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Original Communications.

Address in Surgery. Delivered before the Canadian Medical Association in St. John, N.B., August 6th, 1873. By WILLIAM H. HINGSTON, M.D., L.R.C.S., Edin., Surgeon to St. Patrick's Department, Hotel Dieu, Montreal.

While thanking you for the honourable position your partiality has assigned to me, I am fully sensible of the difficulty of dealing, in a satisfactory manner, with so important a subject as Surgery; and especially of giving an *apercu* of its condition, its status, in this extensive but thinly populated territory.

Since the organization of this important Association, destined, let us hope, to cement into one body the members of our profession scattered throughout this vast Dominion—the addresses have been confined to those delivered annually by the retiring President, and on such general subjects as fitted the occasion. It was resolved last year to inaugurate at this, the seventh annual meeting, addresses in Medicine, Surgery, Midwifery, and Hygiene, and, speaking in the interests of this Association, I cannot but regret that to some other had not been confided the first address in that branch of the healing art which pertains to external therapeutics—the *quod in therapeia mecanicum.*

The fact that, in this Canada of ours, partially rescued, as it were, but yesterday, from the primeval forest, and its lordly master the red man, an association of this character should have been formed, is, in itself, an indication of a progress which has no parallel save in the adjoining republic:—and the circumstance of a division into the various departments which make up the general science of medicine as a whole, is an indication of the advanced condition of each. But a few years ago, and in the place where we are now assembled, the *Medicine* or *Mystery* man, the Maskiki inini, sought, by incantations and other devices, to relieve the distressed in body of their sufferings. And even now, near where villages dot the surface, and towns and cities usurp the primeval forest, charms and amulets, and the potent mystery bag, are, despite the laugh of the white man, used to ward off the ills and perils of life.

The history of Surgery in this Dominion is the history of its civilization. When Jacques Cartier dropped anchor at the foot of Hochelaga, (at a period when Polypharmacy drenched its victims with its multifarious combinations,) and when his fellow countryman, Ambroise Paré, made known *au trés Chrestien Roi de France et de Pologne* the boldness of his surgical skill, the Aborigines also had their Doctors and conjurors who were valued as dignitaries in the tribe "the greatest respect was paid to them by the whole community, not only for their skill in their materia medica, but more especially for their tact in magic and mysteries." "In all tribes their doctors were conjurors, 'magicians,' 'soothsayers,' 'high priests.' They superintended and conducted all ceremonies." "In all councils of war and peace they had a seat with the chiefs; were regularly consulted before any public step was taken; and the greatest deference and respect were paid to their opinions."* It is meet, Mr. President and Gentlemen, that in this, the first address in Surgery before the representatives of the profession in this Dominion, I should say a few words of that singular class of men now fast passing away, our *devanciers* in the healing art on this Continent, and however much may have been achieved in that art since then, we, their *remplaçants* must admit, that with less mystery, and with better claims to regard, we receive not always so considerable a degree of influence and consideration. But waving wheat fields take the place of forests; the red man wends steadily and fatally to the setting sun; and our forefathers of European origin usurp their places. New arts are substituted for the old—and mystery bags and their appendages, the "toes and tails of birds, hoofs of deer, goat and antelope, and the tails and tips of almost everything that swims, flies or runs," to make great medicine, give place to a somewhat rude surgery, and to a crude and ill digested materia medica. It is interesting to trace the rise and progress of surgical science in Arabia and Egypt, and its gradual extension to the West, where, in our day, it has attained an elaborateness—a refinement—little dreamed of by our forefathers. It is no less interesting to note the rise and advance of the healing art on this Continent. Without much effort of imagination we may fancy the Indian youth preparing himself for the practice of the art, wandering from his father's lodge to some secluded spot, fasting for several days, and, with his face to the earth, praying to the Gitche Manitou—the Great Spirit, to designate to him in his dreams the beast, bird or reptile He has destined to be his mysterious protector through life, and his conductor to those fair hunting grounds in the kingdom of Ponemah—the Land of the Hereafter. The dream is, no doubt, sometimes proportionate to the valour or ambition of the dreamer,—and the black bear or

* Catlin.

panther is trapped or slain by the young brave to form *great* medicine, while the more timorous supplements his dream with racoon, porcupine, weasel or civet.

