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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Report of the Post Mortem Examination of the body of the late Hon. THOMAS D'ARCY MCGEE, with other matters connected with the scene of the murder, by D. MCGILLIVRAY, M.D.

Believing it to be of interest, I am induced to send you for publication in your journal the report of the post mortem examination of the body of the late Hon. Thomas D'Arcy McGee, who was assassinated at the door of his lodgings in Ottawa, on the morning of the 7th April, 1868, together with other matters incidental to the murder; such as the position of the body—descriptive of the scene of the murder, and supporting facts elicited by the autopsy: and also a representation of the fatal bullet. The report may be interesting not only on account of its subject, but also in a forensic or medico-legal point of view.

Position of the body.—The lifeless body of the Hon. T. D. MCGEE, was found lying on its back on the sidewalk obliquely and opposite the door of his lodgings, head pointing to the street, and slightly northwestwards. The hat was still on the head. The legs were slightly separated and extended towards the door, the right arm was partially extended and the hand ungloved. The left arm was extended at right angles to the body and the hand gloved. The glove of the right hand was lying on the sidewalk next to the left hand, and his cane was lying under the body and passing over the left elbow. The face and left side of the neck were covered with blood, and the mouth was covered with sanguineous froth. A large quantity of arterial blood had escaped from the body by the mouth and had flowed in a stream down the sidewalk into the ground. The body was but a short distance from the door of the house—the distance from the near or west end of the door-sill to the feet of deceased was about thirty-five inches, and from the remote or east end, four and a half feet. His latchkey was in the hole of the latchlock, and suspended to it several other keys.

by means of pink coloured tape. A pistol bullet was impacted in the side of the door a few inches above the hole of the door-latch. Portions of three artificial incisor teeth, and also a cigar stub were lying on the hall floor inside the door, about eighteen inches from the door-sill. Spots of blood were on the staircase near the door, and the lower panels of the door were bespattered with blood. The body was quite warm and had been but a very few minutes dead.

Post Mortem.—The *post mortem* was performed ten hours after death. On a superficial view the body appeared very fat, muscular and extremely pale. There were no discolorations or marks of violence observable except a pistol shot wound in the back of the neck. A large pitch plaster was closely adherent to the posterior region of the chest. There was a cicatrix of a recent ulcer on the outside of left ankle. The trunk of the body was yet warm. The upper and lower extremities were cold and slight cadaveric rigidity of the neck and lower extremities existed. The face and left side of the neck were covered with blood, and the mouth was covered with sanguineous froth. The hair on the back of the head was singed and saturated with gunpowder in sufficient quantity to blacken the fingers on rubbing the hair between them. The smell of gunpowder was unmistakable. The head was large and massive, forehead high, broad and full, hair black and wavy, commingled with grey.

Brain.—The brain was first examined. On removal of the calvarium it was found to be unusually thin and transparent. The medical men present conceded that they had never observed any human skull so thin and so remarkably translucent. The brain was very large, weighing fifty-nine ounces. It was unusually firm and compact to the touch, but not to say hard; on dissection it proved to be in the normal condition throughout its entire substance. The membranes were in a healthy state. A small quantity of lymphic effusion existed in the arachnoid on the superior segment of the left hemisphere and in this locality a few minute adhesions existed between the arachnoid and pia-mater—a few thread like filaments extending between them. The convolutions were remarkably, tortuous and prominent. The encephalic mass did not appear to be unusually exsanguine.

The abdominal and thoracic cavities were next examined. The adipose state of the body was confirmed on the first incision. The fat was upwards of an inch thick over the breast, and fully two inches over the abdomen.

Lungs.—The lungs contained sanguineous frothy serum and mucus. This was more noticeable in the left lung. Both lungs were firmly ad-

herent to the walls of the chest latterally and posteriorly. In the latter situation the pleuritic adhesions were stronger, more extensive and thoroughly organized, slight congestion of both lungs existed posteriorly, it appeared to be hypostatic and was more apparent in the right one. Otherwise the lungs were in a perfectly healthy state.

Heart.—The heart was of the natural size, but thickly covered with fat. The pericardium was loaded with fat and contained about an ounce of serum. The heart was perfectly healthy and its valves were in the normal condition. Both auricles and the ventricles and large vessels were completely empty of blood. It weighed seventeen ounces.

The abdominal cavity was thickly lined with fat and the omentum and intestines were also thickly covered with fat.

Liver.—The liver was of the ordinary size, weighing four pounds five ounces. It presented a smooth appearance externally. Its substance was very friable, granular and fatty, the knife after passing through it presented a greasy appearance. The gall bladder contained a small quantity of bile. There was nothing else observable about this organ.

Stomach.—The stomach was of the normal size and perfectly healthy; it contained half a pint of solid and liquid undigested food which appeared to have been but very recently taken.

Kidneys.—The kidneys were of the natural size and perfectly healthy; each kidney weighed, with the adipose tissue attached to it, nine ounces, and without the fat, five ounces. The intestines and the other organs were in the normal state. There were no unusual appearances noticeable in the spleen, except its being in common with the other organs very pale and exsanguine; it was of the ordinary size. The thoracic and abdominal cavities were yet quite warm.

Wound.—The wound was next examined, and a long silver probe having been passed through the course of the bullet from the point of entrance in the back of the neck to the orifice of exit the mouth, the skin and superficial fascia of the right side of the neck were then cut and turned aside, and the muscles carefully dissected down to the probe. The following lesions were found to exist. Externally an oval aperture in the skin on the back of the neck, immediately to the right of the spinal column, having depressed and inverted edges, and nearly of a size to admit the point of the little finger, its longest diameter being a quarter of an inch and its shortest a little less. Internally, fracture of the right transverse process of the third cervical vertebra, division of the right internal carotid artery, jugular vein and pneumogastric nerve and laceration of the back part of the pharynx. There was a small wound in the top of the tongue, and three artificial incisor teeth were broken

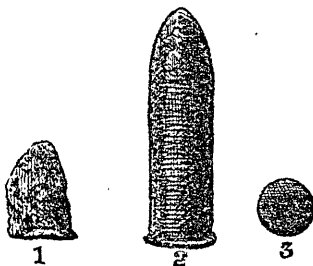
from a gutta percha plate attached to the upper jaw. It was palpable that the bullet *entered* the *back* of the neck, and produced the injuries above named, and escaped by the mouth, carrying with it the incisor teeth from the upper jaw.

From the facts elicited by the *post mortem* examination, and the fact of the presence of a large quantity of arterial blood on the sidewalk where the body was found, it was clearly and demonstrably evident that death was caused by hemorrhage, the result of a pistol-shot wound.

(Signed,) DONALD MCGILLIVRAY, M.D., &c.
J. F. WOLFF, L.C.P.S., L.C.

Ottawa, April 7, 1868.

REPRESENTATION OF THE FATAL BULLET.



- No. 1 represents the fatal bullet in its flattened and damaged condition, from striking the vertebral process and partially from striking the door.
 No. 2. The cartridge and bullet in the original state.
 No. 3. The flat end of the bullet, shewing its diameter. The pistol which the ball No. 1 fitted, and which was found on the person of the assassin was No. 5 Smith and Wessen, and No. 2 represents one of the cartridges found in it and marked L.

A large number of professional gentlemen were present at the autopsy, among whom were the following: Dr. Bown, M.P., Dr. Pauquette, M.P., Dr. Fortin, M.P., Dr. Robitaille, M.P., Dr. Dickinson of Cornwall, Dr. Pyne of Oakville, Mr. Hubertus of Toronto *Globe*, Dr. Corbett of P. C. O. Rifle Brigade, Capt Smyth of the 100th Royal Canadian Regiment, Mr. McAulay, Mr. Kennedy, Dr. H. Hill, Dr. Ed. Vancourtlandt, coroner, Dr. C. Beaubien, Dr. Geo. Chesley, Dr. Palso of Oakville, the Hon. Sir George E. Cartier, Bart., M.P. for Montreal, entered near the conclusion: he was deeply affected, exclaiming, "Poor McGee! poor man! he was such a good——" He walked several times up and down the room, sobbing bitterly, evidently overcome by the intensity of



Dr. Drake's Case of Fatty Tumour.

his feelings for the sad end of his late colleague. He remained in the room but a few minutes. Hon. Peter Mitchell also entered late, and remained but a short time. Besides the above, other prominent citizens attended.

Fatty tumor with bone like degeneration—Removal. By JOSEPH M. DRAKE, M.D., Professor of Clinical Medicine University of McGill College. (Illustrated by a photograph.)

Denis Laberge æt 42, and unmarried, was admitted into the Montreal General Hospital on the 20th August 1868, having a large tumour hanging from the left inguinal region.

History.—Has always enjoyed good health although at one time used liquor to excess. Has always worked in lumbering shanties, where he had frequently to undergo great hardships. Eight years ago, while at work loosening logs that had become jammed at the head of a rapid, a heavy plank fell against him, the end striking him in the groin. He was confined to bed for a week and suffered a great deal of pain; about a month after this accident noticed for the first time a slight swelling in the inguinal region. It was soft and about the size of a hens egg. It gradually increased for about two years, when it reached its present size. Has not grown any for the last six years; after a hard days work jumping from log to log it was very painful, but at other times suffered no inconvenience beyond that caused by its weight.

Present condition.—The tumor is estimated to weigh about six pounds; it measures 16 inches in circumference, $7\frac{1}{2}$ inches in diameter and $11\frac{1}{2}$ inches from its point of attachment to its pendant extremity. It has all the characters of a fatty tumor, but on the interior can be felt a hard lobulated mass. The skin covering it is not thickened but is marked with scars which he says, were caused by his striking the tumor against obstacles, when he was at work in the water. Its attachment appears at first sight to be only skin, but a closer examination reveals about the centre a distinct hard cord leading from under Poupart's ligament, to the hard lobulated mass.

Operation.—On the 22nd of August 1868, Dr. Drake removed the tumor without difficulty. No vessels of any consequence were found to be feeding it. On the tumor being opened the hard lobulated mass was found to be osseous in character, the whole mass being about the size of an average sized man's closed fist. This structure presented all the external appearance of bone, showing that the centre of the tumor had undergone osseous degeneration, an event of exceedingly rare occurrence. The remainder consisted of lobules of fat, here and there shewing patches

of cartilagenous structure. The osseous mass had a fibrous cord leading from it to the under part of Pouparts ligament. There was an artery and a vein in connection with it, but they were of small size.

The patient made a very rapid recovery, and two weeks from the day of the operation he left the Hospital perfectly cured.

REVIEWS AND NOTICES OF BOOKS.

On Diseases peculiar to Women, including displacements of the Uterus
By HUGH L. HODGE, M.D., Emeritus, Professor of Obstetrics
and Diseases of Women and Children in the University of Pennsylvania. Second Edition. Philadelphia: Henry C. Lea. Montreal:
Dawson Brothers.

When one hears of irritability of the bladder, rectum or stomach, distinct affections, giving rise to certain symptoms and having well known pathological conditions present, there is no difficulty in comprehending what is meant; but when the term, irritability of the uterus is employed, we are apt to shrug our shoulders, for we hear the term so often used, without reference to any specific complaint, that it must be confessed we do not fully understand its signification. Dr. Gooch, and Mr. Brodie were the first who promulgated the theory that "Irritability was a morbid state, irrespective of any other lesion." Although their conclusions met with considerable opposition, and even still do so, yet many heartily endorse them, and among the number, none more warmly than Dr. Hodge, the author of this volume. Indeed after a very careful examination of his book, we find that his entire object is to exemplify the nature, consequences and treatment of nervous irritation as distinct from inflammation. The opening chapter gives in brief the views of the leading authorities on the subject. Dr. Bennett of Edinburgh, and Dr. Byford of Chicago, denying its existence, while Drs. J. Y. Simpson, Graily Hewitt, West, Ingleby and others strongly assert that they have repeatedly seen it present, independent of inflammatory action. The second chapter opens as follows, and in brief defines Dr. Hodges definition of irritable uterus.

"What idea is to be associated with the expression, 'an irritable uterus?' No other than that the organ is more sensitive—more easily excited—than when in a healthy state. It is no longer in a normal condition, but in an abnormal, unhealthy, diseased state. This diseased condition has reference, let it be observed, not to its circulatory system,

and, of course, not to its organic life, but to its nervous system, its animal life. It is a state not of organic irritation, but of nervous irritation. In simple uncomplicated cases, the alteration of the sensibility is the only indication of its existence. There is necessarily no turgescence of the organ, no congestion, active or passive, no inflammation, and, of course, no alteration of structure in an irritable uterus, even after the lapse of years. Congestions and inflammations, when found, are complications, sometimes the result of the nervous excitement of the organ, but frequently adventitious and secondary, or accidental.

