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# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, MARCH, 1881.

## Original Communications.

### JEFFERSON MEDICAL COLLEGE HOSPITAL, PHILADELPHIA.

CLINIC OF S. D. GROSS, M.D., PROF. OF SURGERY.

[Reported for the CANADIAN JOURNAL OF MEDICAL  
SCIENCE by JOHN H. KOONS.]

[We are indebted to the kindness of Dr. J. B. Roberts, Lecturer on Anatomy and on Practical Surgery in the Philadelphia School of Anatomy, for the following reports by one of his students.]

AMPUTATION OF THE LEG, FOR TRAUMATIC GANGRENE OF THE FOOT.—This man, aged 45 years, was injured by a car sometime previous to his admission, and you can readily diagnose, by the condition of his foot and leg, the pathological process which is taking place. The parts have mortified, the line of demarcation has formed, and the swelling, pain, and concomitant inflammation have abated. There is no swelling in the limb above the ankle joint, but the upper surface of the foot is covered by a black slough, separated by a distinct line of demarcation from the healthy parts. Gangrene may be either traumatic or idiopathic. In this instance, where the condition is due to local injury, the gangrene is said to be traumatic; but when no injury has occurred and the mortification supervenes from some inherent constitutional cause, the term idiopathic is employed as descriptive of the causation. The proper course to be pursued in cases of gangrene is, as a rule, to wait for the line of demarcation before operating. In traumatic gangrene where the mortification is fast spreading, we sometimes find it necessary to amputate at

once in order to save life, but generally we wait for the line of demarcation. The proper time to operate, unless contra-indicated, is after the line of demarcation has fully established itself. I purpose amputating this leg a short distance above the line which shows the point at which the mortification is arrested; and I shall do it by the circular method, which I usually prefer in this locality. We apply the rubber bandage, by which the blood is driven out of the limb; and then the circulation is cut off or prevented from returning by the elastic cord firmly fastened around the thigh; the rubber bandage is then removed, and the operation rendered a bloodless one.

The practice of all surgeons is to save as much blood as possible during an operation, since hemorrhage is a serious complication and endangers prompt recovery. I shall make a circular incision above the line of demarcation, and dissect up the skin about two inches. I find that the previous inflammation has so matted the parts together that it is difficult for me to dissect rapidly. I now make a vertical incision in the circular flap, in order to turn it back, divide the tissues down to the bones, and pass a knife between the tibia and fibula to cut through the interosseous membrane. The parts are drawn out of the way by means of the three-tailed muslin retractor, while I saw off the bones. I remove this projecting point, made by the sharp crest of the tibia, which would interfere, perhaps, with rapid union of the flap, and might cause ulceration over its sharp apex.

After tying the anterior and posterior tibial arteries, the parts are now washed with hot water, which you see stops the capillary bleed-

ing better than cold water, because it coagulates the albuminous portion of the blood. In tying the arteries I have been careful not to include the nerves. Always use strong ligatures and tie firmly. The nerves and tendons must be retrenched, so that they may not be compressed and implicated in the cicatricial contraction of the stump. Here you see there is an abundance of tissue left to cover in the bone.

We shall not close the wound for four or five hours; by that time the parts will be covered with plasma or lymph, making a glazing as it were. Then it will be proper to draw the parts together at several points by the interrupted suture. I do not believe in closing up wounds immediately after amputation. If I were to close up this wound now, it might bleed between the surfaces, and this blood would putrefy. The vessels and absorbents taking up the decomposing and septic material might give rise to pyemia and death. The man will be given half a grain of morphia hypodermically, and will be treated on general antiphlogistic principles, so as to keep his system supported by plenty of fresh air, good diet, and tonics. Gangrene occurs, as a rule, in asthenic cases, and calls for that form of antiphlogistic which may be styled corroborant.

\* \* \* \* \*

After the operation, the patient was treated with large doses of quinine and whisky; and although there was some sloughing of the flap, he is now, about two weeks since the amputation, in pretty fair condition. The sloughs have separated and the wound is healing by the granulating process.

**LITHOTOMY COMPLICATED BY VESICO-RECTAL FISTULA, DUE TO A PREVIOUS OPERATION.**—The next case is that of a man whom I had before you last Saturday. I explained to you then the nature of the case, and told you that he had had an operation for stone performed in the country, seventeen months ago, and that the operation lasted for two hours.

The patient tells us the stone was not all removed, but this is hard to decide; however, whether or not the stone was all removed at that time, we are quite sure there is one now within the bladder, of considerable bulk. He has the

rational symptoms of stone, such as pain, tenesmus, and frequent desire to urinate; and the sound introduced into the bladder through the urethra gives the characteristic percussion sound when it strikes the calculus.

On examination, it is found that the perineal wound has never entirely closed, and the urine has been passing out through the perineum ever since the operation. I told you there was also a wound in the lower bowel of considerable size. Hence, the unfortunate patient has urine escaping by the rectum, the perineal wound, and by the penis.

We will attempt to close these openings by an operation, after removing the stone now in the bladder. In regard to operation for stone in the bladder, I may say to you that great care should be taken not to wound the rectum; for although it may not interfere seriously with recovery, yet the chances are that it will cause trouble, by leaving a permanent communication between the bladder and rectum. I never in my life had the misfortune to perforate the rectum in an operation of this kind, and I regard the occurrence as a great evil, though by some it is not considered as such.

If the urine is allowed to pass into the rectum, great pain and irritation is the result; and if the fecal matter is allowed to pass into the bladder, even greater injury may follow. A long time is required to heal such an opening, if indeed it can be healed at all; and in any event the surgeon should guard against such an occurrence.

When about to perform lithotomy you should see that your patient is properly prepared before you attempt to operate. This man has had his bowels well moved, as should always be done; and it is often well to give your patient a little whisky or brandy before the operation. Your instruments should be spread out on the table in the order needed, and carefully covered with a towel, so that the patient may not see them, as every precaution must be used to prevent shock. The parts should be shaved previous to the operation; and when everything is prepared, the staff is inserted and held in the proper manner, with its curved portion firmly supported against the arch of the pubes. There will probably

be some bleeding from the hæmorrhoidal arteries and veins, but this I imagine we will be able to check easily. I make my incision in the usual manner, in front of and to the left of the anus, through the perineal fistula left by the former operation; and now I find the groove in the staff with my left finger and, running the knife along it, divide the urethra and prostate, and open the bladder. The stone is large, and, as the edges of the bladder embarrass my proceeding, I am obliged to divide the parts still further. Now, as I have removed the stone in several pieces, we wash out the bladder with a syringe, in order to remove any blood-clots or calculous matter that may remain behind.

It is always well to have some experienced man to examine the case after the operation, lest you be assailed for malpractice. This man will be removed to the ward, where a bed, especially for this purpose, is prepared in the following manner:—Upon the mattress is spread a sheet in the usual way, and on this is placed a soft oilcloth, over which again is placed what is known as the draw-sheet, consisting of an ordinary sheet folded several times and placed under the buttocks. This helps to keep off the pressure as well as receive the discharges, and can be changed several times a day without disturbing the patient. The bowels should be locked up for three or four days by a full anodyne, and in this instance the patient will be given half a grain of morphia as soon as he has sufficiently recovered from the effects of the anæsthetic. His diet will be of the most concentrated character. The perineal wound will probably heal in a few days, and it may possibly be requisite and proper at some future time to attempt to close the old rectal fistula.

\* \* \* \* \*

Now, two weeks after the operation, the man is in good condition. The urine still passes from the wound of operation, which is contracting, and, of course, from the rectum, as the fistula was not closed by any attempt at plastic operation. He has less frequent desire to urinate, and says less urine passes from the rectum than formerly. His condition has been greatly improved by the removal of the stone.

## BRAIN LESIONS AND FUNCTIONAL RESULTS.

BY DANIEL CLARK, M.D., TORONTO.

(Read before the Canada Medical Association, at Ottawa, Sept. 1st, 1880.)

(Continued from page 40.)

Private Samuel D. Solomon was wounded at Bull Run, Aug. 27th, 1862, by a carbine ball, which struck at a point two inches behind the tip of the left ear. The missile entered the brain to the extent of two inches and was not extracted. When struck he fell to the ground, but retained his consciousness. Healthy sup-puration followed, and a fragment of bone was discharged from the wound. He suffered from headache, and also from acute darting pains across the base of the brain, from the right temple to the scar of the wound. No paralysis existed, and the functions of the body were generally well performed. He afterwards served in a Washington Hospital in the capacity of nurse, and was discharged the service in the subsequent year, with no record of mental unsoundness or functional disability.

Corporal Wood, wounded at the battle of Winchester by a conoidal ball, which fractured the occipital bone and entered the brain. This was Sept. 19th, 1864. He was examined by a Confederate Board, on March 24th, 1865, whose members recommended that he might be employed at some post where the duties were not laborious, showing his mental faculties could not have been impaired to an appreciable degree. No functional results were seen.

Private Sheridan was wounded at the siege of Vicksburg by a canister shot. The missile entered the left parietal bone, immediately posterior to the coronal and three inches from the sagittal suture, passed horizontally inward, a distance of two and a-half inches and lodged. The ball could not be extracted. He suffered but little inconvenience. The wound sup-purated freely, sometimes bled, and small frag-ments of bone escaped. Six months after, he was placed to work on the levee, and experi-enced no trouble, except on approach of a storm, when he had a dull pain and sensation of weight. In eight months after the wound was received he returned to duty.

Lieut. Lilycrantz, wounded at Fort Pulaski. The ball perforated the os frontis, over the right superciliary ridge. When first seen after the injury he was vomiting freely, and about a fluid ounce of brain matter had exuded from the wound. A probe, five inches long, glided easily, by its own weight, its full length directly backwards through the wound without coming in contact with the ball. For ten days the patient showed a tendency to sleep, but was easily aroused and would converse freely, constantly wandering, however, from the topic of conversation. He could, at this time, neither taste nor smell, and his hearing and sight were much impaired. He recovered his mental faculties to such an extent as to be employed in Government service at Washington, and died five years afterwards. During this time he articulated distinctly; had no paralysis, but had occasionally slight attacks of epilepsy, but they were becoming slighter as time wore on.

I have culled these cases out of 559 persons who received penetrating or perforating fractures of the skull. These 559 were selected out of 4,350 cases of gunshot wounds of the cranium and its contents. Of that large number many were afflicted with functional and mental disturbance, but in no two cases of similarly injured were there like results.

Dr. Van Peyma gives a record of a singular case in the *Buffalo Medical and Surgical Journal*, December, 1873:—

A man, aged 50, was found comatose and brought to the Buffalo General Hospital. He subsequently was sufficiently roused to give his name and age. He died six days after admission. On *post mortem* examination, the meninges on the right side were found considerably congested. On removing the brain a collection of pus was found at its base, extending from the medulla oblongata forwards. The lateral ventricles were also found filled with a purulent collection. At this moment, as the incisions were being extended, something was heard to fall on the tray on which the brain was lying. To our utter amazement this was found to be a bullet. The ball, which was of small size and considerably flattened, had been liberated by the knife. The con-

viction was forced upon us (says the surgeon) that the external opening, through which the ball had passed, had been overlooked during the life of the patient, and that this was the real cause of death; but our astonishment was increased when, after a careful examination of the surface, no opening could be found. As a last resort, the cranium was examined from the interior; and on the anterior surface, above and a little to the right of the left orbit, was found a fracture of the frontal bone, the internal table of which was extensively fissured. With this as a guide, we again made search for the external aperture, and again failed in finding an opening, but finding a discolouration of the skin over the seat of the fracture, of a lead colour, circular in shape, and the size of a ball. There was not the least sign of a wound or the slightest scar. The wound, which must have existed, had healed perfectly, and left nothing but this leaden discolouration to show its former presence. The course of the ball through the brain could still be traced by a probe to the place where it had lodged, near the anterior surface of the medulla. The opening in the bone was filled in with a gelatinous material through which tenaculum passed readily. There was no previous history of the case, but it was evident that the wound had been inflicted a considerable time before death; and seeing the patient had not found refuge in a poor-house, hospital, or asylum, the inference is fair that the intellect had not been much impaired, if any, up to the fatal attack. I am the more ready to think so, from the immunity enjoyed by patients similarly afflicted. There could not have been serious functional results as he had been able to look after himself.

A somewhat analagous case is recorded by Dr. Prewitt, of the City Hospital, St. Louis (*St. Louis Medical and Surgical Journal*):— A man, aged 32, shot himself with a pistol. The ball entered the forehead about an inch and a half above the supra-orbital ridge. He recovered in a little over a month, and *without marked impairment of intellect*. He died eleven months afterwards from erysipelas. No functional impairment is mentioned.

Asst.-Surgeon P. F. Harvey, U.S.A., reports

the following case (*vide American Journal of the Medical Sciences*, July, 1879): It is that of an Indian Agency physician who received a Winchester rifle-ball three inches and a quarter above and one inch behind the right external auditory meatus. The missile took a transverse direction across both hemispheres toward the left supra-orbital convolution. A grooved director was easily passed in this track, a distance of five inches, without, however, reaching the ball. The patient did not lose consciousness on being wounded, and complained only of "seeing stars" and of some confusion of ideas. He recovered so rapidly that, after five days of convalescence, he took a journey of 90 miles, in December, in an open buggy, alighting several times to make his way on foot through deep snow-drifts. At the end of this exertion, however, two convulsions occurred, and the wound in the head re-opened. In a short time complete convalescence ensued. Six months after the wounding the patient travelled across the plains to his home in Indianapolis, and on his arrival reported himself in excellent condition.

Dr. Hopwood, of Ashton-under-Lyne District Infirmary, England, gives, in the *London Lancet*, an account of a case under his care last summer. A male patient, aged 28, was engaged in removing the centre support of the arch of a brick-kiln, and before he could get out of the way the arch fell, burying him and several others in the ruins. All the bones of the face were crushed in; and among other injuries the coronoid process of the lower jaw was broken off, and there was a depressed fracture of the temporal bone just above the zygoma, from which the brain protruded to about the size of a strawberry. The coronoid process of the lower jaw and the zygoma were removed, the protruding brain matter was shaved off and the temporal bone elevated. Temperature at this time was 99° Fah., pulse 62. The patient was perfectly sensible when brought to the Infirmary, and thought he was only slightly hurt. There was no shock, nor had there been any. The pupils were perfectly regular, and there was no paralysis. There was no mental disturbance at any time, and ten days after the injury he said "he felt as

well as ever he did in his life." The injury was inflicted on 30th July, 1879, and on Oct. 14th following, he was quite well and working regularly.