The Aborigines had their surgery—simple but effective—to which even their usurpers were sometimes forced to have recourse. Contused wounds and bruises were treated by cold douches from springs and running streams; and suppurating wounds with the bark of the mucilaginous slippery elm (Ulmus flava) and bass wood (Silia) and the resinous bark of the Tamarac (Larix americana); all excellent emollient and stimulant cataplasms; and ulcers were stimulated to granulation by the inner wood and berry of the Juniper (genus juniperus.)—They reduced dislocations by main force, and also, it would appear, by a rotatory method, which seemed somewhat like that introduced to the profession by that distinguished American surgeon Nathan Smith. Fractures (which rarely occurred among them,) were carefully set, and splints of cedar or broom, ingeniously padded by the squaws, with leaves or grass, were bound upon the limb with withes of the young birch, (genus Batula); and amputations were performed at the joints with knives of flint or jasper (and in some places of copper) polished and keen as steel*—the spouting vessels were seared, and hæmorrhage arrested, with stones heated to redness. Those practices are still continued among the tribes far removed in the interior.

With, or soon after the advent of the white man, and his higher wants, his higher civilization, and his diseases of a commensurate complexity and intricacy, came the Medicine White-man, the Te ho pe nee wash ee of the West, or the Maskiki inini of the north, who fraternized not with his red confrère—upsetting the old adage "similis simili gaudet," It may not be generally known that the members of the legal fraternity were not allowed, while the French were yet masters, to reside in Canada, and practice their profession; the reason assigned being, say the chronicles of the time, experience had taught they had sowed trouble wherever they went (ils semaient le trouble partout ou ils allaient.) Canada during French domination, realized, in this respect, the day-dream of Sir Thomas More, who excluded lawyers from his Utopia. (By way of parenthesis it may be observed, those who now enjoy the *quiet* luxury of their presence will admit that the disciples of Justinian have much improved since then.) The first mention of a surgeon destined for Canada is in 1640, when M. Maisonneuve, obliged by a storm, which endangered his vessel, to put back to France, three or four persons deserted him, among whom was "Celui qui lui etait le plus necessaire de tous, le chirurgien." Admiral Courpon, however, who had preceded him, and who had arrived at Tadousac, was told of the mishap, especially in the loss of the surgeon, whose services would have been indispensable in the formation of the new establishment, which could not, Maisonneuve observed, be effected without the effusion of blood. DeCourpon generously offered his own surgeon, and the latter, apprised of the urgent need of him, had his chest lowered at once into Maisonneuve's boat, and cheerfully followed. What his name was, is not stated. The first mention of a commission to teach surgery was in 1658 when Jean Madry obtained, from Sieur François Banroin, first surgeon in ordinary to the King, and Provost of the Royal College of St. Côme, in the University of Paris, not only letters of "surgeon" for himself, but also the power to establish, in Canada, the mastership of surgery in all the towns and villages, in order, said the edict of the time, "dans leur besoins, les passants et les habitants puissent être mieux et surement servis, pansés et medicamentes." But these letters patent, though registered, became dead letters. The first student in Medicine, and the only one of that time, was Paul Prudhomme, brother-in-law of Madry, who, for the space of three and a half years, so the document says, was to be taught "son art de Chirurgien et tout ce dont il s' occupait et entremettait dans cette profession de Chirurgie, Medicine et Pharmacie." The earliest practitioners were all called surgeons—the term physician or *medicin* was not used by the early settlers. Surgery, therefore, had precedence in this colony over Medicine, as both had precedence, in point of time, over law; and whilst practitioners treated diseases, prepared medicaments, and operated on the wounded, in all the early public acts they were called surgeons, and were qualified by that title; and on the vessels the name of surgeon was given to the officer of health who accompanied. The reason given was this: that in a country where the whites were exposed incessantly to the attacks of the natives, in which nearly all the first colonists were destroyed by them, the art of surgery was, as the documents state, "d'une nécessité plus pressante, et d'un usage plus frequent." For twenty years thereafter, there were but five (5) surgeons in what is now the largest city in the Dominion; their names are given, and a writer of that period wonders how so many could have subsisted. But to prevent any possibility of interfering with each other's inter-