“In a normal state the uterus can be pressed upon and pushed in various directions, almost without the consciousness of the woman; but, from various causes, this quiescent condition of its animal life may be disturbed. Its vitality is exalted, it becomes more excitable; slight impressions cause sensation, pain, even severe pain, spasms, cramps, and other evidences of nervous irritation, of morbid excitement. It has passed from a healthy to an unhealthy state, as regards its nervous system; it is morbidly sensitive; it is “irritable.” This state is a simple exaltation of a natural vital property, sensibility, and constitutes a nervous irritability beyond its normal or healthy standard.”

As might be surmised the predisposing cause of this condition is “nervous temperament.” By this is meant that certain persons are from their original organization, peculiarly impressible, easily excited or depressed in everything that regards their cerebro-spinal system. Early marriage, Dr. Hodge thinks predisposes to nervous affections; indeed he states marriage is frequently the cause of hysteria, especially in erotic habits, and where no conception ensue. At page 236, he draws the following conclusions.

“A review of the causes of irritable uterus will, to a great extent, enable us to answer the repeated inquiry, why nervous affections of the uterus are so much more prevalent and distressing during the present than the past generation. The answer is twofold, or, perhaps, threefold. The first relates to the predisposing states of the patient's system. The nervous temperament of women of the present age has been greatly developed by the wonderful increase of the indulgences and luxuries of modern life. The physical education of the girl has been most carelessly and thoughtlessly disregarded; while every stimulus has been applied to procure a precocious development of the mind, the heart, and the passions. The organic life has been neglected, while the animal has been unduly and too rapidly excited. Another answer to the query is, that the tight dresses, the weight of garments, the braces, etc., to which girls are subjected, are more constantly resorted to, and are of a more decided character than those employed by their ancestors.

"Perhaps it should be added, that the greater frequency of uterine diseases is more apparent than real. Formerly these complaints passed under other names."

In describing the pathology our author says an irritable uterus is that state of the nerves of the organ, in which they are preternaturally susceptible to impressions. There may be and often is no perceptible disturbance of organic life. It is merely a disease of animal life.

If however a severe or continued irritant disturbs this irritability, the irritation may be followed by pain, spasm, or by various distressing nervous sensations, which may radiate to distant parts. In other cases, it is succeeded by congestion or engorgement. This is not inflammatory congestion, but that modification of congestion resulting from nervous excitement as in menstruation, erections &c. * * * there is no permanent alteration of structure, and the recovery is often perfect and sudden. The treatment is entered upon with chapter, ix. and is fully described. Rest with tonics, especially the preparations of iron, are strongly recommended, as are daily injections of cold water into the vagina, and at times the rectum. We think a word of caution should have been given with regard to the use of cold injections; for we have seen cases of the most intense uterine colic produced by some of the fluid entering the cavity of the uterus. Care should be taken to direct the current well back. The remainder of the volume is devoted to the consideration of uterine displacements, and Dr. Hodge attributes many anomalous symptoms, which frequently occur to this cause. The illustrations are fairly done, and the work contains considerable valuable information, although we must confess we notice numerous repetitions.

Essentials of the Principles and Practice of Medicine, a hand-book for Students and Practitioners. By HENRY HARTSHORNE, M.D. Second edition revised and improved. Philadelphia: Henry C. Lea, 1869. Montreal, Dawson Brothers.

This is a very handy little volume, and one worthy of a place in the library of every physician. It contains, in a condensed form, the symptoms, causation, diagnosis, prognosis, and treatment of the majority of medical and surgical diseases to which the human subject is heir. The arrangement is perfect. A careful examination of its contents assures us that its author is thoroughly conversant with the medical literature of the day. In the treatment, especially, we notice that mention is made of every case where new remedies have been suggested, and their value, so far as ascertained, noted. An occasional glance at this work would do much to refresh the memory of those whose time is so completely occupied as to preclude the possibility of systematic treatises being examined.

P E R I S C O P I C D E P A R T M E N T .

Surgery.

ON SYRINGING THE EAR.

Dr. Roosa, of New York, has the following remarks in *The Medical Record* on this simple yet important operation :

“ There is a proper and an improper way of syringing the ear, simple procedure as it is. If we use one of the miserable little glass syringes, so commonly sold for injecting the meatus, without taking hold of the auricle at the same time, in order to straighten the auditory canal, the upper wall of which, in a normal condition, falls down toward the lower or anterior wall, very little of the fluid will enter the ear.

If, again, the vessel in which the water is to be returned from the ear be not properly held, the fluid will run over the patient's neck, and cause very unpleasant sensations.

In order to syringe the ear properly, a hard rubber syringe should be used, and a thin bowl be held close under the lobe of the ear well up into the fossa at the articulation of the lower jaw with the temporal bone. The patient himself, if he be a large child, or an adult, will hold the bowl better than an assistant. The surgeon then straightens the meatus by gently pulling the auricle in an upward direction with one hand, while with the other he uses the syringe. It is well to allow the water to first pass into the concha of the auricle, and not immediately into the canal, in order that the patient may judge as to the temperature of the water, which should be lukewarm. The ear will not usually tolerate a cold fluid.

Performed with a good syringe, and with such precautions as have been named, syringing the ear becomes very pleasant to the person who is subjected to it. Children who have already been to a physician who has manipulated in the auditory canal with a forceps or other instrument, will, of course, object to the syringing, from fear of pain ; but if no such attempts have been made, the youngest child can soon be coaxed out of any unwillingness to submit to the operation. I was once, however, compelled to etherize a child, in order to remove a pea by syringing, which had been previously hunted for with instruments.

It is theoretically reasonable that the injection of water is a potent agent in removing a foreign body from the ear. It is sufficient to remove a plug of wax, which has been impacted for years, and which has completely plugged up the auditory canal. How much more potent must be the stream of water, when there is sufficient space through which it may

get behind the foreign body and wash it forward by the returning current! Experience also confirms what theory thus indicates. There are no cases on record, I think, where syringing, when undertaken before any other attempts have been made, failed to remove a foreign body from the ear.

Unfortunately however, those who believe in the efficacy of the simple procedure of syringing do not always see these cases at first. The foreign bodies are often impacted, or so situated that a stream of water cannot pass behind them. There is often also very great inflammation of the parts, caused, not by the foreign body, but by the attempts to remove it. If it be plain that the foreign body is not causing the severe symptoms, a little delay may be advised, until proper local treatment—the use of leeches, and the instillation of warm water—has subdued the inflammatory process. If it be probable that the foreign body is wedged in upon the drum, or perhaps pushed through it into the cavity of the tympanum, there is nothing to be done, but to remove it at all hazards. Perhaps the best way, in case all attempts by means of delicate instruments introduced into the canal (which is at the same time well illuminated by a concave mirror placed on the forehead by means of a band) have failed to reach the body, will be to adopt Tröltzsch's suggestion and detach the auricle posteriorly, and thus reach the body from behind. Having thus separated the auricle from its attachment, the membrana tympani will be thoroughly exposed, when it will be very easy to remove anything which may be upon it. Of course all other reasonable and safe means should be employed before resorting to this operation, although it cannot be considered a dangerous method, which can hardly be said of the forcible attempts made through the auditory canal.

CASES ILLUSTRATING THE EFFECTS OF AN ADHERENT PREPUCE UPON THE URINARY ORGANS.

Under the care of Mr. THOMAS BRYANT.

It cannot be too much kept in mind, said Mr. Bryant the other day to his class, that an adherent prepuce by itself is capable of producing symptoms of difficult micturition, incontinence of urine, retention of urine, intermittent flow of urine, hæmaturia, and, indeed, any other symptom of urinary disease; for it seems that every source of irritation at the renal end or the external end of the urinary passage is referred to the bladder, or rather shows itself in the most marked degree in that viscus. In any case, consequently, of supposed stone in the bladder in a child, the penis should be well examined, for in a large number of cases the symptoms of stone will be found to be caused by an adherent or elongated prepuce.—*Medical Times and Gazette*.

TREATMENT OF EPISTAXIS BY SIMPLE COMPRESSION OF THE NOSTRILS:

By R. P. B. TAAFFE M.D., M. S. Lond., Surgeon to the Brighton and Sussex Infirmary for Diseases of the Eye.

A few days ago, I was called to a case of severe epistaxis of an active character. The patient, a middle-aged man, had been the subject of a good deal of hard brain-work. He had suffered from severe epistaxis on several occasions, for which he had been variously treated, locally and constitutionally. The local treatment, hitherto found successful, was the injection of iced water.

When I saw the patient, he had been bleeding from the nose for some time, and on the day previous had lost so much blood that he fainted. On the whole, the loss having been so considerable, I felt justified in interfering. The thought struck me to try what simple compression of the nostrils close to the nasal bones between the thumb and forefinger would do. I first tried the compression myself, then the patient used his own fingers, first of one hand, then of the other; in the course of about twenty minutes the bleeding was completely arrested. The simplicity of this plan of treatment, when compared with plugging the nostrils, must be apparent. In no medical or surgical work, as far as I know, is mention made of this method.

The situation of the bleeding vessels has generally been supposed to be rather high up in the nares, but here was a case in which the bleeding vessel (or vessels) was either situated below the hard parts, rendering compression comparatively easy of application; or if situated up, the compression caused a clot to be formed, having a firm basis of support, and so plugged the bleeding points. In all cases of epistaxis requiring interference, to which I may in future be called, I shall certainly first try what simple compression of the nostrils between the finger and thumb will do before proceeding to further treatment.—*British Medical Journal*.

AN IMPROVED MODE OF REDUCING BACKWARD DISLOCATIONS OF THE ELBOW JOINT.

By Wm. H. De Champ, M. D., of Grand Rapids, Michigan.

I deem it the duty of each member of our profession to bring to light, and place upon record, any improvement, either in surgery or the general practice of medicine, whenever he becomes satisfied of its worth.

This system, or course of procedure, of placing upon record any principle or fact likely to prove of service to the profession at large, is one of the distinctive differences between pure scientific procedure and that of charlatanism.

This I propose to do with regard to a method of reducing backward dislocations of the *elbow joint*, which has proved far more simple and easy than any of the methods now in use or at present recommended.

My attention was first called to this while reflecting upon the great simplification made in the reduction of dislocations of the *hip joint* by Dr. W. W. Reed, of Rochester, N. Y., at so late a date as 1851. So important improvement as this to be made after thousands of as eminent surgeons as will ever adorn the profession, had failed to discover it, was enough to cause inquiry, whether other joints had not been equally neglected.

Laying aside all knowledge of reduction of the elbow joint in the backward direction, and taking the anatomical structure of this joint into account, I was forcibly struck with the ease with which this dislocation could be produced, by the hand becoming fixed, and then flexing the arm in the wrong or backward direction. This I had always noticed was the position patients would give as the one the arm was in when it was dislocated.

I found, as every one will, that by simply placing the bones in the position of this injury, and then commencing to flex the arm in the backward direction, while the fore-arm is pulled slightly forward, the olecranon process is caused to glide directly along the posterior flat surface of the humerus, until it arrives at the olecranon fossa, when the reduction is accomplished by simply flexing the arm forward into its normal position.

Within the past four months I have reduced three cases by this method. The mode of manipulation is as follows, viz: The wrist is clasped by one hand while the other is placed back of the elbow, and the effort made to flex the arm in the wrong or backward direction, at the same time moderately pulling upon the wrist, when the bones are found readily to resume their normal position; the work being accomplished in far less time than it can be described.

By this method the coronoid process is not drawn directly into the olecranon depression, as it is by pulling in the straight line as sometimes recommended, but is lifted out of, or over it, with no more strain upon the ligaments than is required to let it pass out of its normal place.—

Detroit Review of Medicine.

Medicine.

CASE ILLUSTRATING THE NATURE OF EPILEPSY

By Prof. L. Marowsky of Charcow Russia.

This case is reported as a further contribution to the researches of Dr. Nothnagel concerning the origin of the epileptic attack, and the author is of opinion that it proves beyond controversy that many, if not all, forms of epilepsy are owing to a spastic contraction of the cerebral arteries; in other words, that epilepsy is a *vasomotor neurosis of the brain*. The arterial spasm may be induced by various causes, either directly or by reflex action; hence the multifarious forms and modifications of the disease. Whenever these causes are known, or discovered *post mortem*, we speak of symptomatic epilepsy;—when they remain unknown, we “call the disease “essential” (idiopathic) epilepsy.

