Library or the Hall of the new Royal Infirmary."

The amount to be raised to meet these expenses was about \$12,000. The subscribers to the testimonial embrace the names of physicians and surgeons in all parts of the British Empire, many of them being his former pupils.

In April, 1870, the Secretary of the London Executive Committee, Dr. Murchison, F.R.S., wrote to Prof. Gross, of Philadelphia, asking his co-operation in obtaining subscriptions from some of the learned Professor's friends in America. In compliance with this request, a meeting of the surgeons and physicians of Philadelphia was held and a committee appointed, consisting of the following gentlemen:—Drs. Gross, Hays, Pancoast, Atlu, Agnew, Hartshorne, Packard, Brinton and Mears. Circulars were sent to leading surgeons in different parts of the country asking for contributions, and were met by a hearty response. The net proceeds of the collection amounted to \$220, and was forwarded to the honorary Secretary. The amount of the subscription was small, but the act shows a feeling of sympathy with the movement of the British profession in their effort to do honor to an illustrious brother.

Such acts cannot fail to strengthen the bonds of good fellowship existing between American and British physicians, and perpetuate the ties of relationship between the two countries.

THE INVENTOR OF SPECTACLES.—On a tombstone at Florence is this inscription:—"Here lies Salvino Armato d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

POISON VENDING.

A number of the chemists and druggists of the city of Toronto have been charged, at the instance of the notorious George Albert Mason, with selling poison contrary to law. The case of J O Wood of King St. West, the first on the list, was investigated before the Police Magistrate, and after much delay and repeated postponements, judgment was given against the defendant, and he was fined \$20 and costs.

The following is the Clause of Chap 93 of the Consolidated Statutes, which refers to the charge —

"No apothecary, chemist, druggist, vendor of medicine, or other person shall sell or deliver any arsenic, corrosive sublimate, strychnine or other poison, mineral or vegetable, simple or composite commonly known as a deadly poison, (or which being incautiously or secretly administered may cause immediate death), to any person who does not then produce and deliver a certificate or note from some person duly licensed to practice as a physician or surgeon, or some priest or minister of religion, resident in the locality, addressed to such druggist, &c., and mentioning the name, calling or profession of the person requiring such poison, and stating the purpose for which it is required, and that it ought to be sold to the person requiring the same; and such certificate or note shall be kept by the person selling or delivering such poison as his justification for so doing."

Mason and his associate—John Gale—visited the various drug stores in the city and purchased small quantities of laudanum. The purchases were made by Gale while Mason, who subsequently received the medicine, remained outside. A good deal of caution was exhibited by many of the druggists, and a few refused to sell because the purchaser was a stranger, but no written authority was demanded.

The counsel for the defence contended that laudanum was not a deadly poison, and therefore not within the scope or meaning of the statute, and a number of witnesses were adduced to prove this position. The evidence of Dr. Lizards and Dr. Stiddel, which was in some respects nearly similar, went to show that laudanum did not cause immediate death and was not therefore a deadly poison. It was also shown that some people were in the habit of using it in large quantities without any deadly effect. Prof. Croft also gave evidence to the effect that laudanum did not cause immediate death. In his evidence he also

stated that laudanum was kept in nearly every house in the city, and expressed his opinion that it was not a poison within the meaning of the statute. Several druggists gave evidence to the effect that certain precautions were taken in selling laudanum to parties with whom they were not acquainted, and the counsel for the prosecution contended that such being the case it clearly showed that they considered it a deadly poison, and besides, some of the medical men stated that instances of death resulting from an overdose of laudanum were not of unfrequent occurrence.

The Police Magistrate decided against the defendant, but his counsel announced their intention of appealing in this case to a higher court.

If the druggists are to be held to the strict letter of the law in regard to the sale of laudanum, because it is a poison in large doses, a great inconvenience will be experienced by the public. Any medicinal substance is poison when taken in excessive doses as well as laudanum, and we do not see why the sale of the latter should be prohibited to persons who know its use and its appropriate dose. It does not cause immediate death, and is, therefore, *not a deadly poison* within the meaning of statute.

SUITS FOR MALPRACTICE.

The results of Suits for Malpractice are not only unfortunate for the Defendants, but also incidentally injurious to the medical profession, by impairing public confidence in the skill and integrity of its members.