John MacEvoy, of Paterson, N.Y., a lad of 15 years of age, was gathering sawdust in a sawmill last December. He had crawled under a circular saw going at a speed of 2,500 revolutions a minute. The saw was twelve inches in diameter, and nine inches of this was under the table. Becoming startled by a noise, the boy suddenly raised his head, bringing it in contact with the saw. The saw had made a clean sweep from the upper part of the frontal bone to the right side of the nose. The right upper eyelid was completely severed, but the eyeball was untouched. The cut was three-sixteenths of an inch wide, and the edges of the wound were smooth. The boy was able afterwards to walk, and told how the accident had happened. He appealed to the physician to save his life, saying that he did not want to die. During the dressing of the wound the boy straightened up several times, and the physicians were obliged to tell him repeatedly to lie still. He obeyed as readily as a well person would and understood what was required of him. He took in his hand a glass of whiskey which was given him, which he drank without assistance. The accident happened on Monday; and during the week his intellect remained unimpaired until Saturday, when convulsions set in and he died. No *post mortem* was allowed by the parents, so the exact extent of the injury could not be ascertained. Taking the extent of the surface wound as a basis of conjecture, or, speaking mathematically, as the segment of a circle, the deepest serrated rim of the saw must have entered at least two inches into the skull and brain together. The cut was as clean as if done with a sabre, and was no doubt done almost as rapidly. Towards the end, paralysis set in; but, strange to say, the medical men differed as to which side or limbs were paralyzed. No functional impairment was seen until the boy was dying.

Dr. Quin, the Chief Surgeon of the hospital where the boy lay, gives another case which came under his notice years before. There

was a boy named Murphy who fell out of a window of considerable height upon the curbstone in the street. He struck it with his forehead. When he was picked up, more than a teaspoonful of brain matter oozed out of his head. He got well, physically and mentally, and lived to be 22 years old, although he was only 5 years old at the time of the accident.

Of another case the doctor says: "There is Joe Murphy. You may see him almost any day walking round the streets here. He is lame and drags one foot a little. One day, in 1864, I was going along the street, when some people came running after me. I went into a basement and found Joe Murphy had been shot in the right eye two minutes before with a bullet 38-900 calibre. I probed the wound and found the bullet flattened against the back of his skull. It is there yet; but Joe got well, *and his mental faculties are unimpaired*. I've been intending to make a *post mortem* examination of his head, but I begin to think the old man will outlive me."

In the *Canada Lancet* of April, 1872, Dr. T. R. Dupuis, of Kingston, Ont., states the case of a boy who had been injured by a fall from a horse while going at a rapid rate. The lesion was a compound fracture at the middle of the superior portion of the left parietal bone, with considerable laceration of the brain. The broken piece of bone was nearly an inch and three-quarters long, three-quarters of an inch broad at one end, and three-eighths of an inch at the other. One edge of this piece was driven down into the brain in such a manner that its surfaces occupied a position perpendicular to their original situation, while the other edge remained *in situ*, being still attached to the solid bone by the *dura mater*, which formed a sort of hinge upon which the fragment turned. The history of the case states that the injury had been inflicted by the sharp edge of a stone. After exploring the wound with the points of the fingers—which passed in readily to the depth of half an inch or more—the fragments were extracted by means of forceps. Nearly a tablespoonful of brain substance was lost. At first, the patient was comatose.

This state continued for two days. At the end of the second day he had lucid intervals. On the third day consciousness began to return, and with it voluntary motion. At this time the wound was discharging disintegrated brain matter, mixed with grumous blood and pus. Thirteen days after the accident the delirium was gone, but the mind was fickle and temper irritable and capricious. Without entering into the whole history of the case as given, it may be said, the doctor adds, that a month after this lesion had taken place all effects of this severe injury had passed away, except a slight puffy appearance about the face, a little clumsiness in his movements, and some irritability of temper. Since that time, he became as healthy and strong as ever he was. The patient was closely watched during the course of his illness, but the doctor failed to detect any morbid mental manifestations that seemed to indicate injury to any distinct phrenological development.

It will be seen that no disturbance of functions took place commensurate with the injury, nor were they such as would be expected by the school of surface localizers.

In the Montreal Hospital Reports for 1879, we have two cases recorded. The first is a case of a wound inflicted by a swiftly-revolving circular wood-saw. It produced serious lesion in the central part of the first and second frontal convolutions on the left side. The skull wound extended in an oblique direction from above the outer angle of the left orbit across the frontal, through the anterior superior angle of the right parietal and terminated about the centre of this bone. It had penetrated through the membranes, and at the central part the brain substance was lacerated and exposed and could be seen pulsating. The *post mortem* revealed a large rent extending from the longitudinal sinus downward and outward to a point a little anterior to the beginning of the fissure of Sylvius. The central portions of the first and second left frontal convolutions were completely destroyed. The patient was unconscious for about ten minutes after the accident, but when taken to the hospital became *quite conscious* and at that time had no paralysis; nor are we told that

either one or the other supervened before death, which took place two days after the accident.

In the same Hospital Reports, the history of a second case is given: A young man, aged 22, was accidentally shot by the discharge of a pistol. The bullet entered the skull above and a little in front of the right ear. From the first he was perfectly conscious, *not paralyzed*, and gave a rational account of how it happened. A probe was inserted into the wound, and it passed freely into the frontal lobe in the course of the bullet. Pulse 60; no elevation of temperature. The accident happened March 8th, and he died of consumption, Aug. 12th following; but between these two periods there was no unusual mental disturbance. Without giving the details of the autopsy, suffice it to say, that the bullet entered the brain substance in the right inferior frontal convolution, just in front of the ascending branch of the Sylvian fissure. From this point the course of the bullet was upwards and forwards, passing out at the inner surface of the frontal lobe and lodging between the brain substance and the falx, where it lay surrounded by a firm membrane. A firm membranous canal marked the course of the bullet, and the brain substance about this was somewhat softened. This extensive destruction of brain tissue did not disturb the mind.

M. Flourens, of Paris, some years ago, experimented on animals, not only to show the curability of brain substance, but also to demonstrate how much brain tissue can be injured without the untoward physical and mental results formerly apprehended and dreaded. He trepanned the skulls of dogs and rabbits, made a small opening through the *dura mater* into the substance of the brain, and then put bullets into the wound. These bullets gradually penetrated through the cerebral matter by their own weight. When the ball was small, he found that the whole thickness of the lobe of the brain, or of the cerebellum, might be traversed by it without occasioning any symptom or disturbance of function. The fissure made by the passage of the ball remains for some time as a canal; it then closes up and cicatrizes. (*L'Union Med.*, 1863.)

Dr. Thomas Smith, Surgeon to St. Bartholomew's Hospital, London, gives, in the *London Lancet* of January last, an interesting case in which the patient made a good recovery without loss of mental or physical power. A man, 35 years of age, shot himself with a revolver through the head. The bullet passed in at one temple and out at the other. Half an hour after the accident the pupils were found to be natural, pulse feeble, and respiration natural. The patient was quite conscious, and answered questions correctly concerning his name, age, and address, and of his own accord. He was an educated man and spoke in German, but when addressed in either French or English he would reply in the corresponding language. He showed no signs of mental incapacity, nor was there any loss of motor power. He vomited a good deal at first, and at that time blood and cerebral substance were forced from the wound in the right temple. For several days he became quite irritable and had a few delusions, but no functional deprivation. On the forty-third day after the wound was inflicted he became quite well. At first a probe was passed its whole length into the wound and across the head without meeting the slightest resistance. At first the special senses were very slightly impaired; but all recovered their tone before he left the hospital, except the sight which was slightly impaired. As regards the course of the bullet in this case, Dr. Smith says: It is certain, from the position of the apertures of entrance and exit, that it entered the outer surface of the anterior lobe of the brain, a little above the level of the highest part of the roof of the orbit, and that it emerged from the left anterior hemisphere at a spot rather further back and at a slightly higher level. From the large effusion of blood in both orbits, which so rapidly followed the injury, there is reason to believe that in its passage across the skull the bullet fractured the roof of both these cavities. From the free and persistent epistaxis, it is probable that the cribriform plate of the ethmoid, or some part of the roof of the nasal cavity was broken into, while there was evidence, from the symptoms, that the olfactory bulbs did not escape disturbance or injury. It may be said

that there is no direct proof that the left hemisphere of the brain was wounded at all; that the bullet may have run over the roof of the left orbit and up the inside of the skull to its point of exit from the bone. The surgeon is sure, however, that the probe traversed without any sensation of resistance, both hemispheres, and one would think it impossible that a bullet of the size and weight indicated, after passing through one side of the skull, could have knocked a piece of bone clean out of the opposite side unless it impinged upon the inner surface of the bone in a direct line. As further proof, pulsation and respiratory movements were observed in the blood tumour over the aperture of exit, and these were so forcible as to indicate that the interior of the brain was in direct contact with the ecchymosis. It is certain that the part of the hemispheres that was damaged was the anterior frontal portion just above the orbits. Has this part any functional centre? If so, where is the evidence of its being necessary, seeing that both frontal lobes were injured seriously, without any immediate results in proportion to the lesion inflicted? Is this an organization put in more to fill up than to be of use to its neighbours? I had the impression Nature had no garret filled with useless furniture. Some functional centres must have been badly broken up by this destructive intruder.

About seventeen years ago I was called to visit a boy, aged 13, who had been kicked by a horse. A section of the skull was crushed in on the right side, near the median line, in the upper part of the frontal and parietal bones. One of the nine pieces fractured and detached from the surrounding bone had been driven into the substance of the brain, over an inch, in a perpendicular direction. The membranes were lacerated very much and brain substance, within a few grains of an ounce in weight, protruded through the wound much broken up, some of it hanging down upon his cheek. At the time I first saw him he was comatose. I extracted the bones, cut away the ragged edges of the membranes and the lacerated brain substance. Consciousness returned immediately. His temperature re-

mained normal; his pulse did not rise at any time above 96. He did not lose a night's sleep nor a meal after the evening of the accident. No febrile symptoms intervened. There was no paralysis, nor perversion of any of the organs of special sense. There was no difficulty in speaking. A large cavity remained. He afterwards went to school to the same mistress as before, and she informed me that with the exception of a certain irritability of temper when thwarted (which he did not possess before), he was as intelligent as ever, and could learn his lessons with the usual aptitude. This was especially noticeable in mental arithmetical exercises. He was under my observation for several years after the accident. After he was aroused from his comatose condition, consequent on compression, his special senses were unimpaired; his locomotion and grasping power normal; and his bodily health good in every particular.

These examples might be indefinitely extended. Medical literature is full of evidences of destruction to the brain matter of the cerebrum and cerebellum without any serious impairment of mental power or physical functions. Let a brain be taken, and wires passed through it to indicate the course of the missiles in these cases I have mentioned, and it will be seen that brain substance has been injured in almost every conceivable direction, yet with no results at all commensurate with the lesions inflicted. If these parts are motor centres, then have we the miraculous phenomena of organic operations without an organ; of varied and distinct functions without a motive power; of uniform results without an efficient cause. Were we even to consider the brain a dual organ the difficulty would remain, where corresponding sides are simultaneously injured. In all the dual organs of the body we find sudden injury to one is always followed by imperfect work in its fellow until time is given to allow provision to be made for the extra labour imposed. When we find no impairment in function consequent on destruction of *one* so called motor centre, we are led by uniform analogy to doubt a doctrine so anomalous and contradictory. At least, it is better to receive with caution a theory which is being accepted, based upon exceptional examples, which do not account for the physical results, except in isolated cases. The mental effects seen, as consequent upon brain injury, would prove too prolific a theme for present investigation.

## HIP-JOINT DISEASE OF FIVE YEARS' STANDING—REMOVAL OF HEAD, NECK, AND GREAT TROCHANTER OF FEMUR—RECOVERY, WITH USEFUL LEG.

BY R. WHITEMAN, M.B., SHAKESPEARE, ONT.

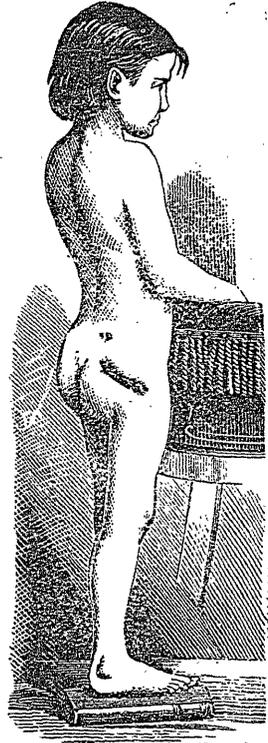
On the 12th of July, 1880, I was requested by Mr. David Hyde, a farmer of North Easthope, to go to his residence, about three miles distant, and see if I could do anything to relieve the sufferings of a grandchild of his, for whom all hope of recovery had been abandoned.

On arriving I found her in a most pitiable condition. During my visit the following facts were brought out, of some of which I was aware before: Name, Mary Riddell; age, seven years; father died of phthisis when she was two years old; mother healthy.

Her hip must have been injured about the time of, or before her father's death, as she had never been able to walk properly. When between two and three years of age she was taken to Dr. D. B. Fraser, of Stratford, who pronounced the case to be one of hip-joint disease, explaining to the friends that it would be necessary to confine her to bed for some weeks; and also pointing out the serious nature of the disease. The friends, however, did not see fit to place her under his charge, but concluded to take her to a Mrs. Greenley, of Guelph (I think that is the name), who professes to have a gift of healing all manner of diseases by a somewhat vigorous laying on of hands, and who certainly has a gift of telling a very plausible story, and generally without the slightest regard to truth or scientific facts. This gifted individual contrived to humbug them for between four and five years, and persuade them that she would cure the child, claiming credit for all nature did in the way of providing for relief of pain, and always accounting in some mysterious way for relapses. Her rubbing over an acutely inflamed joint could not be otherwise than injurious; still the friends, with a faith which would have done credit to a better cause, persisted in believing that she was benefitting the child.