The case is that of a cadet, æt. 16, with a moderate phlegmonous inflammation extending from the left ala of the nose to the middle of the left cheek. The young man was naturally very excitable, nervous, but of strong build and in good condition. The tumor was very painful, at the circumference hard and red; the centre was dark-red, almost livid, and showed fluctuation so distinct as to indicate the propriety of opening the abscess. This little operation was performed immediately, the patient standing. A small, but sufficient, opening had scarcely been made with a sharp lancet, when the skin immediately around the incision which had been dark-red, became perfectly white. This white margin rapidly extended farther and farther, all of the red inflamed surface became as white as chalk, the patient became restless, his pupils dilated and his countenance grew pale; he fell, lost consciousness, and, after a slight tetanic contraction, was attacked with clonic convulsions of the face, hands, and feet, and foaming at the mouth. After a half or at most one minute, the convulsions ceased, the patient became quiet, his face reddened, the pulse, which had been slow, contracted and tense, became frequent and easily compressible, the skin moist, and after five or ten minutes the patient awoke, remembered nothing of the accident, and for the rest of the day remained depressed, feeble, and incapable of mental exertion.

The author supposes that he had caused, by the incision, a reflex spasm of the cerebral arterics, leading to general anæmia of the organ, which then caused convulsions and loss of consciousness. The tonic contraction of the cerebral vessels must have been general, affecting the base as well as the periphery, because loss of consciousness occurred simultaneously with general tonic and clonic convulsions.

The patient has been under observation for two years since this occurrence, but never had a second attack; nor ever suffered from an epileptic attack previously, though he had always been very irritable as a boy.

THE PREVENTION AND TREATMENT OF SUNSTROKE.

By W. C. MacLEAN, M.D., Professor of Military Medicine, Army Medical School, Netley.

The number of cases of sunstroke reported in the general and medical press, induces me to offer a few observations chiefly on the prevention and treatment of this formidable affection. In my article on Sunstroke, published in the second volume of "Reynold's System of Medicine," I pointed out that sportsmen in India constantly expose themselves in the hottest weather when in pursuit of game. Those who use reasonable precautions, who protect the head and nape by a head-dress adapted to the purpose, wear loose clothing of a suitable material, and abstain from stimulants, rarely suffer from sunstroke.

On the other hand, men who are made to undergo fatigue under a hot sun, dressed as British soldiers generally are, in tight-fitting clothes, and encumbered with heavy and badly-adjusted accoutrements, wearing a head-dress which not only gives no protection, but concentrates the sun's rays on their heads, suffer from insolation in a fatal form. In illustration of this, I quoted the well known example of the 68th Regiment, which, dressed and accoutred in the manner above indicated, paraded at Madras at an early hour in the afternoon in one of the hottest months of the year, to attend the funeral of the late General M'Dowell. The result, as my friend Sir Randal Martin has described, was, that before the funeral parade was over, the men began to fall senseless; one died on the spot, two more in less than two hours, and men suffering from insolation in various degrees were brought into hospital all that night and part of next day. I further illustrated this part of the subject by the case of the 98th Regiment, which, dressed and accoutred as above, took part in the capture of Chin-Kiang-Foo, the final military operation of the war in China, under Sir Hugh (now Lord) Gough. A great many men were struck down by the sun; about fifteen died on the spot. For the most part they fell on their faces, gave a few convulsive gasps, and expired. It is a noteworthy fact, of which I was an eye witness, that the 18th Royal Irish and the 49th Regiments, employed on the same day, in the same service, and exposed to the same fierce heat, hardly suffered at all. Why? They marched and fought under the guidance of officers experienced in tropical war, who had for their advisers medical officers of equal experience, and the result was that the soldiers went into action without their leather stocks, with their jackets loose and open, and, above all, with white covered forage caps on their heads. In the same article I have shown how high temperature induces a variety

of the same terrible symptoms when men are massed in ill-ventilated barracks, and gave some historical examples in point. From the above, some important lessons may be gathered for our guidance in this exceptional season.

In such tropical weather as we now have, troops should parade for exercise only in the early morning or evening, and even then as little encumbered as possible; and, in case any man should fall out, an abundant supply of water should be at hand for drinking and douching purposes.

For those who are obliged to exert themselves in the sun, cold tea is the safest and, in the long run, the most refreshing beverage. Every experienced Indian sportsman will subscribe to this. It is notorious in the East, that the sportsmen who "come to grief" from the sun are those who endeavour to "support nature" with brandy and water and strong ale.

When walking in the sun, particularly in the hot streets, when there is little movement in the air, the use of an umbrella, with, for choice a white cover, can hardly be thought effeminate. It is almost useless to add, after what has been said, that at such a temperature as we have lately had, it is dangerous to mass a number of people in ill-ventilated dormitories, although it is probable that the formidable symptoms of what may be called barrack insolation are seldom seen under a temperature of 90° Fahr.

The best and safest mode of treating a person struck down by heat is at once to remove him to the nearest shade, to strip him, and assiduously to douche him with cold water over head, neck and chest. By this means a powerful impression is made on the cutaneous nerves, the effect of which is to set suspended respiration in motion, at first by catches and gasps, finally in a more regular manner. If the heat of skin be, as it usually is, high, this simple operation should be done again and again. The patient should be made freely to drink of ice-cold water, if that be at hand; if vomiting results so much the better, for it will mechanically aid in diminishing extreme congestion of the lungs, which is one of the most invariable consequences of the attack. The patient should be made to inhale ammonia, with the usual precautions, from time to time. As soon as sensibility is restored, it is well to give a purgative; moderate diarrhoea favors recovery. If sensibility be not restored by the above means, shave the head and apply a blister. In the convulsive form of the disease chloroform may be inhaled, as advised by Dr. Barclay, but always under medical supervision.—*Lancet*.

SUN STROKE.

BY DR. PETERS.

This disorder is also called heat-apoplexy, and is supposed, by some, to be allied to simple apoplexy, or that variety which sometimes proves fatal without leaving any traces of congestion, effusion or extravasation behind; by others it is compared to alcohol-apoplexy.

There are two theories of the disease: 1st, that it arises from liquefaction and expansion of the blood; 2nd, from a depressed condition of the cerebro-spinal and lymphatic nervous systems. The mortality is very great, at least, 40 to 50 per cent., because this disease attacks by preference those who are sick or debilitated, or accustomed to indulge too freely in spirituous drinks. It has been noticed that those attacked have often been affected for a few days previously with suppression of perspiration and irritability of the bladder; their nights have been sleepless, and attacks of vertigo, and a sense of weariness have been complained of. Then the patient becomes listless and stupid, merely says that his head feels queer, and may be dead in twelve hours more. But the attacks generally commence with faintness and great prostration, thirst, great heat and dryness of the skin, and tightness across the chest, while the pulse is so slow and feeble that it can scarcely be felt. Then follow symptoms of stupor and insensibility, with loss of speech. When the patient becomes comatose the skin is found very hot, the pupils contracted, the conjunctiva congested, the pulse hard, full and rapid, and the breathing difficult. In some cases tetanic convulsions occur. Just before death the pupils dilate, and the action of the heart becomes feeble and intermitting.

In some cases the common treatment with cold to the scalp and the frequent administration of stimulants is allowable; in others it is very injurious. When there is a combination of alcohol and heat-apoplexy, of course spirits must be avoided, or else given in spts. mindereri, although hartshorn and ginger, or some hot drops may be required. When there is congestion to the head, with great heat of skin and a full hard pulse, cold may be applied by pouring a continuous stream of water over the head and chest, and cooling tonics and astringents, like dilute *phosphoric acid*, should be freely given.

When there is utter exhaustion, and the pulse very weak and the skin cold, ammonia and brandy should be frequently given in doses proportioned to the depression, and persevered with to the last.

When recovery takes place, convalescence may be retarded by congestion of the kidneys, which occurs in very many cases; or by dilatation of the vessels of the brain from a debilitated or subparalytic state of their

walls; by partial paralysis and great prostration of strength; by severe headache or vertigo; by confusion and dullness of mind, while symptoms of paralysis or of insanity may set in months after an apparent cure. To obviate the major part of these troublesome and threatening effects the free use of dilute *phosphoric acid* is almost indispensable.—*New York Medical Gazette*.

EMPHYEMA AND ITS TREATMENT BY PERPETUAL DRAINAGE.

An extremely valuable clinique was that held by M. Gosselin on a case of emphyema, that he had had under his eyes for two years, and in relation to which he suggested several ideas that are not everywhere current.

Until recently (observed the Professor) suppuration of the pleura was regarded as a necessarily fatal disease, both on account of the exhaustion induced by the long continued drain on the system, as also by the habitual co-existence of grave pulmonary disease. No cure is possible unless on the condition of entirely evacuating the pleural cavity, which can only be effected spontaneously by the establishment of a bronchial or cutaneous fistula. In a few cases children have been known to recover after the establishment of the first kind of fistula, or vomica, as it is technically called, but only uncertain reliance can be placed upon the benignity of this mode of evacuation, and no physician has the right to provoke it. On the other hand, the cutaneous fistula is even more dangerous, air insinuates itself into the cavity, decomposes the pus, and prevents the dilatation of the lungs, which gradually assume a state of definite collapse. Hectic fever sets in, with all its train of symptoms, cough, diarrhoea, and everything indicating the absorption of purulent matters, and the patient is generally carried off in two or three months at the furthest. Modern surgery, however, has ventured to interpose the operation of thoracentesis as an attempt to arrest the fatal march of this serious disease. This operation, whether performed by simple puncture or incision, is (according to Gosselin) essentially the same, and essentially useless unless accompanied by a certain precaution presently to be described. In the first case, the little wound speedily cicatrizes, and a repetition of tappings is required, which finally results in the establishment of a fistula. By this the pus indeed escapes, but the air also enters, with the consequences above described. The same thing is true of an incision, and although there was more chance of success after Sedillot suggested counter-openings, and the use of injections to wash out the cavity, the results were still far from satisfactory. M. Chassaignac, however, has had the happy idea of inserting by the two openings perforated caoutchouc drainage tubes, which afford free and continual exit to the pus, and thus neutralize any evil ef-

fects resulting from the inevitable ingress of air. For the pus, however decomposed, is innocuous if able to freely escape, instead of being shut up in a close cavity, and stimulating its own absorption.

In addition to the use of drainage tubes, injections of warm water are made every two or three days. The patient who furnished the occasion for these remarks, had been treated by the method above described, which had proved remarkably successful. He had first come under the care of M. Gosselin two years ago at La Pitié, and appeared then in a dying condition, exhausted by a long standing empyema and thoracic fistula. As soon as free exit was afforded to the pus, and the drainage tube established, the hectic fever began to mend, the patient's strength rallied, and in three months convalescence seemed so solidly established, that the drainage tube was removed, and the man left the hospital. The flow of purulent liquid had entirely ceased. After working for about three months the patient began a second time to suffer from oppression. A fistula re-opened, and after some weeks the general health had fallen to nearly as desperate a condition as on the first occasion. Re-admitted to La Pitié, and treated again by a drainage tube, the patient again rapidly recovered. After this experience, the tube was left permanently in place. A third time he had run down in strength, and entered La Charité, but was speedily built up again by the same treatment, and thoracic injections of iodine and of sulphite of soda. It was M. Gosselin's intention to leave the drainage tube in place until the pleural cavity should be entirely obliterated. And this practice, and the theory upon which it is founded, constitute the original part of this lecture. He declares that it is absurd and chimerical to hope that a serous membrane that has undergone a pyogenic transformation, can ever regain its original character of functions. So long, therefore, as it exists, so long will there be drainage from renewed secretion of pus. But by prolonged care in carrying off the corroding secretion as it forms, the surgeon may hope for the formation of adhesions which shall definitely obliterate the cavity, and constitute the cure of the disease.

By means of these combined methods, therefore, judiciously applied, many patients, in even grave stages of hectic fever, may be snatched from the jaws of death, and restored to a tolerable degree of health. This, of course, cannot be expected if the empyema complicates advanced tuberculous disease.

M. Gosselin also applies the system of perpetual drainage to abscesses situated under the great pectoral, and whose evacuation is rendered difficult by the tonicity of the muscle. A case of this kind, actually in the ward, is doing extremely well. The tube, of course, passes through the

original and counter incision. Injections are made every two days with warm water.—*Medical Record*.