The injustice which is sometimes done is not owing to mistakes in the law, as laid down by the judges, but to misapprehension of the facts by juries, who are *notoriously stupid and unjust*.

The foundation of the liability of the medical man for Malpractice rests on the principles of the law of contracts. In assuming the practice of his profession, he implies that he is possessed of *ordinary skill*, and that he will use it with all reasonable diligence and care in the treatment of disease.

These are conditions which are assumed in all trades and professions requiring skill, and are no more rigid and exacting in the case of the medical man than any other, but the degree of care and skill required by law is in proportion to the delicacy and difficulty of the ser-

vico to be rendered—for example, the care and skill exercised by the blacksmith are less than that shown by the watchmaker, while that of the physician or surgeon, who deals with human life and limb, is much greater than either. But while ordinary skill and care are imperatively demanded from the medical man, extraordinary skill is neither required nor expected, as few practitioners would be able to attain to it, and the majority of patients would be utterly unable to pay for such assistance.

The criterion of skill is wisely adjusted to the average proficiency of medical men, and the law chooses that middle course which experience has shown to be best calculated to protect the public and keep the profession up to a certain standard, by holding them responsible without imposing on them unreasonable and excessive burdens. The physician or surgeon is liable for injuries resulting from his want of ordinary care and skill, because his position before the public implies that he is possessed of these qualifications, and this is the case even where the services are rendered gratuitously, as at an hospital or dispensary, whether specially retained or not.

A mistaken opinion regarding the nature of the disease or its proper mode of treatment is not conclusive evidence of the want of due skill, but it must be shown that the error arose from a want of that ordinary skill and average proficiency to which we have above alluded. A medical man is not to be pronounced incompetent because he exhibits less skill than some of his more gifted and experienced conferees. The law fairly recognizing the diversity of talent among medical practitioners only requires that he shall be possessed of sufficient skill to treat disease with reasonable success.

In determining whether a physician or surgeon has exercised ordinary skill in the treatment of a patient, the advanced state of the profession at the time must be taken into consideration. A medical man is in duty bound to keep pace with the most important inventions and discoveries in medical and surgical science, for he cannot be held blameless if he continues to use means and appliances that have been discarded or superseded by more suitable ones. The progress of medicine and surgery has been very marked in recent years, and the tendency to conservative surgery very great. These circumstances tend to raise the standard of proficiency among medical men at the present time, so that what may have been good practice five or six years ago may be considered as the very opposite at present. In cases of alleged malpractice, the standard of ordinary skill would be that of the recog-

nized authorities in medical science at the time when the services were performed, as attested by their adoption in ordinary practice.

Besides the possession and exhibition of ordinary skill, the medical man is also bound to exercise ordinary care in the treatment of his patient. The absence of ordinary care, when it produces injury to the patient, renders the medical attendant liable for malpractice. The possession of skill affords no absolute security that it will be carefully exercised, and it is therefore necessary to enforce upon the medical practitioner, a reasonable degree of care in the management of the case under his treatment. Ordinary care is required from every person who undertakes to perform a service for another for a compensation, and means "the care which is usually exercised under similar circumstances by those who are engaged in the same employment." The amount of care necessary in the management of an individual case must depend on the nature of the disease and the condition of the patient. The medical man must not be held to account for the misconduct or obstinacy of the patient; for it is a principle in law that "no person is liable for injury to another when his own misconduct has been the cause of it." It is the bounden duty of the patient to co-operate with his medical attendant, attend to his directions, carry out his instructions, and submit to his operations; and if he refuses to do so he cannot hold the medical man responsible for any neglect or stubbornness on his own part.

It is a subject of common complaint among medical men that surgeons are more frequently the victims of suits for malpractice than physicians, and there is a good deal of truth in this charge, which it is not difficult to understand, since the mode and results of treatment are more obvious in surgery than medicine. The difficulty of tracing the connection between his treatment, and the results of it protect the incompetent physician from a civil action for malpractice, while the surgeon is deemed responsible for the results of natural causes which he is unable to modify or control, or for the misconduct of others.