On attempting to examine the child, I found

it would be impossible to do so without putting her under chloroform, as she would cry violently when I attempted to go near her; in fact, I could hear her crying with pain when forty rods from the house. She could not sleep on account of starting pains, and her screams at night kept most of the family awake. I found her pale and emaciated; the right leg drawn up nearly at a right angle to the body and crossing the left. She would not allow me to take her temperature or count her pulse. But I could see on the hip three



openings from which pus was running—one near the crest of the ilium where the scar appears in the cut; the other two in the gluteal region represented nearly by the extremities of the large scar shown in the cut. The right leg was much smaller every way than the left. I told Mr. Hyde, on seeing the child, that if he had still any faith in Mrs. Greenley, or any notion of going back to her, I would rather not touch the case or have anything to do with it; and if I took charge of it I would wish another physician with me, as

she would have to be put under chloroform in order to ascertain the condition of the hip, and if an operation was necessary it had better be performed at the same time. I was then informed that Mrs. G. had given up the case, stating that she could do it no more good (?) until it got old enough to understand how to take care of itself.

The case was then put into my hands, and I arranged for a consultation with Dr. D. B. Fraser on the 15th. We began about two o'clock p.m., Dr. F. putting her under chloroform in her bed, when we removed her to a table in an adjoining room prepared for the purpose. We then found that there was fibrous ankylosis, with contraction of muscles, which rendered it impossible to straighten the leg. There was extensive suppuration all over the gluteal region, and pus flowed freely from the whole three openings when pressure was applied over the glutei. In order to ascertain the state of parts about the hip I ran a probe into the one opening, represented by extrenuity of scar, and out at the other. I next followed the probe with a scalpel, laying the intervening space open. It did not bleed much, and on washing away the pus and blood I found the muscles beneath gangrenous, so that the finger could penetrate their substance. With the probe I could feel dead bone, and after a little probing with my finger I found that the capsular ligament was open, and could pass the finger into the cavity of the acetabulum, where I could find pieces of its walls loose, and the head of the femur very rough and uneven to the touch. I then stated to Dr. Fraser that I believed the head of the femur and part of the acetabulum to be diseased, and that our only hope of benefit to the child was in removing all the dead bone we could find. To this, after a careful examination for himself and a little hesitation, he agreed. So I proceeded to exsect. Keeping the patient still under chloroform, I first extended the lower part of the opening already made down to the outer side of the great trochanter, and then directing the blade of the scalpel down the outer side of the femur, extended the incision for about four inches. At this stage matters became serious, as the patient's limbs began

to contract spasmodically, and her breathing became irregular, so that we had to diminish the chloroform. I then began to loosen attachments, so as to get the head of the femur out of the acetabulum. This I found the most difficult part of the operation, and would have been much better of the assistance of another surgeon, as owing to the state of the patient, Dr. F. had to give most of his attention to the chloroform. However, I gradually got away the remains of the capsular ligament and ligamentum teres, and then, with the assistance of Dr. F., succeeded in getting the head freed from the acetabulum. I then sawed through the bone just above the lesser trochanter, taking care not to injure the psoas and iliac muscles, thus removing the head, neck, and great trochanter; and, finding some necrosed bone in the acetabulum, I took out two pieces—one from the rim, the other from the side. I found that I could now extend the leg nearly straight, which drew out the tensor vaginae femoris, which, however, I concluded not to cut, as I expected that continued extension would overcome its contraction. I then brought the leg into as good position as I could get it; washed out the wound. There was very little blood lost in the operation. Sewed up the portion over the femur, and put a piece of carbolized lint into the other portion. We then put on a long splint, with arrangements for extension by weight, and placed her in bed.

The operation occupied about one hour. Her temperature before the operation was 100°. Pulse, when under chloroform, 100; after the operation her pulse was 138. I kept a record of her condition, made at each visit, from which I make the following extracts, as there is no object in giving it all:—

July 16.—Pulse, 127; after dressing, 120; temperature, 98.5°; vomited; opium powders given to relieve pain; still slept better than usual before the operation.

July 17.—She is very excitable, and much afraid of my visits; will take no medicine; vomits if they start to get it; pulse, 132; temperature, 98.5°; had starting pains occasionally through the night; moved her bowels by injection; have her on fracture

bed, with hole under hips; before I left, pulse 120.

July 18.—Pulse, 125; temperature, 98.5°; after dressing, pulse 114; eats a little; slept well last night, better than for several months; put 4½ lbs. weight on leg; it is nearly straight; no thirst.

July 22.—Visit with Dr. F.; we find pulse 108; temperature, 98.5°; she eats and sleeps well; has no pain; we now put the leg straight.

July 23.—Pulse, 108; had pain last night along tensor vaginæ femoris; gave three-quarters-grain of opium, and allowed hips to sink a little, after which she complained no more; feels well; there is considerable suppuration.

During all this time I applied carbolic dressings, and had the wound syringed out daily with a two to three per cent. solution of carbolic acid. From this time she began to eat heartily. I at length got her persuaded to take the following:—

℞ Syr. ferri. iodidi.....ʒ. ʒss.  
 Ferri. et ammon. cit.....ʒi.  
 Aquæ. ad.....ʒiiv.  
 A teaspoonful 3 times each day. Ft. mist.

This she took without much trouble, and began rapidly to improve on it, and as her health and strength improved the discharge diminished. Pulse varying from 100 to 116.

August 24.—Has a good appetite; never complains of pain unless hurt in dressing; has gained very much in flesh; the right leg now as large as the left, with about half an inch shortening. She can sit up, and there is very little discharge. She can allow the limb to be freely moved without pain, and can move it herself. I now applied a bandage to the hip, modifying the Sayre's splint for the purpose, and allowed her to go on crutches, but warned her not to put much weight on the leg lest it should shorten. I also had a pair of strong shoes made for her, with one pound of lead in the sole of the right one. From this time I saw but little of her, but frequently heard of her being around through the fields climbing apple trees, and through the barn; in fact, being in perfect health until January 20, 1881. She had worn out a strong pair of boots when I had the photograph taken, which shows her condition better than I can describe it. There has been no discharge for some months, and she is as healthy and happy as any child; can walk without crutches, though I advise her to still use one. She has fair motion of the hip in every direction, with about three-quarters of an inch of shortening.

## LUXATION OF HEAD OF FIBULA.

BY WM. OLDRIGHT, M.A., M.D., TORONTO.

The following case may be of interest on account of its rarity. Erichsen mentions only three cases occurring in the practice of himself, Boyce, and Sanson, respectively. Gross says "only a few examples are on record," and particularizes only the case of Boyce, above mentioned.

On the 19th of Nov., E. F., aged two years, was brought to my office. His mother stated that two weeks previously he had fallen to the floor off a chair on which he was sitting, and that during the two weeks which had elapsed he had a difficulty in walking. Sometimes he would use the leg for a day, and then would not be able to use it for a couple of days, and so on. Thinking it was only bruised or sprained his parents had delayed bringing him to me.

On examination I found the head of the fibula was displaced backwards, could readily be replaced, but would, of course, just as readily slip back again off the facet. This proceeding did not seem to cause much, if any, pain.

I immediately applied a pad behind the head of the fibula, secured it in its place with "Surgeon's plaster" and bandaged the limb.

On the following day I applied a plaster of Paris splint, with pad and plaster as before, having previously told the parents I would require assistance in so doing, and Dr. McFarlane was called in. I had also warned the parents of the unsatisfactory nature of probabilities, in which view Dr. McFarlane joined. The splint was removed and re-applied from time to time, and absolute and constant immobility was maintained till the 1st of January, when, on the little fellow moving the leg very slightly, the head of the fibula was found to slip backwards quite freely. I then mentioned the probability of having ultimately to discuss the propriety of some operative procedure, and told his mother I would be willing that they should call in some other surgeon if they so desired. She called upon Dr. McCollum who saw him with me, on the 4th January, and while recognizing the probability of an operation being ultimately necessary, recommended the continuance of the previous treatment for several weeks longer at any rate. And so the matter at present stands.

50 Duke street, Feb. 1st, 1881.

## SWALLOWING OF FALSE TEETH AND PLATE—DEATH FROM HÆMATEMESIS.

BY J. H. GARDINER, M.B., L.R.C.P. LOND., ETC.

On Jan. 20th, 1881, Mrs. B—, æt. 33, was supping some soup, when a plate and two false teeth attached became loosened and slipped down her throat. Violent retching followed, lasting for several hours, but was finally allayed, whether from the stomach becoming accustomed to the foreign body, or from Bismuth freely administered, I do not know. A dull, heavy pain was complained of over epigastrium and in the back over region of stomach, which remained until death. The retching at times recurred, but only slightly. A difficulty in swallowing was complained of, even liquids causing pain. I ordered her to remain in bed, and to take bread and milk, corn starch, or any fluid or mucilaginous food. My instructions were not followed; but the patient persisted in being around and doing her usual "housework." Just one week after the accident happened, the patient was seized with violent hæmatemesis, accompanied with purging. Dr. Charles Moore, Sr., saw the case with me, and we agreed as to the cause of the hæmorrhage, viz., the severing of one of the arteries of the stomach. Ergotin was used hypodermically in eight-grain doses every three hours. All efforts of treatment by the mouth only aggravated the symptoms. The vomiting soon ceased, but the purging continued until the end; and 17 hours after the appearance of the first urgent symptoms the patient died. In the absence of an autopsy, I can only say that I think the accident was caused by a sharp angle of the plate, which was broken previously, being caught in a fold of the stomach near the cardiac orifice, and this had severed one of the arteries of the stomach. Now, in a similar case where one is certain that the foreign body has become impacted, what would be the best line of treatment? The wait-and-see-what-will-turn-up style resulted in my patient turning under. Could some instrument not be devised to remove, or, at least, to break up, a foreign body in this situation?

London East, Ont., 5th Feb., 1881.

## THE TREATMENT OF LUPUS AND RODENT ULCER.

BY JOHN FERGUSON, B.A., M.B., L.R.C.P. EDIN.,  
L.F.P.S. GLASC.

The treatment of the above diseases has long been one of the weak points in surgery, and very various methods have been from time to time suggested, which have either led to disappointment, or been attended with but partial success. For some time the chief points in dealing with these affections, as is well known, consisted in constitutional remedies, and the local application of various caustics, such as strong nitric acid, chloride of zinc, and potassa cum calce. The so-called specifics have been largely used, and arsenic, the iodides, or mercury has entered into almost every formula. This is due to the prevalent belief among many that Lupus, in its various forms, and Rodent Ulcer are often caused in some remote way by Syphilis. That constitutional remedies are valuable, there is no doubt, when suitable selections are made; but, when given in a sort of hap-hazard manner, can only cause disappointment to the patient and bring discredit on the surgeon. Lupus may sometimes be due to a syphilitic taint; but it is very doubtful if Rodent Ulcer can ever be traced to such a cause, and the few cases occurring in a syphilitised constitution may be mere coincidences. In such cases, it is clear, "specifics" will avail very little. The proper use of caustics is also beneficial; yet they should seldom, or never, be alone trusted to, as local means of radical cure. I purpose briefly to give the results of observations on the operations of others, and my own experience in two cases of Lupus and one of Rodent Ulcer.

The operative treatment is very simple, and is as follows: After the patient is anæsthetised, the whole of the diseased tissues are freely and thoroughly removed with a Squire's Scarificator, or a Volkmann's spoon, and the fresh surface well touched with a solution of chloride of zinc of the strength of 40 grains to the ounce, or nitric acid may be used in its stead. If the operation be near the mouth or nose, the patient ought to be allowed to recover pretty fully from the anæsthetic before the

application of the caustic, lest any of it should be swallowed. A light water dressing is then used, and a healthy granulating surface springs up in a few days, on which any of the ordinary plastic operations can be performed.

I have seen the above operation about two dozen times; and, so far as I have been able to ascertain, with universal success. It has been done by myself on a case of Lupus non-exedens, one of Lupus exedens and one of Rodent Ulcer. The two former are completely cicatrized, while the latter exhibits a healthy healing surface. These affections being purely local, their removal can be made complete and the cure thorough.

An excellent after-dressing may be made by soaking thick, soft lint in a saturated solution of boracic acid, and applying it to the wound. This dressing is a clean, non-irritating, and, at the same time, antiseptic one.

Newcastle, Eng., 24th January, 1881.

**EARACHE.**—"In the course of practice you will often be called upon to attend a case of Earache. This means, pathologically speaking, acute inflammation of the membrana tympani. Now, in such a case you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a very desirable result may be obtained is similar to that which you will find so beneficial in analogous cases of eye disease—viz.: leeches behind the ear, hydrarg. c. cretâ and belladonna powders, with warm fomentations."—*Prof. Wharton Jones, F.R.C.S., F.R.S., in London Lancet.*

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

—Great and much-needed reforms have lately been effected in the examinations of this ancient corporation. The preliminary educational examination, hitherto conducted on its behalf by the College of Preceptors, has been abolished—this regulation to take effect after the 31st December next. The examination in medicine has been extended, and midwifery at last made a compulsory subject. This qualification will, therefore, once more rank upon a par with the L. R. C. P., Lond.

#### A CASE OF LITHOLAPAXY.

BY L. MCFARLANE, M.B., TORONTO.

On the 12th of December, I was sent for to see Mr. McQ., aged 59, who informed me that he had enjoyed good health until about one year ago, when he began to suffer from pain in making water, and a sense of weight and uneasiness in the anus and perineum. The urine, at times, was mixed with pus and blood.

I suspected stone, and on introducing the sound, met it without any difficulty. The stone measured one and a quarter inches in diameter.

I asked Dr. Aikins to see the patient with me, and on a careful examination, finding the urethra capacious and no enlargement of the prostate gland or any unhealthy condition of the genito-urinary organs, we decided on lithotomy.

With this object in view, I dilated the urethra sufficiently to admit Bigelow's Lithotrite. Two days afterwards, with the assistance of Dr. Aikins, the patient was aetherized, the stone seized, and crushing commenced and continued, until the fragments were thoroughly pulverized. Bigelow's Evacuating Apparatus being used, from time to time during the operation, to draw off the debris.

The sitting lasted for upwards of three hours. The patient was kept for one week, from the date of the operation, in the recumbent posture, and, at the end of that time, being anxious to record his vote for Mayor, I allowed him to get up and go to the polling booth.

He has since been perfectly free from pain or any inconvenience.

It might be supposed from the length of time required to pulverize the stone, that a great deal of irritation would be produced; but, if care is exercised during the operation, this can, to a great extent, be avoided, and the evacuating apparatus being used while the patient is under the anesthetic, saves him from a great deal of pain and suffering, which he would otherwise have, if allowed to void the debris by micturition.