ON MITRAL REGURGITATION NOT ARISING FROM ORGANIC DISEASE.

In the *Dublin Quarterly Journal of Medical Science* James Cuming, M.A., M.D., Professor of Practice of Medicine, Queen's College, Belfast, Physician to the Belfast General Hospital, etc., says that the possibility of the occurrence of regurgitation, through the mitral valve, independently of organic disease of any portion of the heart, is a question of great pathological and practical interest. The recognition of the characteristic murmur of mitral regurgitation is generally, and, no doubt, in the great majority of instances, rightly regarded as indicative of serious organic disease. There is reason to believe, however, that inorganic or functional murmurs are of more frequent occurrence than has been hitherto supposed. Functional disturbance of the heart, being usually a remediable affection, there is rarely an opportunity for examining the state of the valve, except in cases in which organic disease has existed. Various observers have, however, been struck by the apparently anomalous circumstance of the left auriculo-ventricular opening and its valve being found on examination, to be perfectly healthy, in cases in which murmur, apparently caused by valvular incompetence, had been heard during life. Such cases can be accounted for only by one of two explanations,—either that a mitral murmur may be generated without regurgitation, or that derangement of the valvular function may be brought about by functional causes.

As far as regards the former of these two hypotheses, it may be taken for granted that the existence of a systolic bellows-sound, possessing the usual characters of a mitral murmur in respect of situation, maximum intensity, and direction of transmission, necessarily involves regurgitation through the left auriculo-ventricular opening. This, which is the almost universal opinion among physicians who have paid special attention to cardiac diseases, is in opposition to the opinion of no less eminent an observer than the late Dr. Todd. Todd believed that a murmur might be engendered at the mitral valve in consequence of the deposition of lymph on its ventricular surface, the competence of the valve remaining quite unaffected, and, of course, no reflux taking place into the auricle; and even held that this condition of the valve could be distinguished from a condition producing incompetence by a special modification of the auscultatory signs. This opinion of Todd has been regarded with little attention, and has not been adopted, by any considerable authority on cardiac disease. Indeed, although it is generally admitted that roughening of the

endocardium in the neighborhood of the arterial orifices may give rise to systolic murmur, it is impossible to conceive how a mitral murmur can be generated of sufficient intensity to be audible below the scapula, unless a current of blood flows through the imperfectly closed valve.

The following case bears upon the question, and has some interest in connection with it,

CASE 1.—R. C., æt. 33, admitted to the General hospital, July 30th, 1867, suffering from dropsy. She was married and the mother of three children.

She had been a healthy woman until four months ago, when she was suddenly frightened, she being then advanced in pregnancy; she did not miscarry, but from that time she began to suffer from palpitation, and soon after her confinement, œdema of the lower limbs became evident. The heart symptoms and the dropsy had continued since, occasionally much relieved by treatment.

There was considerable anasarca, and she complained much of palpitation. The urine was not albuminous. A systolic bellows-murmur was audible, in placing the stethoscope over the heart, loudest at the left apex, and distinctly audible at the inferior angle of the left scapula. Its intensity diminished as the stethoscope was removed from the left apex. The heart was very often examined by the clinical class, and no doubt was entertained as to the case being one of well-marked regurgitation through the mitral valve. There was no diastolic murmur nor any bruit in the large vessels. The jugulars were somewhat turgescient, but did not pulsate, and the intensification of the second sound, pointed out by Skoda, was not observed. There was nothing remarkable in the progress of the case. It was necessary occasionally to puncture the legs and thighs to relieve the dropsy. There was much pulmonary congestion, a good deal of severe dyspnœa and distress, and she expectorated frequently small quantities of dark blood. The symptoms were ameliorated occasionally for a time, but no permanent improvement took place. She died November 1st, 1867.

The post-mortem was made under circumstances of difficulty, and only the heart could be removed. It was examined carefully; the aorta and the pulmonary and tricuspid valves were found to be perfectly healthy; the mitral valve was well formed, and quite free from any evidence of disease, except a very slight thickening, about the size of a small shot, near the free edge of its anterior flap. The circumference of the left auriculo-ventricular opening was found to be three inches and six lines; that of the right, three inches and eleven lines. The cavities seemed quite normal as regards capacity and shape, and the muscular structure of the heart was firm and well-colored. The columnæ carneæ were well develop-

ed and firm, and nothing abnormal could be discovered in the chordæ tendinæ.

It is of interest to observe that the first symptoms of ill health occurred subsequently to the patient having been frightened, the fright having taken place when she was in the pregnant state, a condition in which the nervous system is probably unusually susceptible of injurious influences of this kind. The idea naturally suggested itself, that the valvular derangement might have been caused by the strong mental impression giving rise to spasmodic action of some of the papillary muscles. The influence of mental emotion in causing spasm of so partial an extent is seen in strabismus. Instances have been observed both of continuous and of rhythmic spasm, of a nature quite as extraordinary as would be involved in such a supposition. The constantly recurring irritation of the blood entering the cavity of the ventricle might possibly bring about a constantly recurring spasmodic action.

The anasarca and congestion of the lung, which existed in this case, cannot be attributed, solely, or even mainly, to the condition of the valve. The feeble, ill-nourished, and anæmic state of the patient was, no doubt, powerfully instrumental in the production of the dropsical condition. But that there was a difficulty imposed upon the heart was shown by its firm and well-developed character of tissue. Indeed, a condition of what may be called relative hypertrophy seemed to have been induced. The heart might have been reasonably expected to share in the prevailing atrophy and wasting of the body. It was, on the contrary, an organ such as might have belonged to a strong, healthy woman. This points towards a cause having existed which kept up an abnormal stimulation of its nutrition, and renders it probable that had life been much prolonged actual hypertrophy would have been produced.

CASE II.—*Mitral Regurgitation of a Temporary Kind.*—A gentleman, aged thirty-three, married for about two months, of strictly moral and temperate habits, and who had always enjoyed excellent health, was seen in consultation with Dr. Newett, of Moneyglass. He suffered from great exhaustion, and from a feeling of faintness when he sat up more than a few minutes at a time. He had injudiciously taken purgative medicine with the idea of his illness being the result of biliousness, and, in consequence, the bowels were rather relaxed. There was no evidence of active disease of any kind; the tongue was clean, pulse 80, and very soft, and there was some appetite. On examining the heart a soft bellows-murmur was heard at the left apex, transmitted towards the left axilla, but quite inaudible at the base of the heart, and only faintly audible at the right apex. He had never had any rheumatic affection, nor any symptom of cardiac disease, and he had been examined for life assurance a short

time previously by an excellent and careful stethoscopist, who had not detected any abnormal condition of the heart. Under these circumstances, the opinion was formed that the murmur was of functional origin, an opinion which was verified by the progress of the case, as under tonic treatment and rest he completely regained his strength, and the murmur gradually subsided. A subsequent examination of the heart showed that its action and sounds were perfectly normal, and free from any trace of murmur.

The conclusions to which a consideration of the last two cases and observations lead are—firstly, that mitral regurgitation may be produced without organic disease of any kind, and, secondly, that it may in some instances give rise to the same physical signs and to the same general symptoms as regurgitation from organic causes.—*Dublin Medical Press and Circular.*

THERAPEUTIC ACTION OF DIGITALIS

Edward Mackey, M. B., Joint Professor of Mat. Med., Queen's College, Birmingham (*British Medical Journal*), reports clinical observation of the use of digitalis with cases. In reply to the question may we expect digitalis to strengthen, and make regular a feeble beating heart, or must we dread its depressing pulsation to the verge of extinction? He says, "We may expect the former in a large number of cases." Quoting opinions, he states "that Dr. Gull's clinical experience, clearly settled in his own mind, that digitalis was capable of diminishing the frequency of the heart's beat, and increasing the power of the heart's impulse; and is especially useful in cases of disease of the left side, in which the action is very rapid and feeble." Dr. Wilks remarks of a case of dilated enfeebled heart: "This was just one of those cases where digitalis might be expected to do good." Dr. Fuller says, "The cases of heart disease most benefited by digitalis, have been those in which the heart has been weak and dilated, pulse feeble and irregular." *Effects of Complication.*

(a.) A state of fatty degeneration, if far advanced, contra-indicates its use; for its subject is liable to sudden death. In dubious cases, commence with small doses (5 m.), better combine with ether, watch carefully; increase gradually; stop occasionally. (b. and c.) Mitral regurgitation and mitral obstruction do not contra-indicate its use. (d.) Aortic regurgitation is a contra-indication. Dr. Mackey does not think, from the experience of the profession, although the reasoning is not clear, it is prudent in this condition to use the drug. (e.) In aortic obstruction, however, this remedy may be most useful. (f.) Hypertrophy, as a result must be referred to other lesions for its indications. This drug is not

likely to benefit functional disorders, palpitation, etc. As to *preparations*, Digitaline is uncertain; the infusion is apt to nauseate. In preparing the tincture, great care should be used in the selection and keeping of the leaves. Doses: It is better to commence with small doses (5 m to 10 m); sometimes the dose can be rapidly increased to 30 m. As a general rule, such a dose is often enough repeated twice in the twenty-four hours.—*Half-Yearly Compendium.—Medical Science.*

TREATMENT OF DISEASES OF THE HEART.

Dr. S. O. Habershon, in an interesting paper in the volume of *Guy's Hospital Reports*, lays down *seven* principles of treatment in all cases of heart disease.

The first is, as far as possible, *to lessen its work*; and this may, to some extent, be effected by mechanical rest, by a recumbent position, and by the avoidance of sudden changes of temperature.

The *second* is to *insure regularity of action*, by avoiding mental excitement, by guarding against indigestion, and by never allowing constipation to continue.

The *third* is to *lessen distension*, especially the right side of the heart, by purgatives, diuretics, and by mechanically diminishing the quantity of fluid in circulation.

The *fourth* is the prevention of syncope. With this view, sudden muscular movements must be avoided; stimulants may be required, as ammonia, brandy, etc.; and sedatives must be withheld or cautiously administered.

The *fifth* is to strengthen the muscular fibres of the heart, by suitable nourishment, a bracing air, if other conditions allow; chalybeate medicines, and if the patient be exhausted by want of sleep, this symptom must, if possible, be relieved.

The *sixth* is to prevent fibrillation of the blood. For this purpose carbonate of ammonia will often be useful; other alkalis, as potash, soda, and their salts may be beneficial, but, if long continued in considerable doses, Dr. H. says, they depress the action of the heart. The acetate and iccide of potash may be advantageously combined with the carbonate of ammonia, or perhaps the hydro-chlorate of ammonia.

The *seventh* is to prevent secondary complications, and to relieve them when produced. These complications are—1st, broncho-pneumonia and pleuritic effusion; 2d. pulmonary apoplexy and other hæmorrhages; 3d, visceral engorgement, hepatic and renal congestions, with ascites and anasarca. By freely acting on the bowels, the portal congestion is greatly diminished, and the liver is enabled to act in a normal manner. Thus a

free mercurial purge is of great value. The kidneys may be excited to a more vigorous action by a combination of mercurial medicine with squill and with digitalis, when the latter can be borne. Salivation should be avoided. Diuretics are useful. An effectual way of diminishing the anasarca is by puncturing the skin on the thighs. The pulmonary engorgement is sometimes greatly reduced by applying cupping-glasses between the shoulders, or by the application of a blister to the chest.—*Rankin's Abstract*

A CASE OF LONG STANDING EPILEPSY, CURED BY AN EXTENSIVE BURN.

By JOHN C. PEARSON, M.D., of Ursa, Illinois.

In the month of January, 1864, I was called on, to see Joseph Garing, a German, who had had an epileptic fit and fallen in the fire, burning himself severely.

I found my patient in the most excruciating agony. He had stirred up a large bed of live coals in an extensive old-fashioned fire place and fallen into them in a fit; being alone in the room at the time was dreadfully burned in the hands, arms, face, neck, breast and head before assistance fortunately came in.

I administered opium and stimulants freely, and dressed the whole burnt surface with a liniment composed of lime water and linseed oil. Five weeks elapsed before the entire burnt surface had healed. It supurated during this period, profusely, and the fetor arising from it was almost insupportable.

My patient, at that time about forty years of age, had been the subject of epileptic convulsions from early boyhood, rarely going two or three months without the recurrence of a fit, and sometimes having one every few days. This was the case anterior to the burning; but since that great and—as the sequel has proved—*fortunate* event in his life, *he has not, up to the present time, experienced the slightest symptom of an epileptic spasm!* Four years have passed away, and not a single fit has returned.