* The preparation of these instruments was often times the work of years

ests, (would that their successors had continued to be as scrupulous!) they threw their whole earnings into one common fund, and, by a contract of association, their books, furniture, food, merchandise, furs, and the fruits of the earth, instruments of surgery, medicines, and their whole revenue; and also contracted that none of them should go into debt for a greater sum than five coppers, and that, only in case of urgent need. At the end of four years their books were balanced and each one received an equal share. It was also stipulated that if either of them died before the expiration of the term, all his interests belonged to the survivors. Those men, and their early successors have passed away, and so arduous was then the struggle for existence, they have left no written record. Pale faced women from old France exercised the healing art more than two hundred and fifteen years ago, when Nova Scotia, New Brunswick, and Ontario were unexplored wildernesses. At two spots—Montreal and Quebec—were they to be found, screened by palisades from the Iroquois—warding off their encroachments with the one hand, and with the other, by kindness giving evidence of their love of Him who healeth our diseases and redeemeth our life from destruction.

The science and art of surgery have been so steadily progressing since then, that I know not what most to draw attention to, in the few remarks time will permit me to make. The field over which my thoughts have wandered, in making a selection, is vast and varied. It embraces the accumulation of many thousand years of patient toil, each country—even our own—adding something to the general store, till it approaches a precision, and a definiteness, a completeness, not yet—perhaps never to be attained, by her handmaid medicine. Knowing well I speak in the presence of men, older, wiser and better instructed than I am, I shall limit myself to a few, a very few subjects of general interest—subjects concerning which, somewhat favored circumstances enable me to speak with a moderate degree of confidence, *avec connaissance de cause*. And in doing this I shall go but little beyond, and in most instances keep within the period that has elapsed since the organization of this Society in Quebec, eight years ago.

Since that organization chiefly, the views regarding inflammation have undergone modification, and most important advances have been made in the treatment of inflammations generally, and of the inflammatory fevers consequent on traumatic injuries and surgical operations. A word or two will explain this position. If a man of health be rated at par—to use a commercial phrase—the maimed, the injured should not, ought not to be considered as above that desirable condition, to be reduced to, or below it. Far otherwise is the treatment generally to be followed, and many surgeons now seek to raise rather than to depress, the already weakened vital powers, by nutritive food, tonics, and if need be, by stimulants, and in some cases, by the transfusion of blood. The antiphlogistic treatment of inflammation bids fair to be soon consigned to its last resting place, and I shall be happy, if, with my feeble voice, I am permitted to aid in singing its *requiem*. The early local employment, by the Prussians, in the recent Franco-German war, of warm water instead of cold, is a recognition of that principle, and of the necessity of avoiding any depressing agency. Experience taught them that in bruises, wounds, ulcers, fractures, &c., warmth was far more grateful to the sufferer, and patients did better under its early use.