In the case of my patient, although small quantities of pulverized stone were passed for a couple of days after the operation, the irritation was small compared to what it would have been had he been subjected to several sittings, and the debris allowed to pass subsequently.

## Selections: *Medicine.*

### ON THE TREATMENT OF BRIGHT'S DISEASE; WITH SPECIAL REFERENCE TO THE USE OF DIURETIC REMEDIES.

BY W. T. GAIRDNER, M.D. (GLASGOW).

Dr. Gairdner said that the present communication was to be viewed simply as an abstract, the historical and other details on which it was founded being published in the *Glasgow Medical Journal*. He had been long of opinion, as the result of more than twenty-five years of hospital experience, that the English practice in Bright's disease, and especially in acute and sub-acute cases, has been too much founded on the conception that the kidney, like an inflamed organ, must have, as nearly as might be, entire physiological rest; and hence that diuretics were to be avoided, even at the risk of their requiring to be replaced by more perturbatory practice. Dr. Gairdner did not hold that diuretic treatment was alone sufficient, or even in all cases expedient; but he held that the mere abstinence from diuretic treatment, or the doctrine that such practice was to be regarded with suspicion in the cases in which the simpler saline diuretics could be brought to act, was opposed to the teaching of experience. In the London schools, in particular, the teaching adopted for many years was that the occurrence of active diuresis, under remedies especially adapted to that end, was to be avoided, and that it was better practice, in most cases, and especially in acute and sub-acute cases, to aim at purging the bowels continuously by the strongest and most irritating cathartics, than to give scope to the kidneys to respond gradually and gently to such remedies as cream of tartar, potash salts, and digitalis. The position here referred to has been modified of late years by the admission: 1st. That spontaneous diuresis often, if not invariably, occurred in such cases as a kind of crisis, or as the first step in the cure; 2nd. That (as Dr. Dickinson, in particular, had emphatically taught) the copious imbibition of "clear spring water," in quantities such as to make it practically one of the

most active of diuretics, tended to the relief, rather than to the obstruction, of the kidney in its physiological work; in other words, that flushing of the obstructed tubuli uriniferi, and general furtherance of the true physiological activity of the kidney tended (as Dr. Christison long ago showed) to the diminution of the pathological disturbance of functions as indicated by albuminuria, deficient excretion of urea, and dropsy. Dr. Gairdner regarded it as in accordance with clinical experience, apart from the theory that, whenever the simpler diuretics would act at all in such cases as were usually treated by means of elimination, their action should be furthered and encouraged, in preference to other modes of elimination. While he did not at all discountenance the use of purgatives on the one hand, or of diaphoretics on the other, in cases in which they were specially indicated, or in which diuretics could not be brought to act, he was always disposed to make such simple diuretic practice as was indicated above the key-stone of the treatment, and to consider it as more in accordance with nature, and with the spontaneous tendency to crisis above-mentioned, than the use of the stronger drastic purgatives, or even of medicinal diaphoretics, or the too often repeated and somewhat enervating use of warm baths, or of air and vapors at a very high temperature. Diuretics, indeed, not unfrequently failed; but so also, not unfrequently, did all the other remedies mentioned. It must also be admitted that the reasonable regulation of the skin and of the bowels was an essential part of good treatment in most cases of Bright's disease, whether attended or not with dropsy; and that in certain cases—*e.g.*, of immediately threatening uræmia, drastic cathartics were sometimes the only method that could be trusted for immediate relief. In such cases, Dr. Gairdner acted on the presumptions derived from Bernard and Barreswil's well-known experiments, as well as on empirical data; showing that the elimination through the bowels of excretory matters which, if retained, were dangerous to life (and notably of urea and its congeners in the form of carbonate of ammonia) might be rationally and safely accomplished for a time, at least, so as to save life and conduce to present comfort. But

he regarded this perturbative course as only a temporary phase of treatment, necessary in some cases, and to be supplanted as soon as possible by the more natural and physiological determination of the liquids towards the kidney. Hence the preference accorded in his practice to cream of tartar, which in its various forms of powder, electuary, and solution, and in certain cases in combination with jalap or gamboge, might be made to serve any and every necessary purpose of elimination, from the most active catharsis to the mildest diuresis, coinciding or not with the natural diuretic crisis, so much insisted on by Dr. George Johnson. By the judicious use of formulæ by no means complex, it was usually possible to graduate catharsis into diuresis, so to speak, in such a way as to gain whatever advantages resulted from the former practice, while at the same time seizing the earliest opportunities of inducing a true renal crisis, whereby the cure, if possible at all, was usually best completed. The exclusively diaphoretic practice of Dr. Osborne of Dublin seemed to have been tried and found wanting, and in a measure laid aside, until recently revived in another form in Germany, particularly by Bartels, whose admirable articles in Ziemssen's *Cyclopædia* would probably give rise to new elaborate trials of Turkish and vapour baths. Dr. Gairdner had often employed these with benefit; but he thought that these benefits would be exaggerated, if they were so employed as to shut out diuretics, or to divert habitually all the available liquids of the body for long periods together to one emunctory, and so to starve the supply of liquids to the kidney. In a few cases of great obstinacy, however, a certain amount of temporary benefit appeared to result from the hypodermic employment of pilocarpin in doses of one-eighth to one-fourth of a grain every second day. The limits of expediency in the use of such perturbative and medicinal diaphoresis had, however, to be determined by careful researches. The same remark applied, in Dr. Gairdner's opinion, to blood-letting, which, at one time a frequent and even a very favourite remedy in the acute and sub-acute cases, had in later years almost gone out of date, but which had been yet more recently revived by several observers and

practitioners of good standing. Several points of modern theory and advanced experimental observation might be quoted as in favour of such practice; but it was not the object of the paper to enter into this question, and all that could be said in the meantime was that it would be a very extreme assumption to reject *in toto* the evidence as to the beneficial results of blood-letting in scarlatinal and other forms of acute renal dropsy. In conclusion, Dr. Gairdner said: "Finally—and to put into a single sentence the main object of this paper—I by no means claim to have discussed at all completely the treatment of Bright's disease; nor have I even alluded to several remedies—*e. g.*, gallic acid, benzoic acid, fuchsin—of which I have made personal trials with various results. But I hope to have shown, once for all, that in almost all stages of the disease there has been an undue tendency to depreciate or exclude diuretic remedies; and that these, judiciously employed, without pretending to an absolute supremacy, are at once the safest and in many cases the most effectual means of dealing with the dropsical symptoms; while, as Dr. Christison has pointed out, their legitimate function is not merely to get rid of a single symptom, but, by aiding the natural process of excretion by the kidneys, to ward off the dangerous accumulations in the blood which lead in time to what is called uræmia. To restore by remedies this natural function, we must needs employ, in any case, methods of elimination that are more or less closely allied in their action to the physiological processes which it is desired to arouse and quicken; and hence, as I venture still to be of opinion, the experience of ages, here quite in accordance with a sound theory, has practically demonstrated the advantage of the use in such cases of the cream of tartar, in its solid as well as liquid forms of administration, followed or accompanied by other mild diuretics or by digitalis—a mode of practice extending back, as we have seen, to the last century, if not to much earlier periods, and only apparently discredited by prejudices arising from the pathological researches of Bright. My argument in this paper is, that the principle of this practice, or the practice itself, ought to be carefully preserved, or restored again more generally and systematically, in the treatment of this disease. As to the employment of tonics, nutrients, chalybeates, and other hæmatics, in the later stages, there is practically a universal consensus of opinion."—*British Medical Journal*.

## TWO CASES OF INTESTINAL OCCLUSION TREATED AND CURED BY ELECTRICITY.

Boudet de Paris (*Progrès Médical*, August, 1880,) gives two cases of intestinal obstruction successfully treated by electricity. In the first place, the patient, aged 15, had just recovered from an attack of peritonitis, when she was suddenly seized with all the symptoms of obstruction, due probably to the entanglement of a loop among the freshly-formed adhesions. The usual means having failed to give relief, the faradic current persistently applied externally was tried, but without any result. The patient was in a very critical condition, bringing up everything that was given her by the stomach. During the next forty hours the continuous current was applied about every three hours for half to one hour at a time; the negative pole was in the rectum, and with the positive the abdominal walls were dabbed so as to produce interruptions. During these applications the intestines were noticed to be the seat of lively muscular contractions, and eventually desire of going to stool was experienced. At last an evacuation was obtained, and from this moment convalescence was established. In the second case, the author had to do with fecal accumulation due to habitual constipation from deficiency of muscular power. Electricity, in the shape of internal galvanization as above, and abdominal faradization, was resorted to as a last resource. The result was most gratifying. From the first, intestinal contractions were obtained, and on repetition large quantities of excreta were expelled. The author remarks that he has collected fourteen other cases where electricity has proved useful in obstruction. He shows that the superiority of the galvanic current, where paralysis of the intestine exists, is due to the fact that it stimulates much more powerfully the unstriated muscular fibres. The interruptions must be slow, because the contractions of these fibres are not sudden but gradual. Care must be taken not to electrolyze the rectum by using a moderate current. The author used from 8 to 14 Leclanché's.—*London Medical Record and Monthly Abstract*.

LOCAL APPLICATION OF HYDRATE OF CHLORAL IN ODONTALGIA AND PROSOPALGIA.—Three or four large granules (0.03—0.06) enveloped in wadding are inserted into the cavity of the tooth and left there until the chloral is dissolved. Up to the present all the patients thus treated—numbering 38—were cured, as well as many suffering from hemicrania in consequence of carious teeth.—*C. Sporer, in St. Petersburg Med. Wochenschr. No. 35, 1880.*

THE TREATMENT OF ASTHMA.—Several writers, and amongst them Dr. Robert Saundby, of Birmingham, have been advising the painting along the lines of both pneumo-gastrics, a mixture of equal parts of liniment and tincture of iodine. This is repeated each night until the skin is made sore.

In herpetic with erysipelas returning every two or three months and thus continuing for years, the arseniate of soda 1 milligram a day for 18 months, with a break in its administrations at the expiration of the third or the half of that time, generally frees the patient from these returns.—*L'Union Med. du Canada.*

Dr. March mentions that copaiba resin, as well as the balsam, cures sciatica; especially when it persists as a neuralgia after the disappearance of the exciting cause.

## Surgery.

### ANATOMICAL SPLINTS FOR COLLES' FRACTURE.

BY GREGORY DOYLE, M.D., SYRACUSE, N.Y.

Within the last few months I have been in the habit of using what may be properly termed anatomical splints, as they are the true counterpart of nature's form.

When a fracture of the arm is presented to me for treatment, I select a friend or neighbour of the patient, whose limbs are of the same size, or still better, a little larger. On his normal arm, I make a plaster cast in the following manner: Two thicknesses of coarse sackcloth or bagging, are cut into the form of

pistol-shaped splints, these are saturated with a mixture of plaster of Paris and water, and applied directly to the palmar surface of the arm and hand with a roller bandage. While this is being done the model is directed to hold his hand well turned to the ulnar side and at the same time flexed on the wrist and forearm; the palm and fingers forming an arc of a circle. This position is to be held until the plaster is firmly set. After removal it is to be dried and padded, when it is ready for use. The splint is to be applied to the broken arm with a roller bandage rather loosely put on, and is to be tightened or loosened from day to day, as the case may require. No dorsal splint is required, as the bandage serves instead.

I have treated thirteen cases of Colles' fracture in this way, and, unusual as it may seem, I have avoided the deformity heretofore so common.

Patients wearing this splint frequently express a sense of ease and comfort, as the position of the hand is that of complete rest.

In treating fractures of the leg, I make splints on the same principle, except that I apply them, while soft, directly to the patient's limb. On the fourth or fifth day after the accident, when the swelling is generally at its height, the dressing is to be put on. Coarse cloth is to be cut out so as to form lateral splints; these are to be saturated with a plaster mixture and rather snugly secured with a roller bandage, extension, in the meantime, being kept up with a weight and pulley. After the plaster has firmly set and dried the weight may be removed, and if the splints become too loose by the reduction of the swelling the bandages can be readjusted, but not too tightly, as I believe in plenty of room for circulation. The patient with this dressing properly applied, can safely go about on crutches after the tenth or twelfth day.—*International Journal of Med. and Surgery.*

**PEPTONE IN PUS.**—Hofmeister has lately determined the existence of peptone in pus. The quantity varied from .367 to 1.275 grammes in 100 centimetres, and was found to be greater in proportion to the thickness of the pus. The corpuscles contained it in abundance, whilst the serum was free from it.

### ANEURISM OF FIRST PART OF EXTERNAL CAROTID.

At the Royal Medical and Chirurgical Society, Mr. Henry Morris, F.R.C.S., reported a case of aneurism, about the size of a walnut, at the level of the hyoid bone, and just above the bifurcation of the common carotid. It was growing for eight months. Digital and instrumental compression could not be borne, and a catgut ligature was put around the common carotid. Pulsation returned four and a half hours afterwards, but subsided again. During the following two months an abscess formed at the angle of the jaw and pus was evacuated. In November, pulsation again returned and increased. The facial and superior thyroid arteries were ligatured, the sac laid open, and clots turned out, and the bleeding found to proceed from the distal end of the sac. This was ligatured and the patient recovered.

Mr. Morris, in his remarks, said that the anastomoses of the carotid in the neck, play an important part in aneurism near the bifurcation, and that the Hunterian ligature should be supplemented by tying the easily accessible branches.

**EXTENSIVE AND FATAL ABSCESS OF THE NECK.**—At the same meeting, Mr. Savory reported the case of a man with an abscess of the neck, which, on dissection, showed in its cavity portions of the carotid artery, jugular vein and pneumo-gastric nerve. A considerable piece of each was wanting. The opposite ends of the divided artery were from one and a half to two inches apart, the ends of the vein were rather farther than this. Mr. Savory thought the vessels had yielded to the intensity of the inflammation.

**EPIDEMIC ORCHITIS.**—In the *Berlin. Klin. Wochenschr.*, (*International Journal of Med. and Surg.*) Dr. Heller gives an account of an epidemic of orchitis which appeared in the out-station of the Danzig Garrison Hospital, in 1876. During the prevalence of an epidemic of parotitis, twenty-nine cases of orchitis occurred. Three of these were probably due to contusions; eight had been preceded by mumps; and in two, both affections existed together. The remaining sixteen were cases of epidemic orchitis, pure and simple.