Now I would ask the question, what was it that caused this permanent cure of a disease of over thirty years standing? Evidently the burn in some way was the therapeutic agent, but what was the *rationale* of its action? Was the burn *directly* the cause of the cure by the shock it induced upon the system, or *indirectly* the cause by the excessive and long continued suppuration it produced?

The burn evidently and doubtless was, in some way, the cause of the cessation of paroxysms, for subsequently to its reception, my patient *had* had no medication whatever.

Prior to the burn, Garing would occasionally indulge in the free use of spirituous liquors, which indulgence was invariably followed by a severe epileptic fit, but now he can get as drunk as Bacchus without the least symptoms of any such result. This fact he regards as the crucial test, and is glad that he was burned.—*Philadelphia Medical and Surgical Reporter*.

BROMIDE OF POTASSIUM IN LARYNGISMUS STRIDULUS.

Dr. B. F. DAWSON, Lecturer on Uterine Pathology in the Medical Department of the University of New York, has the following useful article in the *Am. Jour. of Obstetrics*.

That the bromide of potassium is a valuable remedy for many diseases having their origin in some affection of the nervous system, is acknowledged almost universally.

It was on account of this acknowledged power which it possesses over spasmodic affections that I was induced to use it in the following case of *spasm of the glottis*.

About the 10th November, 1868, a little boy not quite four years old was brought to me by his mother, suffering from what she thought must be "croup." She stated on interrogation, that about six months ago she first noticed that her child would occasionally be seized, whilst asleep, with a difficulty in breathing which would last but a few moments, and then the child would sleep as naturally as before. These attacks occurred in the beginning about once or twice a week, and remedies which she used gave no relief whatever; for at the end of four months the attacks had increased in frequency and severity, and often she thought the child would choke to death. During these attacks he would jump up in bed and stretch out his neck in his efforts to obtain breath, and his breathing was so loud as to be heard throughout the house. The spasm generally lasted but a few minutes. In this state he continued up to the present time, the paroxysms returning nightly for the last month, and no relief being obtained from the remedies used. In other respects, the child was quite well; he ate regularly, and was only allowed simple nutritious food, as had been ordered by her physician. His bowels were regular, and in the daytime he was as playful and bright as any child of his age. Examination of the child's head, chest, throat, mouth, etc., revealed nothing to account for the disease, and I therefore considered the case one of "Spasm of the Glottis," due to some one of the *many* nervous influences which sometimes give rise to this affection, but as to what was the particular influence inducing it, I was unable to discover. With this opinion as to the disease and its cause, I was desirous of trying what effect the bro-

mide of potassium would exert over these paroxysmal spasms, and accordingly to this end I ordered the child ten grains of the salt every hour, from eight to ten P. M., the same dose to be repeated at the same hour for three nights, at the end of which time the child was again to be brought to me. I was not a little surprised to learn at the end of this time that the child had not the slightest return of the "spasm" from the first night the bromide was taken, and that its sleep and breathing were exceedingly easy: As the disease was evidently impressed by the prescribed treatment, I directed a continuance of the salt in the same doses for two nights more, after which time but one dose was to be given on going to bed, for two nights only, and the medicine was then to be dispensed with altogether. These directions the mother carefully followed, and for the last five nights the child has had no medicine whatever, but notwithstanding has not had the slightest return of the disease.

From the foregoing facts it is therefore evident that in this case the bromide of potassium certainly must have the credit of at least temporarily relieving an obstinate and dangerous affection, and although it is not safe as yet to consider the disease as cured, yet I may safely believe that the paroxysms have been completely broken, for a time at least, by its action, and there is all likelihood that they will not return for some time; and when they do recur I may confidently rely upon the bromide of potassium as a powerful means for at once warding them off. The interest attached to this case is, that I do not know of any case of laryngismus stridulus in which the bromide of potassium has been used, and that consequently we may possibly find it a valuable agent in this disease; and as this salt is known to be efficacious over certain spasmodic or reflex actions, may not this disease, when due to nerve lesions, be made to yield under its judicious and persevering use? Its power, at least, is worth trial, and the above case I shall watch carefully, and rely solely on the bromide of potassium so long as I find it makes an impression on the disease.

It would not be out of place to mention that Dr. J. RUSSELL REYNOLDS (*The Practitioner*, July, 1868), in a paper on the use of the bromide of potassium in spasmodic affections says: That its efficacy is most marked when the malady is "paroxysmal;" and, according to Dr. PLETGER's observations (*Deutsche Klinik*, No. 10, 1868), "it excels all other drugs as a remedy for spasms and excessive reflex action of the nervous centres."

It may be quite probable that the effect of the bromide of potassium in the case cited above, was simply due to the *anaesthesia* it produces when given in large doses, as was done in this case, and not to any direct impression on the cerebral or ganglionic systems.

ATROPIA AS AN ANTIDOTE TO OPIUM POISONING.

Dr. M. S. Buttles relates (*Med. Record*) the following case occurring in his practice, which shows the value of belladonna in cases of poisoning by opium:—"Mrs. W. aged 38, had been troubled with retroversion, perimetritis, and severe endometritis, and has had several severe attacks of pericarditis, which have left extensive adhesions. Had severe neuralgic pains all along the left side, for which I had been in the habit of giving her subcutaneous injection of gr. ss morphiæ sulphatis. On January 20th last, I gave her one of these hypodermic injections, which gave but slight relief; the next morning I repeated it injecting exactly M. xv. Magendie's solution (equal to gr. ss morphiæ and remained in the room fifteen or twenty minutes, when she seemed a little easier, and I retired to my office down stairs; but was very soon summoned by the nurse, who stated that Mrs. W. was dying. I found her lips purple, the respiration seven per minute, no pulse at the wrist, but one sound at the heart; pupils contracted to a fine point, frothing at the mouth, and the extremities cold. I commenced artificial respiration (for while I was cogitating on my handiwork she entirely stopped breathing), which by myself and assistants was kept up for about half an hour, when I attempted to give her some strong coffee, but she could not be made to swallow. I had sent for several neighbouring physicians, who were all out; but just at this moment my friend, Prof. Chas. A. Budd, providentially called on me, and was immediately shown to the room. He declared that she was dead, and 'laughed in his sleeve' at the idea of keeping up artificial respiration. By this time I began to think of sending for an undertaker (for she had come to me from a neighbouring city for treatment), but as a 'drowning man clings to a straw,' so I was eager to give her every possible chance, and asked Dr. Budd to suggest something, at the same time mentioning belladonna, when he said that atropia might be given hypodermically, if I wanted to do something, but as she was dead it would not bring her round. We resolved, however, to try it. By this time artificial respiration had been kept up for an hour and a half. One-sixtieth of a grain of the sulphate of atropia was injected, and in fifteen minutes she showed signs of life, the pupils began very slightly to dilate, and in ten minutes more she began to breathe, and the respirations rose to twelve per minute; in half an hour we repeated the dose, making in all one thirtieth of a grain of atropia; and in about fifty minutes from the time of giving her the first injection, she returned to consciousness, and is living now, with a blank in her life of two and a half hours. To Prof. Budd is due the credit of suggesting the remedy.

Philadelphia Medical Record,

Midwifery and Diseases of Women and Children.

TREATMENT OF THE SICK STOMACH OF PREGNANCY.

Extracts from a Paper read by Dr. W. Forwood, before the Medical Society of Hartford County, Md.

The treatment of the sick stomach of pregnancy, or "morning sickness," as it is usually denominated, does not engage the attention of physicians to the extent of its importance.

Our attention has of late been particularly drawn to this distressing malady, by an article which appeared in the *London Lancet*, Feb, 22, 1868, and was copied into the April number of the *Medical News and Library*, detailing the various methods of treatment practiced in some of the leading hospitals of London.

The *Lancet* says the plan of treatment which Dr. Greenhalgh, of St. Bartholomew's Hospital, has found most successful consists of rest in a semi-recumbent position, especially after meals, which should consist of bland, nutritious and unstimulating food, frequently administered, and in small quantities. The patient should take a little coffee about a quarter of an hour before rising, and should guard against long fasts.

Great attention must be paid to the bowels. In some cases a slight bandage around the lower ribs, and under this a strong sedative application over the epigastrium, appear to have done good. Effervescents, with hydrocyanic acid, belladonna, or nox vomica, and in some cases lemon juice, have proved useful. Bismuth and charcoal, when there have been large secretions of acrid mucus, accompanied with flatulent eructations, have appeared serviceable. But of all remedies, Dr. Greenhalgh places most reliance upon the introduction into the vagina of morphia suppositories, more especially in severe cases and when an irritable condition, with or without an abrasion of the cervix uteri, is found to exist. In such cases, he believes, little or no reliance can be placed upon remedies by the mouth, which he has found rather to aggravate than to relieve the vomiting. * * * * *

Dr. Greenhalgh recommends from one and a half to two grains of morphia, as the usual strength of the suppository; but in cases where there is an abrasion, with little secretion, care should be taken against an overdose.

Dr. Graily Hewitt, of the University College Hospital, says that the "morning sickness" of pregnancy, when limited to the morning and early part of the day, rarely calls for energetic or complicated medication. Under such circumstances he generally finds benefit derivable from giving the patient some nourishing article of diet, a cup of milk,

&c., before raising the head from the pillow. The change of posture from the recumbent to the upright position appears to excite the attack when the stomach is empty, but not so much so when the attention of the organ is, so to speak, otherwise occupied. The patient should remain a few minutes or longer in bed after this early meal before attempting to rise. That the sickness will occur in spite of this, in some cases, is undeniable; but in very many instances Dr. Graily Hewitt finds notable relief given by the simple treatment just mentioned.

Dr. Playfair, of King's County Hospital, is not in the habit of treating cases of "morning sickness" much, unless it is unusually severe, beyond carefully regulating the diet, and removing any obvious source of irritation to be met with in the *primæ viæ* themselves. He is of opinion that there is much truth in the old belief that pregnancies without morning sickness are not, as a rule, favorable. He has so frequently noticed that when sickness is entirely absent other and more distressing reflex phenomena, such as syncope, exist to an unusual degree, that he is disposed to look upon the entire absence of nausea as unfavorable. When morning sickness is excessive, he has frequently verified the opinion of Dr. Clay and others, that there is some morbid condition of the uterus itself, and he has found local treatment, such as the occasional application of leeches to the vulva, or of iodine paint to erosions of the cervix uteri, to be of great service. With regard to actual medicines he is disposed to place most reliance on the oxalate of cerium, in doses of two grains three times a day. Next to this, effervescing draughts, with hydrocyanic acid, ice for suction *ad libitum* and the subcutaneous injection of morphia, seemed to have answered the best. The pyroxalic spirit, strongly recommended in a late volume of the "Obstetrical Transactions" has not been found to answer so well as was expected.

At the British Lying-in Hospital, the vomiting of pregnancy, purely resulting from sympathetic irritation, and not due to ulceration or some morbid condition of the uterus during gestation, has been treated by Dr. Murray in the following way: In the sickness occurring in the morning, and even before rising from bed, one teaspoonful of sal volatile, in water, has proved useful. When nausea occurs several times during the day he recommends the use of sinapisms to the epigastric region, with a pill containing the oxalate of cerium and camphor, to be taken twice or thrice daily. In one or two cases he has found the morning nausea stayed by getting the patient to eat either a biscuit or sandwich sometime during the night, or very early in the morning. Salacine is a drug which he has used with success. Opium and ice are other agents of much value in certain cases. In the cardialgia of pregnancy great attention should be paid to the diet, which should be light and nutritious, and a small

quantity of food taken at a time, and at short intervals. He recommends lime water in preference to soda water, to be taken with almost every drink: and has found nitro-muriatic acid, with some bitter infusion, very useful.

Dr. Meadows, of the Hospital for Women, Soho Square, has found greatest success from medicines which exercise a decidedly sedative action upon the nerves of the stomach. Regarding the sickness of pregnancy as a purely reflex effect of uterine irritation upon the pneumogastric nerves and solar plexus, Dr. Meadows places most reliance on drugs which diminish the sensibility of those nerves in their principle distribution. The tincture of aconite, in five or ten minim doses, the tincture of belladonna, in ten minim doses, or the dilute hydrocyanic acid in five minim doses—one or other of these—is the remedy which he most commonly and most successfully prescribes. He has also observed marked effects from the oxalate of cerium, or the citrate of bismuth in five-grain doses. In very intractable cases he has tried, with good effect, a small blister, about the size of a florin, over the epigastric region, the blistered surface being afterwards dressed with some dilute savin ointment, containing one grain of morphia to a drachm.