Almost coeval with the existence of this Society, the means of arresting hæmorrhage attracted renewed attention from Sir James Simpson's efforts to substitute Acupressure for the ligature, which, since its introduction by Ambroise Paré, in the 16th century, held supreme sway. In the large hospitals of Europe and America, its use is become more and more general. Surgeons are now desirous of closing arteries so effectually as to check any hæmorrhage, (which ligature certainly does,) yet leave no foreign substance attached to, or semi-detached from, the living vessel; to leave no sloughing or suppurating wound to wash away a dead piece of artery and the now useless ligature itself. Thiéry, Amussat and Velpeau endeavoured to accomplish by Torsion, and Simpson by Acupressure, what Fleet Speer has accomplished by the Artery Constrictor—a method which seems to possess many of the advantages of acupressure, and none of the disadvantages of ligature. While each of these methods has special advantages in certain cases, the time, I believe, is not far distant, when the ligature will be laid aside by others—as it has long since been by myself. The temporary employment, in anœmic subjects of acupressure before or during an operation likely to be accompanied by much hæmorrhage, is an expedient of value—preferable to the aneurism needle—and is quicker and safer of application.

Anœsthetics.—More important still than the question of hæmorrhage is that of *anœsthetics*—and one which is now attracting much notice. We, in Canada, follow the practice of the British in the use of chloroform in preference to the safer anæsthetic—Ether. The circumstance that the number of deaths from chloroform is greater than for-

merly, amounting to upwards of a dozen published cases a year in England alone, apart from a much larger number of *un*-published ones, has created well founded alarm, and the favourite anæsthetic of our neighbours, with the bichloride of methyl, are attracting a large share of attention. The mortality returns published by Dr. Morgan show that we are using the most hazardous of all the anæsthetics:

1 death to	23.204	administration	of ether.
1 " to	5.588	"	of ether and chloroform.
1 death to	5.000	"	bichloride of methyl.
1 death to	2.873	"	chloroform.

The chief objection urged against ether—the length of time required to induce insensibility—is not tenable, as ether properly administered will induce complete anæsthesia in as short a time as chloroform, though the struggles during its administration may be greater. Our experience of the bichloride of methyl is yet too limited to warrant any general remarks.

Fractures.—The comfort of patients has been greatly added to by the treatment of fractures generally, by extension with weights and pulleys, without pads, without bandages or rollers, without splints of wood, gypsum, starch or glue. Thanks are chiefly due to an American surgeon (Gordon Buck) for this vast improvement.

Dislocations. — To another American surgeon, Nathan Smith, is due the credit of the ready method of reducing dislocation by the surgeon's unaided efforts; and traction with pulleys is now rarely resorted to.

Skin Grafting.—Large surfaces of denuded integument are now covered by healthy skin taken from another part of the body, or from the body of another, and grafted in small pieces on the raw surface. So important is this method of Reverdin, that I quite agree with Morton in styling it "one of the greatest surgical advances, if not the greatest, of the present age."

Electrolysis.—Though this is the age of bold and daring surgery, there are places where even the boldest and most daring dare not enter his knife. Here the surgical chemist comes to his relief. Electrolysis has become so important an adjunct to the armamentaria of the surgeon as to induce an American writer to style it, from its perfect manageability, the king of Caustics (he meant the President no doubt). Where extensive tumours are to be removed, without the loss of blood, in patients of feeble health; where disfigurements would follow the use of the knife; and where local and general irritation are to be avoided, *a tout prix*, electrolysis, by means of the *positive* as well as, the negative *electrode* with needles of zinc or platinum, has, in the hands of Stroh, of Olmutz, in Austria, and of Althaus, in London, and of others, been most serviceable. It does seem a fanciful proceeding to introduce needles into a solid mass, however large, and in situations, however deep, and with a prolonged and feeble current, without chloroform or ether, or, with a powerful stream with anæsthesia, to dissipate it into thin air (hydrogen) leaving scarcely "a wreck behind" of shrunken, grey or brownish tissue, harmless, innocent, innocuous. Nævus, lupus, sarcoma, cancer have, in these ways, been made to disappear. And intelligence reaches us from Italy, France, Great Britain, and the United States, of the apparently successful employment of electrolysis (under the name of galvano puncture) in aortic and other aneurisms. Ciniselli mentions, in "Il Galvani," having treated five cases, in three years, of thoracic aneurism alone. Granting, however, to electrolysis, much that is claimed for it, it can never take the place of the knife; but there are cases occasionally met with where the knife is inadmissable, and where the method of Groh and of Althaus, judiciously employed, has attained a success to dissipate the smile of incredulity with which their method was first received by the profession.