In consequence of the risks to which the surgeon is liable in the ordinary practice of his profession, it has been suggested that in all delicate or difficult surgical cases, he should take the precaution to obtain from the patient, before undertaking the management of the case, a bond covenanting not to sue for damages, in the event of the case not terminating favorably. Some writers on jurisprudence object to this, however, on the ground that such an instrument is worthless because it is against the spirit of equity to allow any one to exempt himself by

contract from the legal consequence of his own wrongful acts. But on the other hand it is a settled doctrine that an agreement is not void unless it is contrary to public policy and injurious to the interests of the state, so that any agreement entered into between the physician and his patient who is alone affected by his wrong doing or want of success, may be held to exempt the latter from any claim for damages, but if the medical man is not merely unskilled and careless, but is guilty of misconduct, which is so stamped with bad faith and fraud, that it borders on criminality, then the law may set aside the validity of the contract which would otherwise exempt him from the consequences of those injuries to a patient which the latter agreed to overlook. We do not think it is at all derogatory to the *dignity* of the professional man to legally protect himself in order to do good to others, and while we would not commend such contracts as intrinsically desirable, we consider them highly useful under certain circumstances on the score of necessity.

In another column will be seen the announcement of the Long Island College Hospital, Brooklyn. A new Hospital building is now being erected in connection with this institution, to be completed by the 1st of February next. In the erection of the new building, the opportunity has been embraced of improving the facilities of the College by the construction of a new amphitheatre and operating room, capable of seating about 250 persons. The Hospital grounds comprise 14 full lots, extending on Henry Street from Pacific to Amity Streets. This new improvement will give to the Long Island College Hospital facilities for clinical and hospital instruction possessed by few institutions in the United States.

We beg leave to call the attention of medical men and medical students to the advertisement of W. & D. Dineen, Hatters and Furriers, 80 Yongo Street, Toronto. They have on hand a complete assortment of hats, caps, and furs of the latest and most fashionable styles, which they offer at a most liberal reduction to the medical profession. A discount of ten per cent on this line of goods is an inducement which is offered by no other house in the city. We bespeak for them the patronage of our friends and the profession generally.

MEDICAL COUNCIL.

PRIMARY AND FINAL EXAMINATIONS, APRIL, 1871.

The Examinations will begin at 9 o'clock on the morning of Tuesday, the 4th day of April, and will continue till Wednesday, the 12th. Students intending to present themselves at the above examinations must make application to the Registrar, enclosing all certificates, tickets &c, before Monday, the 21st day of March, 1871. The certificate of no medical practitioner of Ontario will be recognized, whose name does not appear in the Medical Register. Students are requested not to send superfluous tickets, as no record will be kept of any others than those which are requisite to procure admission to the examinations. Due notice will be given to students of the place of holding the examinations, and forms will be furnished through the Secretaries of the various schools, upon which to make application to the Registrar. Students are requested to bear in mind that no exceptions can possibly be made to the strict requirements of the curriculum.

PROGRAMME OF EXAMINATIONS.

Tuesday, April 4th.—9 to 11 a.m.; Theoretical Chemistry 11.30 a.m. to 12.30 p.m.; Practical Chemistry. 3 to 5 p.m.; Medical Diagnosis and General Pathology.

Wednesday, 5th.—9 to 11.30 a.m. Operative Surgery and Surgical Pathology. 3 to 4.30 p.m., Operative Midwifery.

Thursday, 6th.—9 to 11 a.m.; Toxicology and Medical Jurisprudence. 2 to 4.30 p.m.; Physiology. 5 to 6 p.m., Sanitary Science.

Friday, 7th.—9 to 11 a.m., Materia Medica and Therapeutics. 2 to 3 p.m., Midwifery, other than Operative. 3.30 to 4.30 p.m.; Botany.

Saturday, 8th.—9 to 11 a.m., Theory and Practice of Medicine. 11.30 a.m. to 12.30 p.m., Surgery, other than Operative. 3 to 5 p.m.; Descriptive Anatomy. 5.30 to 6.30 p.m., Surgical Anatomy.

The Oral Examinations will commence early on the morning of Tuesday, the 11th of April, and be continued until they are concluded.

BOARD OF EXAMINERS.