**SUGGESTED IMPROVEMENT IN DUPUYTREN'S OPERATION FOR ARTIFICIAL ANUS, AND A SUCCESSFUL CASE TREATED BY IT.**—Arthur E. Barker, F.R.C.S., Eng., having found the usual difficulty in obtaining a closure of the fistula in operation for artificial anus, reports the case of a young man, with a fecal fistula, the result of a strangulated hernia more than a year before. In examining the fistula with the finger, two constrictions were felt, one at the skin opening and one about three quarters of an inch deeper. The tip of the finger touched the usual "spur" of mucous membrane, which reaches as far as the latter opening. This "spur" was removed by nipping it tightly with artery forceps, and left until they came away, bringing with them a portion of the "spur." They were applied a second time, and a second portion of the spur brought away. Then an India-rubber valve was inserted in the intestine and secured by a wire stitch at each end. The valve laps up against the internal orifice of the fistula. This, for a few days, gave the fistula rest and prevented recontraction of the spur of mucous membrane by directing the stream of feces against it. The fistula finally opened again, and the valve was withdrawn, but it afterwards healed completely. In cases where the fistula closes completely, he proposes to cut the wire stitches and let the valve find its way out by the anus.—*Synopsized from London Lancet.*

**NERVE-STRETCHING IN LOCOMOTOR ATAXIA.** Within the last few months this procedure has proved successful in subduing the lightning pains and partly restoring co-ordination in some half dozen cases of ataxia. Two years ago Blume tried this method successfully in one case, and recently again in another. Lately Langenbuch, Esmarch and Erlenmeyer, have performed it once each with gratifying results, and M. Gillette has quite recently operated on three cases of M. Debove's at the Bicêtre with complete success in the two former, but the last case is too recent to base an opinion on as yet. The sciatic, we believe, was the nerve stretched in all but one of these cases; the median being selected in the exceptional one.

**SUDDEN DEATH DURING GANGRENE.**—M. J. Parise, writing recently in the *Archiv. Gén. de Méd.*, (*International Journal Med. and Surg.*), on the subject of sudden death in gangrene, first demonstrated by Maisonneuve in 1853, denies the explanation of an acute poisoning of the system, and maintains that "gas develops itself from the decomposed coagula, and collects in the veins of the gangrenous part, but is prevented from advancing further towards the heart by the presence of blood-clots; as soon as the gases have reached a sufficient degree of tension they overcome this resistance and rush *en masse* toward the heart. \* \* \* Therefore, if in a case of acute gangrene, we are prevented from amputating immediately, we should at least make deep incisions into the gangrenous part, in order to avoid a collection of air in the veins, and, if it be indicated, compress the larger veins or ligate them.

**THE CATGUT LIGATURE.**—Recent experiments by G. F. Arnaud, who ligatured the femoral artery of dogs fourteen times with carbolyzed catgut, go to show that the ligature is completely absorbed; in twelve out of fourteen cases the outer coat of the vessel is uninjured, and in the same proportion the internal and middle coats were completely divided as with the hempen ligature. Senftleben's assertion of the rarity of internal clot is not confirmed. The chief advantage, therefore, of the catgut ligature is its absorption and the preservation of the integrity of the external coat of the vessel.

**RARE TUMOUR OF PHARYNX.**—At the Surgical Society of Ireland, (*Brit. Med. Jour.*), Mr. Barton exhibited a tumour which he had removed from the left side of the pharynx of a woman, aged 22; who stated that she had always felt it in her mouth, but that it had only recently begun to give her trouble. The tumour was found to be covered with true skin, containing epidermis, corium, hairs, sebaceous and sudoriferous glands, &c. In the centre, it resembled an ordinary fatty tumour, except that there existed a mass of cartilage in the pedicle.

## COMPLETE LATERAL LUXATION OF KNEE.

—Dr. T. Hughes, in the *London Lancet*, reports a case of complete lateral dislocation of the knee-joint, in a quarryman who fell thirty yards. The inner tuberosity of the tibia rested on the lower part of the external condyle of the femur. The skin was not torn though greatly stretched. The man died of the other injuries received.

## Midwifery.

## VARICES IN PREGNANCY.

M. Budin, of Paris, has written an interesting monograph upon the varices of pregnancy. The most common varices are, of course, those of the leg. M. Budin points out that the signs and symptoms of varicosities of the superficial and of the deep veins are quite distinct. Those of the superficial veins are familiar to every one. In the case of deep varices there is nothing to be seen wrong with the affected leg, except that it is increased in size. The patient complains of severe pain in the calf, in the popliteal space, and in the sole of the foot; and there is increased perspiration of the affected limb. If such symptoms as these are rapidly relieved by rest, it is probable that a varicose condition of the deep veins is their cause. These varices are not constant in their mode of appearance; sometimes they only become troublesome after several pregnancies, and then not till the last months of gestation; but in some women they are noticed in the first three or four weeks; one patient commonly first became aware of her pregnancies by the development of the varices. M. Budin also describes the varices of the internal and external genital organs, of the anus and rectum, of the urethra and bladder, and of the trunk and upper extremities. Hæmorrhoids often cause a good deal of trouble during pregnancy, but not danger; they commonly disappear after delivery. If fissure co-exist, it will be best treated by forcible stretching. Varices of some kind occur in from twenty to thirty per cent. of all pregnancies.—*Medical Times and Gazette, Monthly Abstract.*

## Translations.

## INHIBITORY PHENOMENA.

M. Brown-Séguard pursues the exposition of his numerous experiments tending to prove the existence of inhibitory phenomena. Some results obtained by the learned professor appear to contradict the opinion of Claude Bernard, who believed that anæsthetic agents had to pass through the blood in order to arrive at the nervous centres. M. Brown-Séguard declares, in fact, that chloroform may act upon the nervous centres without passing through the circulatory current. He finds a proof of this in the following fact: He removes the viscera, the heart, and all the blood of a frog; then applies chloroform to the skin of the animal. This application produces exactly the same effects as if there had been absorption of the chloroform.—*Le Prog. Méd.*

## STATISTICS OF CEREBRAL HÆMORRHAGE.

BY DROZDA.

Drozda has collected 927 cases of cerebral hæmorrhage, which have been observed from 1868 to 1877 in three important hospitals of Vienna.

In 1,000 patients admitted to the hospital, there were 3 of cerebral hæmorrhage; and in 1,000 deaths, 21 caused by this affection.

Of the 927 cases, there were 410 men and 517 women.

The greatest frequency (28.10%) is from 50 to 60 years. Then follow in decreasing order: 60 to 70 years, 26.71%; 40 to 50, 18.10%; 70 to 80, 13.11%; 30 to 40; 8.42%; 20 to 30, 2.5%; 80 to 90, 1.92%; lastly—15 to 20, 0.72%. Women suffered most frequently at an advanced age.

The termination gives the following relations: recovery, 5%; death, 56%; amelioration or stationary, 39%.

In 534 cases the paralysis was on the right side 270 times, 243 times on the left—21 times paraplegia (?) was observed. In 294 deaths the hæmorrhage was 134 times on the right, 148 times on the left; 12 times on both sides.

As to the seat of the lesion, the cerebral hemispheres were injured 106 times (36.4%);

the corpus striatum with almost the same frequency, 101 times (34.58%); optic thalamus, 70 times (23.79%); the caudate nucleus, 51 times; the semioval centre, 13 times; the pons varolii, 7 times; the cerebellum, 4 times; the corpora quadrigemina, 4 times; the insula, twice; finally, the cerebral ventricles, twice.

As concomitant diseases have been noted—34 times chronic endocarditis, 33 valvular lesions of the heart, 18 pneumonia, 14 Bright's Disease, 8 chronic hydrocephalus, 6 uterine fibromata, 5 hypertrophies of the heart, 5 myocarditis, 5 atrophies of the kidney, and 5 tumours of the brain.—*Lyon Méd.*

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### Correspondence.

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To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Whilst we must regret that so many are laid aside by indisposition, of those who are sacrificing themselves on the altars of their country, discharging at Ottawa the duties we have thrust upon them, still we must try and draw one consolation, namely, that this, in conjunction with other circumstances, is waking them up to an appreciation of "Preventive Medicine." The term is not a very correct one as applied to Sanitary Science, but I use it as it seems *apropos* of the present condition and feelings of our legislators. All who are interested in Sanitary Science must be glad to see that the Government, and members generally, appreciate the fact that there must be some preventible causes for many of our indispositions, and that they are determined to get at the causes and the preventions in their own case. We must, also, feel sorry that at the present day our knowledge and skill are so at fault: one would think it ought not to be a hard matter, with all our knowledge of pneumatics, to draw pure air from the vast dome, full of it, that overspreads our earth, to convey it by pure channels to clusters of hot steam coils, or other means for heating it without defiling it, and to then distribute it for use—pure and warm—and when used and spoiled to carry it out again; and we must feel sorry that this has not been done these many years. But we are glad, as I have already said, that it is now

going to be attended to, and that defective systems of drainage are being threatened also.

We may also live in hope that our legislators, who have these things in their own hands, may see that what is good for the health of a House of Parliament and of its members, is also good for every other building, whether public or private, and for all other groups of people in this fair Dominion; that it would be well to have some organization by which good ventilation might be gained for every school, court-house, factory, gaol, hospital, barracks, printing-office, etc., etc., and by which the dwellers in cities, towns, and villages might be saved from the perils occasioned by the noxious substances with which the soil of our yards and streets is saturated, and from the noxious gases which silently work their way from the sewers into nine-tenths of our houses.

In other places where sanitary precautions and improvements have been enforced, an immense diminution in the death-rate has followed. Is this Canada of ours, with all her boasted education, so hard up that she cannot afford to save the lives of her people? If so, let us take the view of the case presented by Mr. T. H. Monk, in to-day's *Mail*, in which he states, by analogy from what has taken place in more advanced communities, that Ontario would save over one million dollars annually by the organization of a system of Health Boards.

We pay a good sum now for hanging the guilty; surely we ought to be willing to pay something for saving the innocent. Is it not as necessary to protect ourselves from the onslaught of inanimate death-dealing influences, as from those of animate death-dealing men?

It is to be hoped that the Government of the Dominion, and of the several Provinces, will before long come to some understanding, so that we may soon step abreast of the nations that have gone into the front rank in these matters sanitary.

There is, of course, plenty of work to be done beside what I have indicated above, such as regulating the filthy mixtures quaffed in blissful ignorance from wells and other sources; stopping the distribution of scarlet fever scales, etc., in our groceries, etc.; the regulation of noxious trades, the —, well, when the Health Bureau is organized I will give you some more little matters to be looked into. Meanwhile

I remain,

Yours, etc.,

WM. OLDRIGHT.

Toronto, 22nd Feb., 1881.

THE CANADIAN  
*Journal of Medical Science,*

A Monthly Journal of Medical Science, Criticism,  
 and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1881.

See among Advertisements, notice of Summer Session in McGill University, Faculty of Medicine, Montreal.

ONTARIO MEDICAL COUNCIL.

At a meeting of the Executive Committee of the Council, held Feb. 15th, the question of the Matriculation Examination came up for consideration, but no decision was reached on the subject. An adjourned meeting is to be held on the 1st of March.

UNPROFESSIONAL ADVERTISING.

It is seldom we have had the pleasure of being so much in accord with our contemporary of the *Canada Lancet* as, we are glad to say, we find, from his last issue, ourselves to be anent the subject indicated in our present caption. Indeed we had marked for insertion in our columns, as soon as the exigencies of space would allow, the very quotation from the *London Lancet* which concludes the article referred to. Our attention is daily directed to, and our sense of professional decorum shocked by the appearance in the advertising columns of the lay dailies and rural weeklies of the names, office hours, and titles of many practitioners duly registered both in Canada and Great Britain. Unfortunately, our own native qualifications and degrees, are by many not regarded as, even implicitly, imposing upon their holders any restrictions in the indulgence of the desire for

such tradesmanlike and unprofessional publicity; but, it is beyond every shade of doubt that these questionable proceedings are most distinctly frowned down by those in authority in the Royal Colleges and other licensing bodies and, *à fortiori* therefore, the Universities of the Motherland. We have often felt strongly disposed to call the attention of the censors of these bodies to the frequent infringement (with all the impunity assured by boldness) of both their expressed and implied canons of decency and decorum by members practising in the colonies. We were lately grieved to observe placarded over the blank walls of the city the notice, in giant capitals, of the removal of residence of a highly respected and respectable member of the profession. When such things are possible what measure of allowance must we make for the smaller fry? Again, a card forwarded to us from Collingwood presents upon the face the name, office hours and residence of a well-known local practitioner of some standing, and upon the obverse a notification of a recent visit to the centres of professional learning and experience upon this continent with an expressed sense of augmented knowledge and acquired skill in a list of specialties which—by the way—includes them all. The *American Medical Press* at the present time also teem with complaints of and protests against such and such like evidences of a prurient hankering after publicity and newspaper fame. Shall we then be behind our brethren of the old country, and our cousins to the south of us, in the endeavour to uphold professional dignity and decorum?

Doubtless in consequence of the prevalence of such practices, we find, in the post-office directory for Great Britain, members of the *Medical Profession* classed in the *Commercial* section; and one of the Colleges of Cambridge in its bill of particulars enumerates physicians' fees or *honoraria* amongst "Tradesmen's Bills."

We would remind members of the profession of the celebrated colloquy between the prominent successful charlatan and the poor but deserving regular practitioner, tending to show the acumen and discrimination of the former in the recognition of the fact that 99 fools con-

sulted him, while the one wise man sought the doctor. To our friends of the laity we would venture the admonition that these professional luminaries of the newspapers are very apt to prove the deluding flame in whose pursuit the unwitting moth is singed.

We are glad to have the co-operation of our city contemporary in the endeavour to suppress this growing and hydra-headed evil; and can only trust that this association in one good work may lead to the discovery of many lines of agreement on which we can labour in concord for the public good and professional weal.