Galvanic Cautery.—As a corollary, the galvanic cautery, as recently introduced by Marshall, is another weapon in our hands for warring against peccant disease, and, like the invention of Chassaignac (over which it has no advantage,) is a safe instrument to be used by the timid, who prefer the sere dry edges of a wound, to the trouble of looking for, and the risk of not easily finding and securing, the divided vessels.

L'Aspirateur.—The last general method I shall notice is the aspirating syringe and exploring needle, destined to be of much advantage to surgery—though not, as some claim, invariably without danger. While on the one hand it has been repeatedly used, and with advantage, in distended bladder and strangulated hernia, in empyema and in purulent peritonitis, without untoward symptoms, its use has been followed by death in at least one instance, where, à priori, no danger would seem to be reasonably apprehended. Cysts, anywhere and everywhere, are treated with it, and whether as an aid to diagnosis or to treatment, abscesses of the liver periodical effusions, and dropsical swellings of the joints, are dealt satisfactorily with by this pneumatic method.

Carbolic Acid.—Before passing to special subjects I have merely to observe that carbolic acid has now fairly taken its place in surgery. It is needless, therefore, to criticise its claim. It has been enthusiastically adopted by some, and as sternly rejected by others; but a little less enthusiasm on the one side, and of obstinacy on the other, and carbolic acid settles down into its appropriate niche of usefulness—not, in killing germs, hatched by enthusiasts for the nonce that they *might* be killed, but in diminishing suppuration and in opposing septicæmia.

Passing to the domain of Special Surgery I shall have time but to allude to the vast strides made in Opthalmology. Entropion and Ectropion, (those troublesome diseases which hitherto resisted all efforts at permanent alleviation) are now managed by Schnell and others differently, and with lasting success. Obstructions of the duct are treated by a new method which preserves the patency of the natural channel The classic operation of Weber no longer holds empire and sway—but has given place to Von Graeffe's and Liebreich's,

The ear, which some aurists taught us to respect so far as to advise us not to permit the introduction to the tympanum of an instrument smaller or sharper than the elbow, and that, the elbow of the owner of the ear, now tolerates, not only punctures of the membrane of the tympanum, but tenotomy of its tensor near the malleus—or of myotomy in its course—an operation which, early and judiciously performed, will often relieve suffering, and preserve the integrity of the whole organ.

Paracentesis of the membrane of the tympanum, and the use of the air douche in purulent inflammation, or catarrhal or hæmorrhagic effusions, may not always preserve hearing, but may and does sometimes preserve life, when disease is spreading to more vital parts. Those who dread to approach the ear in that way, may learn to pass a small catheter through the entire length of the Eustachian tube from the pharynx to the anterior wall of the tympanum.

A practical suggestion *en passant.* Might not the deafness which has so frequently occurred in some parts of Canada in the course of the epidemic of cerebro-spinal meningitis, be sometimes prevented by timely paracentesis? Unheard of liberties are now taken with the nose. In addition to Thudicums' method of treating that opprobrium medici, ozœna—which is being transferred from the domain of medicine to that of surgery—the mucous membrane of the gingivolabial furrow is divided with the frænum, the cartilaginous septum to nasal spine, and the nasal cartilages too, if necessary, the nose turned up, and the necrosed bone, giving rise to the odour, removed, and the parts brought into apposition. Primary union without deformity takes place, and the cure is complete.