C. M. Covernton, M.D., M.R.C.S. Eng., Physiology, J. H. Sangster, A.M., M.D., Chemistry, J. L. Lizars, M.R.C.S. Eng.,

Surgery, H H Wright, M D, Medicine and Medical Pathology, J. Sweetland, M.D., Medical Diagnosis and Toxicology, M Sullivan, M.D., Anatomy, Wm Hope, M D, Midwifery, H. F. Tuck, M.D., Materia Medica and Therapeutics, *D Campbell, M.D., L.R.C.S. Eng, Medical Jurisprudence, *G. C. Fick, M.D., Surgical Pathology, **S S Cornell, M D, Botany, *George A. Carson, M.D., Sanitary Science.

MATRICULATION EXAMINATIONS.

The next Matriculation Examination will be held on the first Wednesday and Thursday in April, 1871, in Toronto and Kingston, at the Grammar Schools of the respective places. Gentlemen are requested to give notice 6 days before the examination, to the examiner before whom they intend to present themselves, stating the 'optional subject' in which they wish to be examined.

Examiners.) A. WICKSON, M.A., LL.D., Toronto,
) S. WOOD, M.A., Kingston.

TORONTO HOSPITAL REPORTS.

SUMMARY OF CASES UNDER THE CARE OF DR CANNIFF.

(Reported by Mr. Abbott, Clinical Clerk.)

Bridget B, aged 29, native of Canada, admitted 30th September, 1870—typhoid fever. So far as we can learn, has been unwell for several days, a good deal of fever, skin being very dry. Was ordered a warm bath, after which she continued to sweat freely for 24 hours. The warm bath has been used in several cases where typhoid symptoms had not become too well marked. The bowels were found to be relaxed, to relieve which three grains of sugar of lead with a few grains of ginger were given. Lead is the astringent usually administered, and mostly always with the desired effect. Sometimes the dose was much enlarged, and occasionally it was continued for even two and three weeks with a few intermissions. No unpleasant effects were ever remarked. Daily washing of the skin strictly attended to. Beef

* Of these four, the first two are the examiners of the Homœopathic students, and the last two, the lecturers in their special branches

tea and milk constitutes the diet. Part of the time the stomach would not retain the milk unless boiled. As the stomach improved in strength, farinaceous food was allowed. By the 19th November, the typhoid symptoms had subsided, but much weakness remained. Ordered tinct. nux vom. m. x. with comp. tinct. gent. and water three times a-day. Discharged well November 27th.

Alfred P., aged 21, native of England, admitted 12th October, 1870—typhoid fever. Had been under medical treatment for ten days. There were evident symptoms of profound typhoid poisoning. Was quite delirious, and unable to take much nourishment or stimulant. The hair was cut close and a blister applied to back of neck. Beef tea, whiskey and milk—a table-spoonful ordered to be given alternately every 20 or 30 minutes, except he might seem to be in a natural sleep, when he might go a longer time without either. The powers of life ebbed and flowed until the 23rd October, when he died.

Margaret B., aged 75, native of Ireland, admitted October 18th, 1870—chronic ulcers of left leg. Of some months' standing. Have several times healed, but before long would open again. For many years before ulcers first formed—two years ago—had swelling of the leg (passive congestion). There are two ulcers, one on the inner surface of the tibia a few inches above the ankle, the other just below the external malleolus. Both ulcers of the indolent kind. The skin around the ankle slightly discolored and constricted, as if fitting too closely to the bone. The case was pointed out to the students as an excellent type of the indolent ulcer, there being no attempt at granulation. Considering the history of the case and the age of the patient, the case was not regarded a very hopeful one so far as healing was concerned. Tinct. iron m. x. with tinct. columbo was ordered to be taken after each meal. A lotion composed of extract belladonna and water, to be applied frequently. This application did not have the beneficial effects it has obtained in other similar cases. But it was doubtful if she used it as directed. Zinc ointment was used with no more benefit. Then adhesive straps, in narrow pieces, were used over the ulcers, with a bandage over all to be changed and the limb well washed every second day. This had the effect of drawing together the edges of the ulcers and establishing a growth of granulations. For a time healing proceeded, but finally the lower ulcer assuming a dark, unhealthy appearance, mt. suvor suck was applied. This gave the patient offence, and she left the Hospital, December 16th. The ulcer upon the leg had healed about one-half. The other remained about the same, while a third small one had formed just below the upper one.