The foregoing extracts, representing as they do the views of several of the leading practitioners of London, regarding the treatment of "morning sickness," contain many valuable suggestions, which may be profited by in certain cases, and represent very accurately, we believe, the opinions entertained by the profession at large. They contain also some views which we think open to criticism, but it is not our present purpose to make any remarks upon the theories or practices of others.

It will be observed that the treatment recommended by each practitioner cited, appears to have reference exclusively to the manifest symptom—the nausea—the remedies advised can only be regarded as affording temporary alleviation, without removing the disordered condition of the functions of the digestive organs, which so frequently supervenes as a result of pregnancy, and which appears to be the chief cause of the malady under consideration. Having frequently been applied to, by pregnant women, for the relief of sick stomach, and almost as often experiencing the mortification which results from the failure of prescriptions, my attention was called by a professional friend, about twelve years ago, to a prescription recommended by prof. Wood, in the *United States Dispensatory*, under the head of "Columbo." Speaking of the medicinal uses of Columbo, Professor Wood says: "It has been highly recommended in vomiting, unconnected with inflammation of the stomach, as in the sickness of pregnant women. It is frequently administered in combination with other tonics, aromatics, mild cathartics and ant-acids. The remedy which

we have found most effectual in the permanent cure of a disposition to the accumulation of flatus in the bowels," he continues, "is an infusion made with half an ounce of columbo, half an ounce of ginger, a drachm of senna, and a pint of boiling water, and given in the dose of a wine glassful three times a day."

We have prescribed this remedy in this complaint for the last twelve years, always with benefit, and in perhaps nine cases out of every ten as affording complete relief to all the distressing symptoms.

For several years we have prescribed the roots and leaves in the crude state, simply contused, but latterly we have found the *powders* of each of the articles much more efficient, for the reason that their properties are more readily extracted in infusion.

The senna may be increased or diminished in quantity, or altogether omitted, as may be required by the condition of the bowels. Of course it is necessary, in hot weather, to keep the infusion in a cool place, or to have a smaller quantity prepared at a time. The addition of a teaspoonful of brandy or whiskey, to the pint, will preserve the infusion, and will be found in some cases, a valuable adjuvant. In cases of distressing cardialgia we also add, with marked advantage, a half a drachm or drachm of carbonate of magnesia.

The taste of the infusion is bitter, and to many it is very disagreeable, but as the bowels are freely acted upon, and some tone given to the stomach, the majority of patients lose their aversion to the medicine, and in a short time a good appetite and good digestion follows; the desponding and prostrated patient becomes cheerful and robust, and the feelings of weariness of life give way to greater present enjoyment, and to happier anticipations.

We generally prescribe two parcels of powders, enough to prepare two pints of the infusion, (one at a time,) to be taken continuously, a wine glassful, half an hour before each meal, until the supply is all used. This quantity, in the majority of instances, is all that is required to effect a cure; but not unfrequently an additional powder is needed, if not at once, perhaps in the course of three or four weeks, at which time there is a tendency in some individuals to a return of the complaint.

As before stated we have been in the regular practice of administering this infusion to all cases of "morning sickness," that have come under our notice during the last twelve years—numbering perhaps two hundred, or more—and such has been our uniform success, that we will remark, in closing, though the expression may appear extravagant, that we regard the columbo, ginger and senna infusion as much entitled to the character of a specific in the treatment of the sick stomach of pregnancy, as quinine is in the treatment of intermittent fever. We hope the profession will give the remedy a trial, and report the results.—*Medical Bulletin*

Canada Medical Journal.

MONTREAL, APRIL, 1869.

TO OUR SUBSCRIBERS.

We have to apologise for the late appearance of this number of the Journal. The printers of Montreal struck for higher wages—about the middle of April, and at the time we go to press no compromise has been effected—and the lock out continues. As may be imagined, it has been a work of some difficulty to get matter set. Our readers will, therefore, have to bear with us while this unsatisfactory state of things continues.

We would request our Subscribers to forward us communications. There is a sad want of energy among the profession in Canada to write out the results of their experience.

(To the Editors of the Canada Medical Journal.)

GENTLEMEN,—I beg to enclose a copy of Resolutions passed at a meeting of the Medical Practitioners of Ottawa, held in the City Hall, on the 21st April, Dr. Van Courtland in the Chair.

1. Moved by Dr. Leggo, seconded by Dr. Garvey :

That in the opinion of this meeting, the Medical Act of 1865, as well as the amended Medical Act, entirely fail to afford any protection to the profession or guarantee to the public that their interests will be secured.

2. Moved by Dr. Henry, seconded by Dr. Sweetland :

That in the opinion of this meeting, a petition should be presented to the Ontario Legislature, to secure the repeal of the clauses appended to the 8th Section of the amended Medical Act.

I remain, Gentlemen, your obedient servant,

WALTER J. HENRY, M.D., *Secretary.*

Kent Street, Ottawa, April 22, 1869.

ONTARIO MEDICAL COUNCIL.

A special meeting of the Medical Council of Ontario, for the purpose of passing the by-law regulating the mode of holding elections in accordance with the provisions of the new Act, appointing a Board of Examiners, &c., was held at Toronto on the 6th April, in the County Council

Chamber. There were present Dr. Grant, President of the Council; Drs. Berryman, Toronto; Clarke, Guelph; Sullivan, Kingston; Lavelle, Kingston; Dickson, Kingston; Askiu, Chatham; Aikens, Toronto; Morton, Bradford; Brouse, Prescott; Fulton, Fingall; McGill, Oshawa; Patullo, Brampton; and Dewar.

Dr. STRANGE acted as Secretary.

Dr. GRANT occupied the chair, and, in opening the proceedings, said—As you are doubtless fully aware, this is the final meeting of the Medical Council under the old Medical Bill, and a new state of affairs is about to be introduced. During the three years that have elapsed since the first organization of this Council, some small degree of good has, no doubt, resulted from the meetings in various parts of the Province of Ontario. Medical men have thus been enabled to know and understand each other better in many respects, and the very interchange of thought and friendly association, has tended to subvert the Shakspearian idea that we are the “jealous members of the conjectural art.” We live in an age of progress, and an age of advancement in many respects; and in a new Dominion, such as Canada, radical changes, even of a medical nature, must be very gradually introduced. In the process of medical advancement difficulties unforeseen arise in everything pertaining to legislative enactment. However during the term of office which has now elapsed, we can, without fear of contradiction, assert that some good results have, so far, arisen out of our labours. A uniform system of matriculation for medical students has become law—and on this point the members of the Council have had ample proof of the beneficial results likely to accrue from closer attention to preliminary education. The youth of our country have ample opportunities, which, when properly embraced, seldom fail to give that place of distinction they occupy in competitive examination. Again, the new Medical Bill of the College of Physicians and Surgeons of Ontario, compels those students who study at each of the Medical Colleges in Ontario to undergo examinations, equal in every respect as to test of ability and efficiency. No one body will be dealt with to the detriment of the other. No distinction will be known, but that arising from mental capacity and proficience in medical study. He felt satisfied that when the students were well grounded in the chief branches of medical education, and were obliged to pass through a proper curriculum, many would be added to the ranks of our noble profession. The chief object of the present meeting was to frame a by-law for the new elections to take place in June next, and he trusted that, whoever their successors to office might be, they would, when chosen by the body of the profession, exercise their best endeavours to make the medical pro-

fession occupy a place of power, of pride, and of distinction in the Dominion. (Cheers.)

Dr. CLARKE, of Guelph, suggested that several Homœopathists who were outside the bar should take their place along with the members of Council.

Dr. CAMPBELL, as representing the Homœopathists, objected to take his place at the Council Board; but made a few remarks to the effect that, seeing the body he represented were so comparatively few in number, his idea was, that instead of dividing the Province into electoral districts, the whole body should vote as one constituency; and also, as they were so widely scattered, he would suggest that the voting should be done by ballot. The voting paper could be sent to the scrutineer of the Council, and thus the whole meaning of the Act would be implemented.

READING THE MINUTES.

The Secretary, Dr. Strange, read the minutes of the last meeting of Council, and these were adopted.

COMMUNICATIONS

Were read from the Warden of the County of York, from the Medical Faculty of Victoria College, and from the Registrar of the Medical Council of England—the latter communication having reference to the matriculating standard of students.

HOMŒOPATHICS AND ECLECTICS.

Dr. PATULLO moved to the effect that the Homœopathists and Eclectics be requested to meet the Council to-morrow, in order to submit their by-laws, consonant with the requirements of the Act. After a brief discussion, the motion was withdrawn.

MEDICAL BILL.

The Committee appointed to procure amendments to the Medical Bill reported:—That after a protracted attendance before the Legislative Assembly of Ontario, and against the strongest opposition from various sources, they succeeded in procuring the passage of the new Bill which they believe embodies all the amendments which they were directed by the Council to procure, with other amendments and improvements which they believe will be of the utmost benefit to the whole profession, and will also be satisfactory to the public.

On the motion of Dr. CLARKE, seconded by Dr. BROUSE, the report was adopted unanimously.

THE NEW BY-LAW.

It was moved by Dr. BROUSE, seconded by Dr. AIKENS, that a special committee consisting of Drs. Clarke, Dickson and the President be ap-

pointed to draft a by-law for the election as contemplated by the new medical Act, to be submitted at the next meeting of this Council—Carried.

THE MEDICAL BILL.

It was moved that the new medical Act be read over clause by clause. This having been done by the Secretary, a rather lively discussion followed, as to the phraseology of the Bill.

Dr. LAVELLE pointed out many inaccuracies which existed in many of the clauses, which he imputed to the haste with which the Bill had been pushed through the House, and from these inaccuracies, he looked for nothing but trouble. The thing he considered had been forcibly taken out of the hands of the committee appointed by the Council and manipulated by certain parties who were not capable at all of doing the work they so eagerly took in hand.

Dr. BERRYMAN pointed out that according to the Bill, every man who practices medicine for money, or the hope of gain, is liable to a fine of \$100 for each occasion.

Dr. CLARKE, in a forcible speech, denied any manipulation of the Bill, and spurned the idea that he had any other purpose in taking so earnest an interest in the passing of the Bill than the good of the community. A few clerical errors had crept into the Bill; but these are not worth a moment's discussion. The great principles involved in the Bill had received the commendation of the *Lancet* and the highest medical authorities in England, and by these it was considered that the Province of Ontario stood in the very vanguard of medical reform. True, they objected to the admission of the Homœopaths and Eclectics into their brotherhood; but they were not aware that these schools stood on equal footing with them, and it would have been an act of gross injustice on their part. He had now little to look for from the profession; but it was gratifying to him in his old age to think, that along with the Council, he had been so far instrumental in conveying a legacy to the medical profession, which a few years ago none of them would have for a moment dared to anticipate.

Dr. BROUSE remarked that Dr. Lavelle should be a little more explicit to the Council. If he had no objections to the Bill but the small matters referred to, he virtually accepted the Bill in its entirety. Has Dr. Lavelle any real objection to the principle of the Bill? If so, we are ready to hear them and to meet him in his objections.

Dr. LAVELLE stated in reply that he was quite serious in the remarks he had made. It was his conviction that by the stupidly constructed clauses of the Bill, difficulties would arise, and he was convinced that ac-

ording to the Act the Homœopathists and Eclectics would rule this Council. He likewise denounced the introduction of the last part of clause 8. The Committee had no authority to introduce such a clause. In fact it had been condemned not only by the Council, but by the whole medical profession.

Dr. BROUSE deprecated any division amongst the medical men of the Province over the Act. The Act was good in principle and if some minor errors had crept in, let them be ignored in their emulation to give it a full and fair trial.

Dr. AIKENS sympathized with the remarks of Dr. Lavelle. He would always regard the Bill as incomplete and faulty so long as the clause referred to was in it. However, he regarded the Bill as a whole, a great boon to the public and it was their duty to give it a full and fair trial, having always in view the good of the public.

Dr. DICKSON spoke generally in favour of the Bill, but demurred to several remarks made regarding Kingston students. These were taking their places side by side with the graduates of much more ambitious institutions and as he watched their progress in the Army and Navy, he thought members of the Council should not look lightly either on them or the institution which sent them out.

The PRESIDENT was glad to hear the tone that characterized the debate. As one of the Committee on the Bill, he denied all sectarian or Provincial prejudices in the matter of McGill College. They had no purpose to obstruct that respectable institution. It was too small an idea altogether that they had such a purpose. The whole aim of the Committee and promoters was to elevate the standard of the medical profession throughout the Dominion and through them to confer advantages on the public generally.