### HOSPITAL APPOINTMENTS.

It is a well-known fact that the General Hospital of Toronto, so far as its general executive management is concerned, is one of the best on the continent. It is also well known that this is entirely due to the active interest taken in it by the Governing Committee, combined with the untiring zeal and administrative ability of the Medical Superintendent. The Hospital Committee has always shown a desire to co-operate with the members of the profession in order to attain the highest degree of excellence in every particular, and with this end in view the Chairman of the Board, Mr. Justice Patterson, not long since, addressed a circular to the profession in this city, asking for their views on various questions connected with Hospital Management. It has also been felt that the system of making appointments to the medical staff is vague and unsatisfactory, although, we must say, that we have no complaint to make about any appointment made during the last few years. At the same time we think it desirable that medical officers should be appointed for a definite term of years, and should then receive, as a reward for their labours, a position on the Consulting Staff, where they will still have an opportunity of giving clinical instruction, and taking the management of complex cases, and performing difficult surgical operations. We cordially endorse the views expressed by our contemporary in a very sensible article on this subject which appeared in its last issue.

We also think it would be in the interest of

the patients, and would greatly benefit the clinical teaching, if assistants were appointed to take charge of the out-door patients. By this management we might have what are called "Out-patient Clinics" given by the assistants, and the regular surgeons and physicians would have more time for bedside teaching, which is so important to the medical student, and through them to the general public. We cannot understand why this has not been done before, as we know of no hospital in the world as large as the Toronto General Hospital where such a system is not carried out.

We have no desire to dictate to the Hospital Committee, for whom we entertain the highest respect, but simply offer the above suggestions for their consideration, under the belief, that in our remarks, we represent the views of the medical profession of this city.

### THE ACCURACY OF CLINICAL THERMOMETERS.

A CARD TO THE MEDICAL PROFESSION FROM  
THE WINCHESTER OBSERVATORY OF  
YALE COLLEGE.

The competition of business, coupled with the entire absence up to this time of any large observatory in this country paying special attention to thermometry, to which authoritative appeal could be made, has so affected the manufacture of thermometers for medical purposes, that it seems necessary to issue a card briefly indicating the errors commonly found to exist, and to explain why, in this case, the representations of the dealers may be at fault through the want of a proper understanding of the subtle errors to which medical thermometers are liable.

Too great a desire to economize time, good material, and skilled labour has led, in the making of thermometers, to the following faults: 1. The graduation is sometimes started from one point of the scale, near the normal, and the size of the capillary tube is guessed at. No upper point being fixed by the maker, the higher graduations may be erroneous to the extent of several degrees. 2. Too much air separating the index from the column of mer-

cury causes the index to rise with a jerky motion; air above the index forces the index down when the thermometer is taken away from the body. In some thermometers errors from this cause amount to two degrees at high temperatures. 3. New thermometers increase their readings rapidly during the first months after manufacture, so that instruments which were right when made may change their indications as much as two degrees within a year.

It will be seen that these errors are not such as the dealer can readily detect. Even in those cases where a dealer is provided with a standard thermometer with which comparisons could be made, it is a difficult matter to determine the errors of the standard itself, and the unsupported representations of dealers and druggists therefore, though made in perfectly good faith, cannot, from the nature of the case, afford the physician satisfactory evidence that any thermometer he may buy is not affected with errors, which in many instances under our observation have amounted to several degrees.

Following the example of the Royal Society's Observatory at Kew, at which during the past year upwards of five thousand thermometers were examined, this observatory has established a department to which any physician or other person may send thermometers by mail or express, and upon the payment of a small fee receive certificates of their exact errors. The facilities are such that there is no good reason why physicians should not buy their new thermometers furnished with the Yale Certificate by the dealers; in those cases where no certificate is furnished the uncertainty may amount to two degrees. It should be remembered that thermometers which the physician has had in his possession for many months are certain to have had the requisite seasoning, and therefore an old thermometer with a recent certificate is more valuable than a new one, or one about whose age there is doubt.

The Observatory has been called upon within three months to certify about seven hundred thermometers from various parts of our country; the results of this work have demonstrated the gross inaccuracy of the cheaper clinical thermometers as commonly sold and seem to render

expedient the publication of this card calling the attention of physicians to these errors and the great difficulty of detecting them except with the appliances of an Observatory devoted to this work.

LEONARD WALDO,

*Astronomer in Charge.*

NEW HAVEN, Conn., Feb. 1, 1881.

Single thermometers may be packed in wooden boxes, with cotton wool, and sent by mail. The charge for certifying a single thermometer is 50 cents, which should accompany it. In future no thermometers should be purchased from American manufacturers which have not a certificate of seasoning and a calculation of error accompanying them, since the means of procuring them are now placed very reasonably within the reach of all dealers in these instruments.—(ED.)

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#### PROVINCIAL MEDICAL ASSOCIATION OF ONTARIO.

A Committee from the Hamilton Medical Society, composed of Drs. MacDonald, MacKelcan, Mullen, Rosebrugh, and Woolverton, met the Toronto Committee, in Toronto, on the 22nd of February, to complete the arrangements for the proper organization of a Medical Association for the Province of Ontario. Dr. Covernton having been appointed Chairman of the meeting, and Dr. J. E. White, Secretary, it was decided to hold the first meeting of the Association in Toronto, on Wednesday, June 1st, of this year. A draft of the Constitution and By-laws was drawn up, to be submitted to the Society for approval. It is proposed to have a President, four Vice-Presidents, a General Secretary, four Corresponding Secretaries, and a Treasurer, all to be elected on the first day of the meeting. Several questions were left open for the consideration of the Association, such as time and place of meeting, after the first, amount of annual subscription, &c.

From the great zeal manifested at the preliminary meeting, from all the information we can gather from private sources, and from the numerous favourable letters received by the indefatigable provisional Secretary, Dr. White, in reply to his enquiries, we can with confidence predict a large and enthusiastic gathering in June. We trust that the Profession of the Province will be unanimous in extending a hearty and faithful support to the Association.

## A REMARKABLE CASE.

A somewhat pleasing proof of the advance in medical science is talked of at present in educational circles. It seems that some two years since a young lady in one of the Protestant Commissioners' Schools was obliged to give up her position, having lost the use of her vocal organs. Everything was done for her that could be done with little success, until she was advised to consult Dr. Major. After carefully looking at the lady's throat the doctor discovered what he believed was the cause of trouble, and after six weeks of throat exercise, under his care, the young lady's voice was fully restored. Our reporter called upon Dr. Major, who admitted the above facts, but claimed no special credit for the case. He had not learned that it created any comment in the profession, as hinted by our reporter, and if he had helped the lady he was glad of it. He trusted that her name would not be mentioned, and in fact deprecated any mention of the case at all. In the public interest it is given.—*The Montreal Daily Witness*, Feb. 17th, 1881.

We deeply sympathize with the unfortunate doctor who has been submitted to the indignity of receiving such an unprofessional "puff," notwithstanding the extreme modesty which was so conspicuously exhibited in his interview with the reporter, and his strongly-expressed desire to avoid any "public mention of the case." It may be a source of consolation to some in this vicinity that such accidents are not confined to Toronto.

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Three sudden deaths within the pale of the profession have occurred in this city since our last issue. Dr. Harkin was seized with a sideration on the floor of Parliament and shortly succumbed. Dr. Tuck, of Guelph, expired suddenly in the American Hotel from some cardiac affection; and news just reaches us of a fatal accident to Mr. John Perrett, a student of the Toronto School of Medicine, who was struck by a run-away horse while crossing the street and sustained a fracture of the skull. Their respective families have the sincere sympathy of the profession in their great bereavement.

## UNIVERSITY SENATE.

The election of Members to the Senate will take place in May. The retiring Members are T. W. Taylor, M.A., Lachlan McFarlane, M.B., and Rev. Neil MacNish, B.D., LL.D.; and they are eligible for re-election. We are sorry to learn that Mr. MacNish positively declines to be a candidate, as he is unable to attend any of the meetings of the Senate. He is a strong representative man, a thorough friend to the University, and his decision will be a source of regret to the great mass of graduates. At the request of Mr. MacNish and others, Mr. W. G. Falconbridge, who was for more than eight years the Registrar, has consented to be a candidate. His eminent fitness for the position and his great personal popularity will ensure his election beyond a doubt. It would be obviously superfluous on our part to say anything in favor of Mr. Taylor and Dr. McFarlane as we cannot conceive of any excuse for offering them opposition. We, therefore, hope to see Mr. Taylor, Dr. McFarlane, and Mr. Falconbridge elected by an almost unanimous vote.

The election of Mr. Mulock to the Vice-Chancellorship makes another vacancy in the Senate which will have to be filled at the coming election. The name of Mr. J. B. McQuestin, M.A., of Hamilton, has been mentioned for this position. He would make an excellent Member, and if he consents to become a candidate, will, we think, be sure of election.

Mr. Crooks's Bill, at present before the House, provides for an increased representation and a new mode of nomination. We hope to refer to it in our next issue.

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We find that the Trommer Extract of Malt is being largely used in this country, as well as in the United States, Great Britain, and Germany. There is no question about the fact that the Malt Extract is a most valuable and efficient remedy in suitable cases, including debility, from its various causes; and there appears to be a general consensus of opinion, that Trommer's preparation is the most reliable in the market. Our own experience certainly accords with this opinion.

In illustration of the amenities of Medical Journalism, we submit the following communication to our readers. Suffice it to say, on our part, that Dr. Nash's second letter referred to (the first appeared in our January issue), did not appear to present his case in any new or different aspect; and that under the circumstances of considerable pressure on our space, it did not seem proper to give our readers the doubtful advantage of its publication. We are happy to be able to add that Dr. Nash is personally an entire stranger to us.

FOREST, Feb. 4th, 1881.

SIR,—I return your paper of this month, having found that my article in answer to the diatribe in your last issue was omitted. You have tried all the *little* means in your power to injure my character, both *morally* and professionally, and had not the *manhood* to publish my letter in answer. Such *contemptible cowardice* is a fit corollary to the *venomous malignity* with which you first attacked me. It is hardly necessary to state that, under such circumstances, you need not send any more numbers of your paper to my address, as they will not be taken out of the post-office.

I remain, Sir,

Your obt'd ser't

H. J. NASH.

DRS. THOMAS AND HUNTER'S NEW PRIVATE HOSPITAL FOR WOMEN, NEW YORK.—In answer to special inquiries we may state generally for the benefit of our readers, that the general terms of this Institution are: \$40 per week, exclusive of medical attendance, payable weekly to matron; \$22 per week for medical attendance; operations extra. Charges determined by previous agreement. The usual medical attendance includes two visits weekly from Dr. Thomas, and as many as may be necessary from Dr. Hunter, who resides in the building, 596 Lexington Avenue.

MR. ALFRED BAKER, M.A., has been appointed Registrar of Toronto University, in the place of Mr. Falconbridge, who resigned after holding the position for more than eight years.

TRAINED NURSES.—“We may expect,” says the *London Lancet*, “to hear of the nursing question giving trouble in our transatlantic dependencies. The authorities of the Toronto Hospital are, it is stated, about to establish a scheme for training nurses, their instruction to be undertaken by a lady graduate of one of the schools of England. We hope the experience so dearly bought in the Mother Country will not be lost on the promoters of the enterprise in the far west.”

We may be permitted to reiterate the warning, as well as the expression of the hope that the trustees of our General Hospital will not in any wise commit themselves without a patient investigation of, and due deliberation on, the errors and abuses which do so easily beset this portion of hospital administration.

The following gentlemen have been appointed Examiners for Toronto University: A. E. Malloch, B.A., M.D., University Glasgow, of Hamilton, Examiner in Surgery and Anatomy; F. R. Eccles, M.D., M.R.C.S., Eng., F.R.C.S., Edin., of London, Ont., Examiner in Practice of Medicine and Materia Medica; D. B. Frazer, M.D., M.R.C.S., Eng., of Stratford, Examiner in Midwifery and Medical Jurisprudence; George Wilkins, M.D., M.R.C.S., Eng., of Montreal, Examiner in Physiology and Comparative Anatomy; Professor Pike, of University College, Examiner in Chemistry; Professor Ramsay Wright, of University College, Examiner in Botany. These appointments will give general satisfaction.

TOST v. FREEMAN.—A *rule nisi* has issued in this cause, from the Court of Queen's Bench, to set aside the non-suit on technical grounds; but, in granting the rule, the Court took occasion to remark that had the case been left to the jury and a verdict for plaintiff entered on the evidence adduced, it most indubitably would have been set aside.

Dr. Wm. Osler, M.R.C.P., Lond., Prof. of the Institutes of Medicine in McGill University, has been elected an honorary member of the Toronto Medical Society.

"The Messrs. Henry Lea's, Son & Co., have introduced the half-Russia binding for medical books. The new editions of Flint's Practice, Bryant's Surgery and Thomas' Diseases of Women come to us in this elegant form. The enterprise of this ancient house is exceedingly commendable. The esthetic is never out of place, and the doctor will love his companions all the better for an elegant dress. Whatever differences of opinion may exist on the present state of American medicine, the American profession has just cause to congratulate itself on the high stand taken by its publishers. The civilized world does not surpass these in the excellence of their work." So says the Louisville *Medical News*; and so say we all.

Mr. Stevens, jr., member of the firm of Messrs. I. Stevens & Son, surgical instrument makers, London, England, has opened a branch in Toronto, 274 Yonge street. Such an establishment was much needed in this Province, and we gladly welcome this well-known firm, and hope that they will receive the encouragement they deserve.

The Directors of the Montreal General Hospital have decided to follow the example of the Committee of the Toronto Hospital by appointing a Medical Superintendent to take charge, instead of a non-professional man, (the steward), as heretofore.

CANADIANS ABROAD.—Thomas Kelly, of the McGill School, has passed the Primary Examination for M. R. C. S. John Ferguson, M. B., Toronto; Charles Macdonald, Tilsonburg; Neil McKechnie, M. B., Ont., have been admitted L. F. P. S., Glasgow, and L. R. C. P., Edin.

Dr. Woods, formerly of Streetsville, Dr. McCullough, of Rockwood, Dr. Alan Baines, and Dr. Cook, for some years Surgeon in the Allan Line of Steamers, have lately moved to Toronto and commenced "regular" practice.

Dr. J. Fulton, editor of the Canada *Lancet* has been appointed Professor of Surgery in Trinity Medical College in the place of Dr. Bethune, resigned.

## Book Notices.

*Erysipelas of the Larynx.* By WM. PORTER, A. M., M. D., St. Louis. (Reprinted from *Archives of Laryngology*.)

*Anæmia in Infancy and Early Childhood.* By A. JACOB, M. D. Reprint from *Archives of Medicine*. New York: G. P. Putnam's Sons, 182 Fifth Avenue.

*A Case of Scleroderma.* By J. E. GRAHAM, M. D.; Lecturer on Dermatology, Toronto School of Medicine, (Reprint from *Archives of Dermatology*.)