John K., aged 17, native of England, admitted October 18th, 1870—venereal disease. This was an interesting case with several complications, and was abundantly useful in instructing the students. There were in fact co-existing gonorrhœa, soft and hard chancres, phymosis, a good deal of œdema of the penis, and for a while a phagadenic ulcer. There was also induration of the inguinal glands, and from time to time chordeo. The fact that both hard and soft chancres, with urethral discharge, existed at the same time, would seem to support the view that all venereal disease may have a common specific origin, that gonorrhœa may, under certain circumstances, produce chancres, that chancres, on the other hand, may set up urethral inflammation, and that a soft chancre may change into a hard, and *vice versa*. In this case the youth, who was a sailor, noticed six days after exposure a "gnawing pain" upon the glans penis, which speedily formed into a pimple which broke, leaving an ulcer which extended. Three days after this gonorrhœa appeared, with some pain on micturation. When he entered the Hospital, the ulcer first formed was deep and with indurated base, and around it were several others, some soft, others ulcerating. Up to this time the patient had entirely neglected the parts, which were exceedingly unclean. The constriction of the prepuce had existed for some time, having formed shortly after the first sore. Great attention was enjoined to keep the parts clean. Frequent washings with soap and water were ordered, and thin white cotton to be placed between the foreskin and glans. For a time the skin could be drawn up, but it had subsequently to be divided. Inflammation of prepuce continued, and further constriction was the result. It was not, however, necessary to divide the parts any further. A strong sugar of lead lotion was freely applied. For the gonorrhœa, bal. cop., tinct. opii co., liq. pot., spts. oth. nit. were employed, and flax seed tea in abundance. To the ulcers, nit. argent. stick was applied. There was a good deal of fluctuation with respect to the gonorrhœal discharge, but the chancres healed very quickly. The chordeo or some other irritation would cause the discharge to break out or increase from time to time when he seemed about to get well. Finally it assumed the character of gleet. Prior to this, astringent injections had been used, such as sulph. zinc, tannic acid, &c., also a sol. of nit. silver. Finally, for the gleet, a bougie dipped in bal. cop. was occasionally introduced with benefit. The inguinal glands did not suppurate, and were treated by the application of belladonna and tinct. iodine. To prevent the painful erections at night, $\frac{1}{4}$ gr. morphia with camphor was given. At the first the patient had low diet, but it was found that he did better with a more generous fare. He was discharged December 4th, apparently well. He has subsequently (12th December) returned, perhaps from a fresh exposure to the disease.

BOOK NOTICES.

A MANUAL OF PHYSIOLOGY—By J. FULTON, M.D., M.R.C.S. L.R.C.P., London, Eng., Professor of Physiology in the medical department of Victoria College Yorkville. Adam Stevenson & Co., Toronto.

This is an octavo volume of 340 pages, and contains copious notes on all the subjects usually taught in medical schools. All points of controversy have been excluded, and quotations from other authors avoided. Great care has been bestowed on its preparation, and no space has been occupied in discussing useless theories or in propounding new ones, the great aim being to compress as much matter as possible within a small compass—in short to make the work a *multum in parvo*. It has been found to fulfil all the requirements of the medical student in his preparation for the professional examination before both College and Board, and it is eagerly sought after by those who know its value as a text-book on the subject upon which it treats. Price, net cash, \$2 70. For sale by all medical booksellers.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES, including the results of recent investigations upon the subject. By Freeman J. Bumstead, M.D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, &c., &c. Third edition, revised and enlarged, with Illustrations. Philadelphia: Henry C. Lea, 1870. Toronto: Copp, Clark & Co.

This popular work on Venereal Diseases has undergone a thorough revision at the hands of its distinguished author. Many portions have been re-written, some parts have been omitted, while a great deal of valuable matter has been added, so that the present edition is much superior to any of the previous ones. Every subject is treated in a full and comprehensive manner, and quite up to the requirements of the present state of our knowledge of these diseases. It is a most excellent work, and may be justly regarded as the best authority on Venereal Diseases in the English language. The author has embodied in it all the latest views of syphilographers upon certain points relating to the pathology and treatment of syphilis.

Those portions of the work relating to chancre and syphilis have been re-modelled and partially re-written, and the subject of the treatment of stricture and the operations of internal urethrotomy have been properly attended to. Several pages have also been devoted to the pathology and treatment of syphilitic affections of the eyes.

The book is on the whole well written, clear in style, very practical, and invaluable to the student of venereal disease.

WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

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