DRS. DEWAR and BERRYMAN having defended the Bill and the action of the Committee,

Dr. MCGILL in a lengthened speech defended the Bill in all its bearings and especially the latter part of clause 8. And he wondered to hear Dr. Lavelle speaking as he did of that amendment.

Dr. Lavelle maintained that the amendment had been, so to speak, "sprung upon" the House by Mr. Ryckart. He was in the House that night and had never heard of it till it was introduced.

Dr. MCGILL thought that Dr. Lavelle had rather "sprung" himself upon the house. He was not a member of the committee, and had really no business there; neither had the committee any reason to consult him on the matter. He saw no harm in the clause, and he regarded the Bill as a noble effort, fitted to accomplish noble ends.

Dr. FULTON said that though he was excluded by the measure from being a member of the Council, still he regarded the Bill, even in the part that affected him, as a most judicious measure, and one which had received the commendation of the whole profession.

VOTE OF THANKS.

It was moved by Dr. BEBBYMAN, seconded by Dr. AIKENS, that the cordial thanks of this Council be tendered to Dr. McGill and the other members of the committee for their assiduity in conducting the measure through the House of Legislature. Carried.

It was then moved by Dr. DEWAR, that the warmest thanks of the Council be accorded to Mr. Ryckart for the indefatigable efforts he had used as Chairman of the Medical Bill Committee towards the construction and passing of the measure, and that the Registrar of the Council be instructed to convey a copy of the motion to Mr. Ryckart. Carried.

The Council then adjourned till next day at 10 a m.

MEDICAL COUNCIL OF ONTARIO.

Wednesday, 7th April.

The Council resumed their sittings at 10 o'clock. Dr. Grant in the chair.

READING THE MINUTES.

The minutes of Tuesday's Session were read by the Secretary and adopted.

Dr. RICHARDSON gave notice that, in the afternoon, he would make a motion condemnatory of the amendments introduced into the Medical Bill.

THE BY-LAW RESPECTING ELECTIONS.

Dr. BROUSE submitted the by-law drafted by the Special Committee appointed for that purpose. As the by-law had not yet received the sanction of the Committee, it was moved by Dr. Brouse, and seconded by Dr. Fulton, that the Council go into a Committee of the Whole to discuss the draft, in order that the Special Committee might ascertain the views of the Council on several changes which it was proposed to introduce into the method of making the elections. The motion was agreed to. The Council went into Committee, Dr. Morton in the chair.

Dr. CLARKE moved that the clause in the draft by-law relative to "nominations" be struck out. The motion was seconded by Dr. Brouse and carried.

Dr. CLARKE suggested that voting should be done by voting papers; and, in the course of his remarks, said he had not intended to enter the

Council again, but he was resolved to be a candidate once more, for no other purpose than to test the opinion of the medical men of his division on the opinion they hold of him as one who had taken an active and conspicuous part in the framing and passing of the new Medical Act. A long and desultory discussion on this and other points ensued, and the result was that the draft bill was all but annihilated, and the Special Committee were requested to frame a by-law more in accordance with the views of the members of the Council. The Council then adjourned till 3 o'clock.

Afternoon Sederunt.

The Council resumed at 3 o'clock, and the by-law was laid before the Council.

The Council again went into committee—Dr. Morton in the chair. In the course of discussing the by-law, it was moved, in amendment to clause three, by Dr. Pattullo, seconded by Dr. Tarquand—"That nominations be held in each electoral division previous to each election." The amendment was lost.

Relative to the remuneration of Returning Officers, a remarkably lively discussion occurred. One party strongly advocated a fee of \$5, and another section as strongly advocated a fee of \$10. Dr. Berryman, seconded by Dr. Clarke, moved a \$10 fee; and Dr. Askin, seconded by Dr. McGill, moved a \$5. The latter was carried by a majority of one.

THE HOMŒOPATHIC BY-LAW.

At this stage, the Homœopathic section of the general by-law having been handed in, it was moved by Dr. Richardson, seconded by Dr. Askin—"That this Council declines to interfere in the arrangements for the election of any of the members of the Council, excepting those who represent the regular profession."

Dr. MCGILL had anticipated such a move, and he looked upon it as a direct insult to every one who had taken part in the passing of the new measure, and he hoped the Council would show its indignation at such a course. He looked upon the attempt of Dr. Richardson as foolish; contemptible in the highest degree—thus to brave both the Legislature and the people of Ontario.

Dr. RICHARDSON came here determined to show his thorough opposition to the Medical Bill, and he would take every opportunity to show that opposition. He cared nothing for the assertion that the Bill, was popular. He regarded the right, and the right he would follow, whether popular or no.

Dr. CLARKE said it was only Toronto men who were leading in this movement, and they knew the reason why. As a physician who stood high in his profession, he would say this—"If Homœopathy is right in principle, let Homœopathy be accepted."

The vote being taken, the motion was lost, only Drs. Richardson, Askin and Aikens voting for it.

It was then moved by Dr. Brouse, seconded by Dr. Grant—"That in order to dispose of their own by-law, before touching the other, the Committee rise and report progress on the first by-law." Carried.

Dr. Grant having resumed the chair, the by-law was read a third time and passed.

THE HOMŒOPATHIC BY-LAW.

This by-law was read a first time, when Drs. Richardson and Askin again protested against interfering with the by-law. It was none of their business, and the by-law now read seemed to embrace a great deal more than the appointing of the "manner and place" of conducting elections; and it was moved by those gentlemen that "as this Council have nothing to do with the elections of the Homœopathists and Eclectics, the arrangement as to the election of members from those boards be left in the hands of the Governor in Council.

Drs. Clark and McGill made vigorous and lengthened speeches, the gist of which was to the effect, that they must act in accordance with the requirements of the Bill. On a division the motion was lost by 10 to

The Bill was then read a second time, and the Council went into Committee, Dr. Lavelle in the chair.

Dr. Richardson moved, seconded by Dr. Askin, that the part of the by-law defining "who are" and "who are not" qualified electors, should be omitted. Carried.

Subsequently a long and desultory discussion ensued, on several of the other clauses comprehended in the draft by-law, particularly as to the necessity of the members of the Homœopathic and Eclectic Schools being freed from any notarial proof of their being *bona fide* electors, and their paying a fee of only \$5. The clauses including these provisions were expunged. In the course of the discussion on these clauses the President of the Council said that he was prepared to go a long way, and had gone a long way in meeting the views of the members of the Homœopathic and Eclectic Schools—in fact, had gone so far, that those of the Council who were attached to the Universities of Britain ran the risk of having their names expunged altogether from the rolls of these Universities—yet he was unwilling to go further. Since they were to come amongst them, they must come in on an equal footing with them, without asking any favours,

which the school to which he belonged, neither enjoyed nor asked to enjoy.

It was then moved that the Committee rise and the Chairman report progress.

Dr. MORTON took the chair, and the Council adjourned till this morning at 10 o'clock.

—
Thursday, 8th April.

The Council resumed its sitting this morning at 10:30. Dr. Grant in the chair.

The roll having been called, and the minutes read and adopted, the Council resumed consideration of the

BY-LAWS.

A short discussion ensued as to whether the returning officers in the electoral districts should have a vote, irrespective of the casting vote referred to in the by-law; but the Chairman ruled the discussion out of order.

PETITIONS AND COMMUNICATIONS.

A petition was read from the Hamilton Medical Institute, asking the Council to take measures towards the carrying out of the measures of the new Act relative to illegal practitioners.

A communication was read from the Medical Section of the Canadian Institute.

MOTIONS.

Dr. BROUSE moved that the communication from the Canadian Institute lie on the table.

Dr. CLARKE regretted that he did not hear the discussion in the Canadian Institute for he thought the gentlemen who passed the resolution were acting hastily. It was not to be understood that he was at all tending to Homœopathy. He ignored the theory with all his heart, and despised the greater number of its practitioners. He believed them to be specious quacks. Instead of passing such a resolution as this, the medical men of Toronto ought to go to the old woman Matthew Crooks Cameron, who had done more than any other man to introduce this element into the Bill, and ask him to "get out of that." It was a fact that nearly half of the members of the Legislature were Homœopathists; and it was folly to attempt to eliminate the clause without destroying the whole Bill. He would like to see Dr. Aikens here to-day; as when the clause was introduced he had said to him (Clarke) that it was one of the best things that could possibly be introduced. He thought it was not graceful in the medical men of Toronto to take the stand they were taking. It was

a well-known fact that the heads of the Law, the heads of Divinity, and the leading men of the City identified themselves with the Homœopathic system; and it looked as if the medical men of Toronto were beginning to tremble for their incomes and their standing. One good thing this Bill had accomplished, it had swept away all the old sectarian bills which had been smuggled through the House, and had substituted a measure which made education an essential, and would prevent the Province being flooded with ignorant quacks. By the old bills, these had the ball in their own hands, and could license whom they pleased; now their students will be bound to take their place along with our own students. They must be up in chemistry, anatomy, and the other essentials. He, too, was certain that in three years the Eclectics would be wiped from their board, as their system was hollow in the extreme, and without a particle of common sense to bear it up. If the Canadian Institute want the Bill repealed let them go to M. C. Cameron, the only man in the House who claims to be a Homœopathic representative. (Dr. Aikens came in at this stage.) That clause had been submitted to Dr. Aikens, and he had pronounced it a great boon to the profession. (Hear, hear.) He knew many men in the Allopathic school, who were a disgrace to their profession and their country, and this he attributed to the manufacturing of doctors by the various schools in Toronto.

Dr. RICHARDSON—Heap it up. He could not join with Dr. Grant in the eulogium he had passed on the McGill College yesterday afternoon more especially as they had acted in a most systemati manner against the principles of the Bill lately passed.

Dr. AIKENS rose to correct the Council as to the views he has always held in this matter. He had always been in favour of one Board of Examiners, and for many years had endeavoured to bring about this state of matters. Last year he had joined with the Council in the draft Bill which was before them at Guelph, in which there was nothing said about the incorporation of either the Homœopathists or Eclectics. When the Bill was introduced, he considered there were several breaches of faith. For instance, in the exclusion of Professors from the Council Board, he never agreed to that clause—again, the point in the Bill that proscribed a man being a representative for any place but the school with which he is connected. When the clause including the Homœopathists and Eclectics was introduced, he objected to it, and continued to oppose it till he saw distinctly that unless they admitted them they would never have a Bill at all. Another matter he could not, and never had agreed to, viz., the number of representatives. He had always considered it absurd that in a Council of 20, two thousand medical men should have

a representative of 12, whilst 117 men should be represented by 5. When the Bill was in progress he had considered it a good feature in it that the education of their students was to be so far simultaneous; that they were to be up in the causation and the history of diseases, in pathology, toxicology, chemistry, &c., but such a sweeping exemption, as made by clause 25, he had never known of, nor even heard of, till it had become law.

Dr. RICHARDSON had always been in favour of a central Board, but he looked upon the Bil as a fraud, from beginning to end. The exemption in clause 25 annulled any good that might otherwise be in it. It was capable of admitting any amount of quibbling and dodging. Again he repeated that it was a fraud, and by the little phrase in clause 25 the Homœopathic and Eclectic Boards would use every endeavour to lure young men to their Boards, by making their passage through the mill as easily and smooth as possible.

Dr. LAVELLE moved seconded by Dr. DICKSON, to the effect—
 “That the Council receives, with all respect, the communication from the medical section of the Canadian Institute, in reference to the Medical Bill; and while, in many respects, sympathizing with the members of the Institute, as expressed in their communication, they, at the same time, submit that they are not responsible for the present Bill, and have no alternative but to endeavour to have the Act carried out as effectually as possible in the interests of the profession and of the public.”

Dr. RICHARDSON—We can't pass this resolution in the face of the resolution passed yesterday, thanking the Committee on Amendments for the amendments they had introduced into the original Bill.

Dr. CLARKE—You'll make fools of yourselves!

Dr. LAVELLE—I withdraw the resolution. I find we have swallowed the bigger pill.

Dr. AIKENS thought it verged on impertinence for members to come here and object to the Bill—gentlemen who had never raised their little finger one way or the other with regard to it.

Dr. CLARKE—It was most unjust of these men to talk as they had done. The very man who moved the resolution did come up; but all he wanted was to have examinations at Kingston; and though he knew these clauses were in it, he never said a word about them.