So long as we keep to the outer man we are safe; but should groping for disease carry us within the patient's mouth, we are in the domain of the *oral* surgeon, ! save the mark ! The oculist and aurist, with great advantage to science and humanity, take charge of the organs of the special senses of sight and hearing, and the field for either is sufficient to satisfy the desire of intelligent ambition. The dentist, now styled doctor of dental surgery, looked after our teeth, and well satisfied are we when his operations are confined to their inspection. But now the buccal cavity is claimed as the fishing-pond of the oral surgeon. Pardon me—the Doctor of Oral Surgery—D.O.S. ! Happy thought ! and happier title ! ! Oral surgery carries the science from the top of the mouth above, past, and including, all the teeth, incisors, canines, bicuspids and molars; past the uvula, past the fauces and anterior palatine arch; past the right, aye, and the left tonsil; past the posterior palatine arch to the epiglottis, catching up in its way the apertures of the various salivary ducts, and there leaves it. But it cannot, in this age of unrest, stop there. There is room, and capitals to furnish titles to, the laryngeal, the tracheal, the clavicular, the sternal, the costal, the inter costal, the axillary surgeon, the humeral, the parietal, the genital, the inguinal, the femoral, the popliteal, the pedal, the phalangeal surgeon; but, here again, we encroach on the *terrain* of the comfort-giving corn doctor, the Chiropedist, to whom I should suggest the appropriation of the title of D. C. S., Doctor of Chiropedal Surgery! And why not? A toe is as good as a tooth, and there are fewer of them.*

Resigning the teeth to that excellent body of men —the dentists—and retaining the rest of the oral apparatus as the domain of the educated surgeon, by one of whom the most brilliant achievements of modern surgery has been effected in this department —Langenbeck's urano plastic operation—peeling off the periosteum and fibro-mucous membrane from its

*It must not be supposed I aim a shaft at those who, with proficient knowledge in almost every department of our art, exhibit, by accident or otherwise, a predilection for certain departments of it. The educated surgeon is at liberty to select (and it is an advantage to the profession generally he should select) when and where he pleases. But a knowledge of the *whole* is an essential preparative to the successful study of a *part.*

bed, to close, with bone forming periosteum and fibro mucous membrane, apertures that nature, in her caprice, had left open; and yet maintain connection with surrounding living structures.

In the domain of bold and daring surgery is the recent operation—exceptionally dangerous in its character—removal or partial removal of bronchocele by the knife—thyrotomy, as it might be called—an operation, according to Greene, of Maine, warrantable only when a "certainty of death stands opposed to a possible chance of safety by operative procedre, giving the patient the chance, no matter how small it is, provided he or she make the choice, with a full understanding of the facts, and with no prompting by the surgeon,"—performed only about a dozen of times altogether, two-thirds of that number in the United States, and half of the remaining third, in part, by two distinguished members of this association, and without fatal consequences.

Early thoracentesis in pleural effusions occurring in the course of scarlatina, is now generally practised; and purulent collections are drawn off by an aspirating syringe.

Tapping the bladder with the fine tube of an aspirating syringe, in cases of retention of urine—in the opinion of M. L'Abbé, "a perfectly harmless operation, rarely followed by local tenderness or cystilis," which though it addresses itself to a symptom and not to a disease, diminishes the impermeability of the stricture and permits the easier passage of a catheter—an operation so easy as to induce M. Dieulafoy to assert that it is "painless, innocent, easy of execution and certain in result, requiring no special surgical knowledge or ability, and within the reach of all."

To obviate the necessity of resorting to this "painless," "innocent," and "certain" method, an American surgeon of eminence has introduced the vertebrated catheter (here exhibited) which, to read the description given, has a special affinity to natural passages. Between all these methods, and the old-fashioned cat gut, and the *coup sur coup* dilatation, and the forcible catheterism of Bitot, by a steel catheter of large size with a deep groove and an olive-shaped head, if the subject of stricture now permits a fatal blocking up of the water conduit—he should, as Sir Boyle Roach would say, be indited for it.