*Case of Medullary Neuroma of the Brain.* By Prof. WM. OSLER, M. D., M. R. C. P., Lond. McGill College, Montreal. Reprint from *Journal of Anatomy and Physiology*, Vol. XV.

*Cæsarean Section with Removal of Uterus and Ovaries after Porro-Müller Method.* By ELLIOTT RICHARDSON, M. D., Philadelphia. Reprint from *American Journal of Medical Science*.

*The Relations of Goitre to Pregnancy and Derangement of the Generative Organs of Women.* By EDWARD W. JENKS, M. D., LL. D., Chicago, (Reprint from *American Journal of Obstetrics, &c.*) New York: Wm. Wood & Co., 27 Great Jones St.

*Illustrirte Vierteljahrsschrift der ärztlichen Polytechnik.* Herausgegeben von Dr. G. Beck, Verfasser des *therapeutischen Almanachs*. Verlag der J. Dalp'schen Buchhandlung. (K. Schmid) in Bern und Leipzig. An illustrated quarterly account of the new medical and surgical inventions of the world.

*The Medical Record Visiting List or Physician's Diary for 1881.* William Wood & Co., New York.

This List, arranged for 30 patients a week, is well bound, neat in appearance, convenient in size, and so perfect in every respect, that we are unable to suggest any improvement.

*Cutaneous and Venereal Memoranda* By H. G. PIFFARD, A.M., M.D., and G. H. FOX, A.M., M.D. Second Edition. New York: Wm. Wood & Co., 27 Great Jones St. 1880.

The second edition of this little work appears to merit the same general commendation which the first received. It is intended only as a *vade mecum* for the student who cannot afford to buy the larger treatises on Skin Diseases; and whilst it conveys a good deal of useful information in a small compass, it will haply serve to stimulate the appetite for further knowledge in this important and too-oft neglected department.

*The Histology of Granular Kidney* (with figure). By ROBERT SAUNDBY, M.D., Edin., Birmingham. Reprint from *Journal of Anatomy and Physiology*, Vol. XV.

*The Histology of Granular Kidney*, (with plates V. and VI.) By ROBERT SAUNDBY, M.D., editor of *Birmingham Medical Review*. Reprint from the "Transactions of the Pathological Society of London," for 1880.

Two valuable contributions to the Histology of this much vexed subject, demonstrating very clearly the presence of numerous lymphoid cells in the inter-tubular stroma, and strongly supporting the inflammatory nature of the affection, involving all the tissues of the gland,

*Infectious (So-called Ulcerative) Endocarditis*. By PROF. WM. OSLER, M.D., M.R.C.P. Lond., McGill University (Reprint from *Archives of Medicine*). New York: G. P. Putnam's Sons. 1881.

A valuable contribution to the literature of this important subject. The points set forth and ably sustained are:—(1.) That the majority of cases of infectious endocarditis occur independently of rheumatism. (2.) The frequent association with pneumonia. (3.) The production of acute multiple aneurisms of the aorta in this disease; and (4.) certain histological features in the endocardial vegetations and particularly a remarkable fungoid growth in one case. These are illustrated by seven figures.

*Handbook of Systematic Urinary Analysis, Chemical and Microscopical*. By FRANK M. DEEMS, M.D., Laboratory Instructor in

the Medical Department, University of New York. New York: The Industrial Publication Company, 1880.

This little 12 mo. manual of some 30 pages, bound in limp cloth, and costing only 25 cents seems to us eminently calculated to fulfil the author's intention in providing a concise guide in routine urinary analysis for busy practitioners, clinical assistants, and students. It comprises in small compass and tabular form (1) The systematic qualitative analysis of the urine; (2) the systematic chemical examinations of inorganic urinary deposits and the examination of urinary calculi; (3) the systematic microscopical examination of urinary deposits; and (4) the general micro-chemical analysis of urinary sediments. In all these particulars the book appears to be a safe and sufficient guide, and we would cordially advise all students to become its possessors.

*Photographic Illustrations of Cutaneous Syphilis*. Forty-eight plates from life. Colored by hand. By GEO. H. FOX, A.M., M.D. Nos. 4, 5, and 6, (complete in 12 Nos.) New York: E. B. Treat, 757 Broadway.

These plates fully maintain the excellence exhibited in the first three Nos. No. 4 comprises syph. papulosum et pustulosum, syph. pustulosum, syph. pustulosum corym-biforme, and onychia syphilitica. No. 5 figures syph. papulosum humidum, syph. papulosquamosum (2 plates) and, by way of contrast, hydroa pemphigus iris. No. 6 illustrates eczema squamosum (non-syphilitic) syphiloderma squamosum circinatum (2 plates) syph. squamosum gyratum, syph. tuberculosum, and syph. tuberculosum ulcerativum. The artistic execution of these plates is certainly most admirable, and the representation of the affections depicted exceedingly life-like. They will constitute a safeguard and efficient aid in the oft-perplexing diagnosis of cutaneous syphilitic eruptions, and thus in a measure compensate for deficient clinical advantages and experience in this much-concealed and denied affection.

*A Manual of Medical Jurisprudence*. By ALFRED SWAINE TAYLOR, M.D., F.R.S., F.R.C.P., etc. Eighth American Edition, from the Tenth London Edition. Edited by John J. Reese, M.D., Professor of Medical

Jurisprudence and Toxicology, University of Pennsylvania, etc. Philadelphia: Henry C. Lea's, Son & Co. Toronto: Hart & Rawlinson.

This work is so well and favourably known, that an extended review would be quite superfluous. The revision of the book for this edition was the last work of the illustrious author, completed only a short time before his death. The American Edition has the advantage of containing some valuable additions, made by the editor, Dr. Reese, and includes also the notes of the editors of former Editions—Dr. Hartshorne and Judge Penrose. It is a pleasure to peruse a work so pleasantly written, so fully up to the times, and so thoroughly complete in every respect. It is presented in Lea's best style, and, considering the high reputation of this deservedly popular publishing firm, we can give it no greater praise.

*An Elementary Treatise on Practical Chemistry and Qualitative Inorganic Analysis.* By FRANK CLOWES, D.Sc., Lond. From the third English Edition. Henry C. Lea's Son & Co.

The book is specially adapted for use in Colleges and Schools, and by beginners. It is divided into seven sections and three appendices: the first three sections discussing preliminary operations, &c.; the last containing lists of apparatus and re-agents required. The appendices contain the rarer elements and their reactions, and a short account of the spectroscopy. Section IV. takes up the group tests for the metals and acid-radicles. Beginning with the Potassium group, the author passes back to the Silver or Hydrochloric Acid group. Section V. gives directions for the analysis of a simple substance containing one metal and one acid radicle; while Section VI. contains a full Analytical course. At the end of each of these Sections are examples of substances analysed, and the manner in which they should be entered *at once* in the Students' note books.

The fullest descriptions are given of the various manipulations and processes, in order to supersede as much as possible the necessity of a teacher. The chemical notation is used throughout the work, thus economizing space and familiarizing the student with the chemical

formulæ of the re-agents. The Tables are full and numerous; a noticeable feature is their position *across* the page, the convenience of which the student will soon appreciate. The flame colourations and the usefulness of the blow-pipe, as a confirmatory test for the presence of the metals, are clearly put forward.

We can cordially recommend this little work to the notice of students, especially beginners, as well as to teachers, feeling assured that each will receive hints useful to their separate needs.

*A Practical Treatise on Surgical Diagnosis.* By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, University of City of New York. New York: Wm. Wood & Co., 27 Great Jones Street. 1880. Second edition, revised and enlarged.

This work was compiled, we understand, at the request of a clinical class of students, and chiefly for the benefit of such, to whom no doubt it will prove a valuable mentor and assistance. If, however, it be trusted to for memorising the necessary facts for passing an examination it will be productive of evil instead of good; and the knowledge so acquired will inevitably prove as fleeting and evanescent as the moments spent in acquiring it. By the busy practitioner it will, no doubt, frequently be found a valuable remembrancer and suggestive reference book in haste. In the second edition the plan, of the work has been somewhat altered, "a concise and general enumeration of the etiology and symptomatology of the more important diseases" having been added to the differential tables of symptoms. The book is made up of eight parts, comprising (1) Diseases of the Blood Vessels; (2) of the Joints; (3) of Bone; (4) Dislocations; (5) Fractures; (6) of the Male Genitals; (7) of the Abdominal Cavity; and (8) of Tissues; and is based upon the teaching of the best authorities, whose names and works referred to are cited in a copious bibliography appended. The statements contained throughout are generally as accurate as possible, though frequently too dogmatic, a fault doubtless inherent in and inseparable from the nature of the work itself. It bears the impress and sign manual of a teacher of a class, and will prove helpful to fellow-laborers in that field as well as their pupils. To such we heartily com-

mend it. An excellent index is due to one of Dr. Ranney's pupils, Mr. Henry C. Moir. The type is large and clear, the paper good, the cloth binding solid, chaste and durable—in a word, a handsome book.

*John Hunter and his Pupils.* By S. D. GROSS, M.D., LL.D., D.C.L., Oxon., LL.D. Cantab., Philadelphia: Presley Blakiston, 1012 Walnut Street; 1881; pp. 106.

Many Hunterian orators of the Royal College of Surgeons, since 1814, have given us their impressions of Hunter's character and the benefit of their close study of his works, and the influence they have exercised upon the science and history of our art; but Dr. Gross is the first American author to present his brethren with an account of this distinguished man—as he describes him, “the grandest figure in the history of our profession.” The book is an enlargement of an address, which we, in common doubtless with many of our readers, perused with much pleasure and advantage, as delivered before the Philadelphia Academy of Surgery, whereof Dr. Gross is President. Short notices are accorded to Cheselden, Nourse, Douglas, Pott, Bromfield, Sharp, Warner, and Hawkins, Hunter's immediate and illustrious contemporaries and masters; and a chapter referring to his most distinguished pupils—Jenner, Abernethy, Cline, Physick, Astley Cooper, Home, Thomson, Macartney, Chevalier, Wilson and Coleman—has been added. A chronological list of Hunter's writings is inserted as an appendix. All who reverence the immortal names which we have cited, and those who care to note the landmarks of the progress of Scientific Surgery, should buy the book and read it with care and reflection. To our mind it loses none of its interest in coming from the pen of a chief among America's “Peers of Surgery” (to use Stromeyer's expression), and the author of a Surgical Treatise which the grand Apostle of Surgery, whom Dr. Gross commemorates, himself would have been proud to own. An excellent phototype, from Sharp's steel engraving of Sir Joshua Reynolds' celebrated painting of Hunter, forms the frontispiece. The book is handsomely and substantially issued, printed on good paper, in large clear type, and attractively but neatly bound.

*Minor Surgical Gynecology.* A Manual of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice. By PAUL F. MUNDE, M.D., with 300 Illustrations; pp. 380. New York: Wm. Wood & Co., 27 Great Jones Street; 1880.

Last but not least of Wood's series for 1880, this work is designed, and destined too, to take a place hitherto unoccupied in our medical literature. It comes as a repertory of help and hints to the neophyte in Gynecology, be he practitioner or student; and is no more designed to supplant the larger treatises of Thomas, Emmett, or Barnes, than are Heath or Mears on minor surgery to take the place of Erichsen or Gross. As such we give it heartiest welcome. The author is by past experience and opportunities specially qualified to know and supply the wants of those practitioners to whom the privilege of residence in a woman's hospital or the advantages of long attendance in a gynecologic clinic has been denied. The work is divided into two parts—Gynecological Examination and Minor Gynecological Manipulation and Applications—preceded by an introduction conveying some valuable hints. Directions for verbal examination, methods and positions, together with a description and drawings of four or five of the most useful and convenient couches or tables, occupy the first 30 pages. Then follows an account of Examination without and with instruments, occupying some 85 pages and completing Part I. In all this we find much to laud, especially the thoroughness and method, and little if anything to elicit adverse criticism. Part II. treats of Catheterisation, Dilatation of Urethra, Injections into Bladder, Applications to Vagina and Cervix, Tamponade of the Vagina, Applications to Endometrium, Dilatation of the Uterus (both by stretching and cision), Curetting of the Uterine cavity, Local depletion of the Uterus, Interstitial Injections, Reposition of Displacements, Pessaries and Supporters, Artificial Impregnation, Massage and the Hypodermic Injection of Ergot. It would be manifestly impossible, within the limits of our space, to enumerate half the merits of this part, or to discuss the points which might legitimately give rise to a difference of individual opinions.

Suffice it to say that it contains a world of indispensable information for those for whom it is intended. The illustrations are so numerous as to recall an instrument maker's catalogue; but few will probably be found to quarrel with the book on that account. Some minor affections have been overlooked; but on the whole the book could hardly have been better. Perhaps the abscission of the Artificial Impregnation section would constitute an improvement.

*A Manual for the Practice of Surgery.* By THOMAS BRYANT, F.R.C.S. Philadelphia: H. C. Lea's Son & Co.

The American reprint of the third revised edition of this very excellent and highly practical work is among the recent publications, the receipt of which we have to acknowledge. The general plan of the work is the same as before; but the author, in his revision, has made some valuable additions to, as well as improvements in, the matter of the work, thus rendering it more comprehensive and correct. There is quite a considerable increase in the number of wood-cuts, illustrating the various subjects discussed, and serving an excellent purpose in their elucidation of those subjects. One subject, which does not appear to have been noticed in the English original of the work, is an illustrated description of Bigelow's Litholapaxy. This addition in itself will form a most important feature in the increased value of the work.

The fact that this work on surgery has already passed through a third edition in so short a time, ought in itself to commend it to public notice as a valuable addition to the literature of the subject. One is almost startled by the number of new works that are being constantly presented upon every conceivable subject connected with medical and surgical science. And we often cannot help wondering how such a multiplicity of literature finds patronage. The author of this work, however, may be absolved from the imputation of writing a book simply for the sake of becoming an author. He has prosecuted his work throughout in such a manner as to indicate clearly the earnest desire to

present to the profession a book in every way worthy of their perusal. He has displayed excellent judgment in disposing of each topic under consideration in the most comprehensive manner consistent with the avoidance of too great copiousness. His work is, therefore, one which should command a generous support as a student's text-book. The great objection to many of our best productions in medical and surgical literature is the fact that, while they may be invaluable as works of reference for those engaged in active practice, they contain so much matter as to be quite beyond the reach of the medical student in the comparatively limited time allotted to the regular professional course. Every student ought to have the largest possible amount of information in the most condensed shape in which it can be effectually furnished. This seems to have been the task which the author of this work set before him at the outset, and we only do him justice in saying that he has been eminently successful in its accomplishment.