Dr. LAVELLE—I deny that the medical men of Kingston knew a single thing about these amendmenments being in the Bill.

Dr. MCGILL—You must have known.

Dr. LAVELLE—I did not know; and I call upon Dr. McGill to withdraw the charge of duplicity he had now made against me. He threw it back to him.

Dr. DICKSON—The medical men of Kingston were utterly ignored in the matter from beginning to end. The whole thing was a piece of duplicity; and it was as clear a piece of Parliament smuggling as ever occurred. Dr. Lavelle went as the representative of the Kingston Schools. He came and shewed himself before the Committee; got these objectionable clauses expunged; and, as soon as his back was turned again, they were inserted by those who thought to get a little renown from their connection with the passing of the Act. In fact, he knew one or two members of the Council who would have sacrificed the whole profession on the shrine of popularity.

Dr. RICHARDSON would state a fact. These amendments to the Bill had been all introduced on the third reading—when every one imagined that it would be passed as it had emanated from Committee. This was simply an imposition.

Dr. GRANT, in reply to Dr. Dickson, stated that he, as President of the Amendment Committee of the Council, never had the slightest notion of the Homœopathic clauses being in the Bill, till it had become law.

Dr. MCGILL explained that he had made every effort to disseminate the draft Bills as widely as he could.

Dr. CLARKE complimented Dr. Richardson on the display he had made before the Parliamentary Committee. (Laughter.)

Dr. RICHARDSON replied that the display he had made there had the effect of expunging these amendments from the Bill, and if they had not been surreptitiously re-introduced, they would have been wanting still.

Dr. MCGILL characterised the letter of the Institute, as nonsense—monstrous nonsense: (Laughter.) They asked them to separate themselves, how could they? It was monstrous. Were they to set themselves against the mind of the country; were they to defy the Legislature; were they to defy everything. It was nonsense—he would not mouth it—monstrous nonsense—(laughter)—especially at the instigation of an insignificant society like the Canadian Institute. He was glad to see the way Dr. Aikens had acted. The Dr. was somewhat of a tactician; but he had ended just where he ought to have done.

Dr. AIKENS—Where was that? (Laughter.)

Dr. MCGILL—You know you said that unless we had such a Bill, the Medical schools would be decimated.

Dr. AIKENS—The Doctor must be troubled with a strange aberration of memory, as I never made any such statement.

Dr. DEWAR—I beg to state that the Special Committee of the Council

appointed to watch the Bill, had acted in all good faith. This much he could not say of some of the members of Council. These gentlemen, especially one of them, all along had acted from ulterior motives.

Dr. RICHARDSON—Name, name.

Dr. DEWAR—Dr. Richardson.

Dr. RICHARDSON—The assertion is totally, utterly, in every sense of the term "False." And I call upon——

Dr. MCGILL—I will not permit Dr. Richardson to interrupt the Council.

The PRESIDENT—We must keep to the rules of debate.

Dr. DEWAR went on to state that the Committee did not manipulate the Bill in any way further than to protect their own interests. They could not help themselves in the matter of admitting the Homœopaths. They at once saw that their admission was a certainty, and they had to make the best of a bad bargain.

Another sharp discussion occurred between Drs. Richardson and Dewar, in the course of which anything but terms complimentary were exchanged. On the motion of Dr. Dickson the members of the Canadian Institute present were invited to address the Council.

Dr. CANNIFF repudiated the term "impertinence" applied to the conduct of the Institute. An association with Dr. Hodder as their President, scarcely merited the epithet "contemptible."

Dr. CLARKE.—What do we care about Dr. Hodder; he may be a "little god" amongst you; I don't care about him.

Dr. CANNIFF.—That may be so; but I am not aware anybody thinks much of you.

Dr. AGNEW was surprised to hear Dr. McGill getting so Conservative. He could remember the day when the Doctor did not look with such horror on the opposing of an Act of Parliament as he seemed to do now.

Dr. BROUSE wished to make a few remarks, but was interrupted by cries of "Divide." On the roll being called, the original motion was carried—ayes, 11; nays, 3.

MOTIONS.

Dr. RICHARDSON moved the following resolution: "That this Council would emphatically condemn the following amendments to the Medical Act, viz.: 1st. The 25th clause by which it is provided that every candidate who shall, at the time of his examination, signify his wish to be registered as a Homœopathic or Eclectic practitioner shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the theory and Practice of Physic, or in Surgery, or Midwifery except the operative practical parts thereof, before any Examiners other than

those approved of by the Representative in the Council of the body to which he shall signify his wish to belong.

2. The 4th clause by which it is expressly provided that the saving effect of the 36th section of the 29th Vic. Cap. 34, "shall not be modified or restricted in any way whatever," and in consequence of which the rights, franchises, power or duty, of the Homœopathic or Eclectic Board are not in any way "abridged, altered or affected."

3. The 3rd section of the 23rd clause, by which "any person, who has actually practiced medicine, surgery, or midwifery according to the principles of Homœopathy or the Eclectic system of medicine before the first day of January, 1860, and for the last six years in Ontario, may, by the direction of the Representative of the Homœopathic or Eclectic systems of medicine "be admitted to register under the act, and by so doing, according to section 6, become a member of the College of Physicians and Surgeons of Ontario."

A lengthened discussion ensued on this resolution, in which Drs. Richardson, Aikens, Berryman, and Dickson took part. In the course of the discussion some smart passages of arms occurred, and degenerated, as Dr. Brouse said, into something very like a school boy squabble.

Dr. Turquand believed, as he believed the bible, that the Homœopaths were wrong, and consequently could have no sympathy with them. However, so long as a man had a thorough elementary education, he might call himself a 'salt' doctor, and dose his patients with salt and water; and if he found people—whether they were members of Parliament or no—who were willing to go in for salt and water, he had nothing to say against them. He might pity them, and he would not condemn them, still he could never consult with Homœopaths and Eclectics.

Dr. FULTON having spoken, the resolution was lost by 9 to 6.

It was moved by Dr. AIKENS seconded by Dr. Brouse,—That the Treasurer is hereby instructed to refund \$5 to such practitioners as were entitled to be registered before the 1st July, 1865, and who have paid \$10 for their registration. Carried.

Moved by Dr. AIKENS, seconded by Dr. Brouse,—That Homœopaths and Eclectics, who had license from their respective boards before the first July, 1865, and who may within one year after the passing of the "Ontario Medical Act" desire to register, are permitted to do so on the payment of five dollars and otherwise complying with the provisions of said Act. Carried.

Moved by Dr. FULTON, seconded by Dr. McGill, that the Registrar be instructed to announce by advertisements in THE GLOBE and LEADER "that in accordance with the provisions of the new Medical Act,

all Medical Practitioners who were qualified and entitled to be registered before the first day of July 1865, may, on complying with the requirements of the Act obtain such registration on payment of a fee of \$5 provided they register before the 23rd day of January, 1870."

A discussion followed, but as several members expressed themselves against such extravagance, the motion was withdrawn.

A vote of thanks having been passed to the President, the Counsel adjourned *sine die*.

The following by-laws adopted:—

BY-LAW AFFECTING ALLOPATHS.

By-law to regulate the holding of elections in the twelve electoral districts described in Schedule C of the Medical Act:—

Whereas power has been granted to the Medical Council in the Ontario Medical Act to make by-laws for determining the manner of holding the elections under the said Act, be it therefore enacted as follows:—

1. This by-law does not apply to the election of Homœopathic or Eclectic members of the Council.

2. The election of members to represent the Territorial Divisions referred to in section 12 of the Ontario Medical Act, shall be held respectively in the places mentioned in schedule "A" to this by-law.

3. That there be no nominations for the position of members of the Medical Council, but that a form, according to the schedule "B" to this by-law appended, be transmitted by the Registrar to each registered medical practitioner to be filled up in favour of the candidate of his choice; and that such papers be forwarded to the returning officer; and such paper shall not be examined, nor such envelope opened, until the day appointed for the recording of the votes. Each envelope to have a printed address by which the returning officer may recognize its character. These papers to be carefully examined at two o'clock p. m. on the day specified by the Act, at which time the Polls will be declared closed; and a strict and careful record of each legal medical vote be made by the Returning officer.

4. At the close of the poll the Returning officer shall add up the votes given and declare that one of the candidates who has received the largest number of votes, duly elected to serve as member for the division.

5. The Returning officer shall make a certificate under his hand of the result of the elections, and shall transmit the same to the Registrar of the Council within the three days next following the day of the election; and that all the papers connected with the election, be forwarded to the Registrar of the Council and be kept by him as the property of the Council.

6. In case two or more candidates receive an equal number of votes Returning officer shall give the casting vote for one of such candidates, and his vote shall decide the election.

7. In the event of the death or unavoidable absence or refusal to act of any Returning officer appointed by the Council, it shall be lawful for the present representative in such division to appoint a Returning officer in the place of the one deceased, absent or declining to act.

Schedule (A) gives the name of the Division and the polling place in each.

Schedule (B) gives the form of polling papers.

BY-LAW AFFECTING HOMŒOPATHS AND ECLECTICS.

A By-law to regulate the holding of elections of Homœopathic and Eclectic representatives in the Medical Council under the Medical Act of Ontario.

Whereas power has been granted to the Council in the Ontario Medical Bill to make By-laws to regulate the manner of holding the elections under the said Act, be it therefore enacted as follows:

1. This By-law shall apply to the elections of Homœopathic and Eclectic members of the Council.

2. Be it enacted that for the purpose of carrying out the provisions of subsection 2, of clause 12 of the Ontario Medical Act, with reference to the election of Homœopathic and Eclectic representatives of the Council of the College of Physicians and Surgeons of Ontario.

3. That the Homœopathic members of the College of Physicians and Surgeons of Ontario shall meet at the Queen's Hotel, in the city of Toronto, on the first Tuesday in June, at 2 o'clock, p. m., to make arrangements for the election to take place on the following Tuesday.

4. That there shall be appointed at this meeting three scrutineers for said election who shall be Homœopathic members of said College, that such Homœopathic members of said College who may be unable to attend at this meeting, may nevertheless vote for the appointment of said scrutineers by sending their votes duly signed to the Secretary of the Homœopathic Medical Board in a sealed envelope by mail, and such votes being recorded by the said Secretary, shall have the same value as if the voter were personally present.

5 That the scrutineers so appointed, shall forthwith cause voting papers to be sent to every Homœopathic member of said College by mail with instructions that the names of the five Homœopathic members he may desire to elect as his representative in the Council of said College, be legibly inscribed in said paper, which is to be returned by mail to the Secretary of the Homœopathic Medical Board without delay, in a sealed

or duly closed envelope, marked on the outside, "vote for Homœopathic Members" of College of Physicians and Surgeons of Ontario.

6. That the Secretary of the Homœopathic Medical Board shall on the second Tuesday in June, in presence of the scrutineers above referred to, open the envelopes containing the votes, and the five names having the highest number of votes, shall be returned to the Registrar of the Council of Physicians and Surgeons, as Homœopathic members of said Council for the next three years.

7. If upon examining the voting papers it should appear that there is an equality between two or more, having the lowest numbers of votes, it shall be lawful for the scrutineers above mentioned to decide by lot which of those names thus being equal, shall be chosen as representative.

8. That in the event of the unavoidable absence of any of the scrutineers appointed at the meeting above referred to, on the 1st Tuesday in June, it shall be lawful for the other scrutineers and the Secretary of the Homœopathic Medical Board to nominate some other Homœopathic member of the College to act as scrutineer in his stead.

9. That the present officers and members of the Homœopathic Medical Board shall be eligible as scrutineers.

10. Wherever the words "Homœopathic members of Homœopathic Medical Board" occur in the above clauses, it should be understood that the same provisos shall be applicable to the Eclectic members in the Eclectic Medical Board, and that they shall comply in every respect with the arrangements above made for the Homœopathic members.

J. A. GRANT,

President.

A very interesting application of chemistry to the arts was exhibited recently at the Dublin Chemical club, and subsequently at the *Conversazione* of the President of the College of Physicians. It has been found that one of the products of fermentation in ale and porter can be effectually replaced by the addition of grape sugar to the liquor, and for this purpose grape sugar is now being manufactured very largely from starch for the use of brewers and extensively imported. The objects achieved by the use of the grape sugar are justly a very considerable saving of the malt, and as may be anticipated a considerable reduction in price of malt liquors; and secondly, an increased capacity for keeping in the liquor made with grape sugar, which will make it peculiarly suited to foreign consumption and the export trade, and will obviate the very serious waste which now accrues from the spoiling of the liquor.