Passing to the other emunctory, the rectum also permits liberties not hitherto supposed susceptible of, in being so dilatable that all the fingers and the thumb, and even the whole hand (if not more than 9½ inches) may be introduced within its cavity, there to explore it, the bladder, and, in the female, the uterus and ovaries. In stricture, in cases where dilatation is of no avail, the division of the bowel in its entire thickness (including the sphintcer) in the median dorsal line, is one of those eminently practical proceedings that one wonders it should so recently be introduced to the notice of the profession. Yet is it a safe and simple procedure, free from dangerous hæmorrhage and from risk of wounding the peritoneum; and vastly preferable to the tedious and difficult operation of M. Verneuil—external rectotomy.

A few words more and I have done, much as I could desire treating of the surgery of the lower extremities, for which there is no time. What vast strides have been made in the higher Gynæcologial surgery—the highest—the noblest department of our art, inasmuch as it deals with organs and functions additional to those common to both sexes. The censure which, a few years ago, was heaped upon the surgeon who had the boldness to attempt the removal of an ovarian tumor, would now, with greater justice, be meted to him who had not the courage to attempt it. From occasional success, the percentage of recoveries in Great Britain has steadily increased till the present, when four out of five operations, in well selected cases, terminate favourably. On the continent of Europe the ill success that for a long time seemed to attend ovariotomy is now being improved. When in Vienna, in 1867, I was present at the eighth operation of the kind performed at the Krankenhaus—*all* of which had terminated fatally. But the success of Kæberle and others almost equals that of Keith and Wells; and like that of those gentlemen, is steadily improving. In 1871, there were sixteen recoveries out of every twenty-two; and in 1872, seventeen out of twenty-one; the number of failures diminishing from one-fourth to one-fifth. As an evidence of the interest now being taken in this department, no less than twenty-six papers have been published within the past six months, of upwards of 130 cases of complete ovariotomy, all presenting features of interest; but the method of removal which seems the most novel is that by enucleation, practised in some instanees in the United States, without clamp, ligature, ecraseur or galvanic wire. But not diseased ovaries alone are removable with the knife, but from the womb itself, man's first resting-place from conception till birth; from its substance or its cavity, (the interior of which can now be explored as easily as the vagina itself,) are removed growths *qui peuvent nuire*. The removal of the whole organ has been frequently practised with

success; and Mons. Péan claims for hysterotomy—partial or entire—a place among the regular operations of surgery. Even the gravid uterus, as it does not escape the inroads of disease, does not escape the knife; and in the early months of pregnancy the diseased os has been excised, and the patient has gone on till the full term of gestation.

I have not the courage, Mr. President and gentlemen, to detain you longer. While the science of surgery has undergone some changes, and the art has been advanced, simplified, improved, I must needs be content to lift a mere corner of the veil to obtain an imperfect glance at the more recent important changes—changes so recent as not yet to be embodied in works on systematic surgery.

And what share has Canada in advancing surgical science? Canada would seem to be a crucible in which German, French and British *science* is reduced to practical value, and made to serve as a foundation for our *art*. We, less deeply learned, less philosophical than the first, appropriate, and know how much, and how far, safely to appropriate those seeming truths, a knowledge of which had been acquired by patient methodical study, which, in our altered circumstances we are not yet able to conduct for ourselves. Less scientific than the second, less deeply versed in those laws they interpret so well, the immutability of which is the basis of all science, yet withal less speculative. With less leisure than the last to acquire knowledge *for its own s ke*, we have time to seek only for its practical application, for it would appear that we, like Cato of old, estimate everything by what it produces. Even liberal knowledge with us is made to become *useful* knowledge; is exalted into *scientific* excellence, looks for a result beyond itself, thence glides into an art, and is made to terminate in tangible fruit. In a word, we leave science not much higher than we receive it, but we leave art certainly no lower. And while most, if not all the achievements attained by means of manual dexterity and correct anatomical knowledge by our transatlantic brethren, have their counterpart here, the general laws on which are based certain principles and relations are, perhaps, less commonly understood. But this need not be matter of wonder. Separated from the busy teeming world of intellect, and placed where the struggle against external influences, like Darwin's animal creation, is keen and life long, if then, in this infant colony, we have not advanced the healing art, we have in no wise retarded it. The denizens of Paris, London, Vienna, have no adequate idea of the toil and fatigue endured by the early pioneers of this country, who sought to bring, to the maimed and the wounded, the comforts of surgical aid. With what rude implements were fractures set, dislocations reduced, and limbs removed. With, in country districts, forty or fifty miles intervening between surgeon and patient, representing almost as many hours of painful travel, those were not the days of conservative surgery, and many a person has hobbled about for the rest of his life on the dried trunk of a young sapling, whose leg would now, in any town or village in Canada, be preserved to him. The experience of old Nathan Smith is that of most men who have seen something of country life, where a goose quill has been improvised as a female catheter, and where amputation has more than once been neatly and quickly performed with the axe or adze, or chisel and mallet, for toes and fingers; and for the arm or leg, a jack-knife for the soft parts, and a wood saw for the bone. Let us not censure the chirurgeons of that period for their rough but well-meaning attempts. They were necessary, and suited to the circumstances in which they were placed.