In the hands of the American editor this valuable work has not suffered deterioration in any particular. In many respects the suggestions, in the shape of notes, that are appended to the various chapters, improve the character of the work. If it is quite right for American publishers to appropriate in this way the productions of the most distinguished foreign authors, we are bound to say that, in the present instance, the work has been completed in a very creditable manner.

*The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs.* By HENRY SAVAGE, M.D., Lond. Third Edition. Revised and greatly extended. New York: Wm. Wood & Co. 1880.

Few men have had better opportunities for the preparation of such a work as this than Dr. Savage, who was for many years the associate and colleague of Spencer Wells and Sir Wm. Ferguson, at the Samaritan Hospital for Women; and special thanks are due Wm. Wood & Co. for placing it in their Library of Standard Medical Authors, where, in so cheap a form, it comes within reach of the whole profession.

It is a most valuable work, and should be carefully read by every Gynecologist; and yet we confess to a feeling of disappointment with some parts of it. While there is much exceedingly valuable information in it, there is a good deal so very tersely put that it reads very like a dictionary. But the most serious defect, in our opinion, in view of the shortness of human life, is the total absence of an index or table of contents; and we hope that when another edition is published this serious defect will be remedied. We think the author has attempted too much for the size of the book; and the effort to compress so large an amount of useful matter in so small a space, has led to the adoption of a style which, although admirable for its brevity, is not always conducive to clearness of meaning.

There are many things in the book which we could wish were more fully realized by every aspiring Gynecologist and surgeon; and we cannot resist the temptation to place some of them before our readers, although only in the form of isolated extracts.

At page 64 he says, "the so-called whites are products of hyper-secretory *uterine glands* with debris of gland cells, \* \* \* there being no glands in the vagina, there is no such thing as vaginal leucorrhœa;" thus at once running counter to all our previous teaching on this subject.

He appears to think that carcinoma of the uterus never commences on the outside of its body, for at page 65 he asks "has there ever been seen in the uterine body true carcinomatous tissue change which did not commence at the inner surface of the uterine cavity?" and we are disposed to think he is right.

In speaking of pelvic abscess, at page 91, he advocates what we are convinced is the best practice, that is, an early opening through the vagina, and quotes a letter from Spencer Wells, in which he says "he must have tapped from twenty to thirty cases of pelvic abscess, and he could not recollect a single death. He had known several deaths where no puncture had been made." As there is a strong disposition with some practitioners to wait for a spontaneous opening, we would strongly commend these statements to the notice of our readers.

He appears still to favor the slow evacuation of the fluid when puncturing for retained menstruation; but we think Dr. Emmett has demonstrated the safety of the free incision, with antiseptic injection of the uterine cavity. At page 92 he utters a much-needed caution against the rash and reckless interference with the uterus, in regard to surgical operations, when he says, "no surgical proceeding whatever touching any part of the uterine system should be unattended by the precautions observed in operations of a grave character there or elsewhere; in certain states of the general system, unforeshadowed by any recognizable peculiarity, the most trivial operation has been followed by fatal peritonitis." He does not seem to be much in favor of intrauterine pessaries, for he says "the internal uterine stem is not only in general a falling, but a very dangerous agent." Again, he is evidently not a believer in the universality of mechanical treatment in uterine disorders, for he says "a vast majority of maladies referred to the uterus are moral, marital, or mental, and are not only rebellious to, but protracted and aggravated by instrumental treatment."

He remarks again, what we have found to be true in our limited experience, "that the majority of uterine affections, really local not constitutional, depend upon an unwholesome condition of the inner surface of the body of the uterus, and are often cured by simple dilatation of the cervix."

We cannot too strongly recommend all would-be ovariologists to read carefully his remarks on page 128, where he says "For purposes of diagnosis all that has been written is useless, nor will mere written instruction, nor instruments specially devised, bring success to the inexperienced, and it is doubtful whether ovarian surgery should be undertaken by any one who is not a surgeon in every sense of the word, without previously undergoing a sort of apprenticeship—perhaps not even then. In dealing with his first case, even the well-practised surgeon will find his hand greatly strengthened by some such preparation. The after treatment is that which not unfrequently turns the scale, and this can only be learned by taking a prolonged and active part in it.

The mere looker-on at an ovarian operation departs about as wise as when he came. Neither plates, books, nor written rules, will supply the want of judgment and experience on the part of the surgeon having to do with an operation, whereby the life of the patient is put in imminent peril by the very first incision."

We wish we could impress these thoughts with molten lead on the hearts of all who, with the most reckless indifference as to consequences, do not hesitate, without the slightest fitness, to engage in an operation, the success of which depends upon so many contingencies, and the results of which are so momentous; an operation which at times, and unexpectedly, taxes the highest skill and the most thorough preparation the world can bestow.

*A Practical Treatise on the Diseases of Women.*

By T. GAILLARD THOMAS, M.D., 5th edition, enlarged and thoroughly revised. Philadelphia: Henry C. Lea's Son & Co. Toronto: Hart & Rawlinson, 1880.

A book which has passed through four editions will probably be held to be beyond the pale of the reviewer's influence; and the demand for a fifth may justly be regarded not only as an expression of public favour and appreciation, but also as an intimation that he who ventures to draw the bow of criticism, will find that he has sped but a pointless shaft. Fortunately our present task and purpose is one of simple commendation and enumeration of improvements. The first improvement is observed in chapter II. upon the Etiology of Uterine Disease wherein the non-recognition or neglect of injuries, such as lacerated cervix or perineum, due to parturition is very properly characterized and condemned in a few plain forcible words, not a whit too strong in view of the magnitude and prevalence of the evil. Dr. Thomas holds, and there can be no shadow of doubt about the soundness of his position, that every parturient woman should be examined by her attendant at the expiry of the ordinary term of involution, and any lesion then discovered immediately repaired. The Etiologic influence of Insufficient Food, and of Habitual Constipation, here, also, for the first time receive due recognition. The chapter on General Pathology and Treatment is also, partly

new. This is followed by an entirely new one on some of the most important therapeutic resources of gynecology, in which are briefly noticed, Diet and Exercise, Pessaries, Precautions in Operations, Vaginal Injection, the Tampon and Means for Controlling Temperature. The Congenital and Infantile Malformations of the Female Sexual Organs are accorded a place in this edition and constitute a very desirable addition.

The chapter on the Female Perineum is rewritten and embodies, to our mind, the best description of its anatomy and uses now extant. The account of the surgical means for restoration of the perineal body has likewise been rewritten, and the method which he inculcates displays a full recognition of the maxim of Mathias Mayor "simplex sigillum veri." To the chapter on Atresia Vaginae in the last edition we here find prefixed an account of Atresia Uteri—a welcome addition. To the article on Fistulae a description of Uretero-uterine and Uretero-Vaginal Fistulae has been appended.

In Chronic Cervical Endometritis extended experience confirms the author in his previously expressed approval of the ablation of the *arbor vite* by the cutting steel curette in obstinate cases. In the treatment of chronic corporeal endometritis he has almost wholly abandoned the use of intrauterine applications or injections above the *os internum*, substituting therefor the employment of the dull wire curette. In certain cases of chronic metritis Weir Mitchell's treatment of neurasthenia by absolute rest, massage and electricity is highly lauded, as well as the system of exercise for development of the abdominal and thoracic muscles described and advised by Geo. H. Taylor. A short reference to Martin's amputation of one lip of cervix for the promotion of involution in areolar hyperplasia has been inserted, and the account of Sim's amputation and the use of the galvano cautery omitted. The importance of a careful differentiation between granular degeneration and laceration of the cervix, as pointed out by Emmett, is here insisted upon. The account of Uterine Fungosities, as well as of laceration of the cervix is entirely new; and both chapters, although short, form a very valuable addition.

to the work. The larger part of the general chapter on Displacements of the Uterus has been re-written and amended, and due credit here accorded to Cusco and Grailly Hewitt for their large and important contributions to our knowledge. The retentive power of the abdominal cavity and the vaginal promontory on which the neck rests are two new points laid stress upon among the mechanical influences tending to preserve uterine pelvic equipoise. The prognosis in prolapsus is, we are glad to say, much more favourably stated in this edition than in previous ones; and much of the treatment has been re-written or entirely altered. The anterior displacements have been considered together, as have also the posterior, instead of making a capital division between versions and flexions as heretofore; and this we consider an improvement. Several new means and methods of reposition and retention are described and figured and the practical utility of these sections, although great before, greatly enhanced. We own to a prejudice in favour of the new pessaries. Part of the treatment of *Inversio Uteri* is new; and the use of an abdominal plug for counter-pressure strongly advised. We think Aveling's double-curved stem repositor deserved mention. The occasional necessity for differentiating between early pregnancy and pelvic cellulitis, as pointed out by Engelman, is adverted to. The treatment of acute pelvic peritonitis has been partly re-written, and the necessity for absolute rest, even to the interdiction of every voluntary movement, strongly insisted upon. Hildebrandt's treatment of Fibroid tumours of the uterus receives ample notice in this edition; the account of their surgical treatment has been re-written; and the author's own method of removal by the spoon-saw fully described and illustrated. The varieties of laparotomy also are noticed at length. Having reached the limits of our space we must be content with saying that much of the remainder of the book has been re-written and considerable new matter added on the topics of Cancer, Ovarian Tumours, Ovariectomy, Oophorectomy, and Extra Uterine Gestation. In "Ovariectomy" all trocars complicated with tubing, &c., have

been abandoned; the author's own plan of operating is fully and clearly described, antiseptic precautions strongly advised, and Kibbee's Fever-cot highly extolled in the subduement of hyperpyrexia. The number of illustrations has been increased from 191 to 266. The copy it has been our pleasure to receive comes in the half-Russia binding which the Messrs. H. C. Lea's Son & Co., are making such liberal efforts to introduce for the embellishment of our library shelves. The contents of the present work are worthy of the best of binding; and we can only hope that our account of this edition will suffice to show that its author still maintains a foremost place in the van of scientific progress in this department, whilst his book continues to stand pre-eminent—in fact *facile princeps*—amongst the half dozen complete and excellent manuals of Gynecology in the world.

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### Meetings of Medical Societies.

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#### NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The Medical Association, for the Newcastle and Trent district, held its annual meeting at the Town Hall, Grafton, on the 2nd February. In the unavoidable absence of the President, Dr. Burritt, who had sent a telegram expressing regret at his inability to be present, on motion the chair was taken by Dr. Hamilton, of Port Hope.

The minutes of last meeting, held at Peterboro', were read and adopted.

Dr. McCrea, of Warkworth, sent a letter explaining that active politics in East Northumberland would prevent his being present to read a paper promised on the "Bites of Rabid Animals," and "History of a Case of Hydrophobia." He expressed his hearty interest in the welfare of the Association, and promised in future to actively support it.

After the Treasurer's report was passed, the Association adjourned for dinner at the Patterson House, where the members were guests of Dr. Halliday, of Grafton.

After dinner, officers were elected for 1881, as follows:—

President—Dr. Burritt, Peterboro'.

Vice-President for Trent—Dr. Ruttan, Napanee.

Vice-President for Newcastle—Dr. Halliday Grafton.

General Sec.-Treasurer—Dr. Hamilton, Port Hope.

Local Secretaries—Drs. Bell, of Peterboro'; Burnett, of Cobourg; and Douglas, of Castleton.

Dr. Hamilton read his paper on "Sympathetic Ophthalmia." It was treated from a clinical standpoint, and was largely a record of experience. Notes of six cases were given, Young patients were most liable to it. The most reliable symptoms of its presence were immobility of the pupil to varying degrees of illumination, and the failing of the powers of accommodation. It was held to be commonly a sero-fibrinous inflammation affecting the iris and choroid. Treatment and general results were given, after which the mode of extension and its anatomical seat were discussed. A vote of thanks was tendered for the paper.

Some conversational discussion occurred as to pecuniary charges and infringed interests in some districts, but no conclusions were arrived at.

Dr. Halliday explained how he performed circumcision as a surgical procedure; also, how he had observed its performance as a religious rite. Others detailed their experience in performing the above operation, and that for stricture of the male urethra.

The Association then adjourned, to meet at Campbellford, on Wednesday, the 1st of June next.

#### PROVOKED TUBERCULOSIS.

M. Malassez presents an interesting note from M. Hippolyte Martin relative to the lesions determined by intra-peritoneal injections of very fine powders. The author injects into the peritoneum of rabbits some powder—of lycopodium for example, or any other very fine powder; and soon he sees produced lesions absolutely identical with tubercular lesions. The results do not vary, whatever powder is employed.—*Le Prog. Méd.*

#### Miscellaneous.

Duke Charles, of Bavaria, has lately discovered Bacteria in the choroid of two eyeballs examined by him.

Mr. Joseph Lister has been elected President of the Clinical Society of London; and Dr. Samuel Wilks of the Pathological Society.

Dr. Andrew Wood, the distinguished Edinburgh Physician, and member of the General Medical Council of Great Britain, died on the 25th of January, aged 70.

Salicylate of lime, one part to fifty of water, is highly recommended as an application to syphilitic ulcers. Its effects are described as almost magical in certain phagedenic cases.

M. Habran reported to the Medical Society of Reims a curious case, in which both parotids became swollen and painful at each menstrual period. During the nine months of pregnancy while the menses were absent, the parotids were not affected, but immediately after delivery they again became inflamed. It is a well known fact that the mumps attack by metastasis the ovaries or the breasts, but it is seldom that the parotids are affected by sympathy with the uterine flux. A case was recently reported in which mumps complicated ovariectomy.—*La France Méd.*

RESECTION OF TWO CENTIMETRES OF SMALL INTESTINE—RECOVERY.—M. Péan not long removed the pylorus and a portion of the duodenum for cancer—the patient died, not from the operation, but from previous exhaustion. And now M. Kœberlé has reported a case of intestinal obstruction in a young girl, whose one and a half metres of small intestine were removed, the two extremities united, and the girl recovered at the end of a month with Lister's dressing. He has also performed the same section in four cases of cancer, with recovery. He also practices this operation for foreign bodies in the intestine, and to cure artificial anus.—*La France Méd.*