Eighty-two years, Canada at the time a wilderness, with here and there a village, there existed not a medical training school on this vast continent. Now they are met with in every State of the adjoining Union; and in this Dominion alone there are something like a dozen, each vieing with the other in claiming to advance the status of the profession. Every district has its well educated practitioners, some, indeed, of marked ability, while the large towns as Quebec, Toronto, Halifax, Kingston, St. John, Hamilton, Chatham, have hospitals with efficient staffs. Montreal has two, and numerous dispensaries, besides her three medical schools, and were a stranger to visit either hospital, both of which private charity has reared, he would see nothing in the appointments to remind him he was not in the famed Krankenhauser of Paris or Vienna. The strides in material prosperity have been almost unprecedented in this Dominion, and the progress in surgery and medicine has been coeval, the best illustration of which is the circumstance that each has its special follower; and while practitioners in the first division are content to be imitators of their transatlantic brethren, some (*quorum parva pars sum*) are so bold as to believe that operations, even the most hazardous, are here performed with a dexterity, a *sang froid*, not inferior to what are witnessed in more favored Europe, and with a success, with modesty be it said, quite equal.

I have been almost tempted to place, and group in relief, certain features of surgical interest which Canada has had some small share in forming and in

moulding. But the too immediate contact with those events and characters indispose me to treat of a subject which might lead me unwittingly to magnify, with undue importance, what is recent, and of the surface, and, perhaps, to belittle certain features which may not now be prominent, but which time will develope into more lasting lineaments of interest and usefulness. Some future medical artist, no doubt, will furnish the sketch, when the glance will be a retrospective one, at those now quick with life who will then be insensible to censure or to praise.

But one word of the present and I have done.

Do we not share fully in that tendency of the day, to regard surgery in its anatomical, rather than in its pathological aspect—to grope with the knife, and to follow disease into deep and almost inaccessible structures, till it can scarcely be distinguished from the normal tissue around it, rather than to look, in the seemingly healthy body itself, for the source of the abnormity. From the nascent school of pathology, or rather pathological physiology, and from the possession of a higher general knowledge, better things may be expected, when surgery will not be a a theatre for daring or desperate expedients, and when MacBeth's frenzied boast: "What man dare I dare" * sublime courage in a soldier other than he,—cowardly and criminal in a surgeon—considering the armed condition of the one—the utter helplessness of the other—will find no one to re-echo it—no one to admire.

Although I believe with a distinguished writer, that "knowledge is one thing, virtue another—that good sense is not conscience, refinement is not humility," yet knowledge the most liberal, refinement the most cultivated, are not the less essential to one who aspires to be the intelligent instrument of Him who guideth our hand: and although our institutions may have neither the prestige nor the status of those of favoured Europe, yet the advances in education have been such that aspirants to professional honours may now easily and inexpensively obtain that liberal knowledge which should be acquired for its own sake—that knowledge which is a whole, and of which the separate sciences are merely parts—that liberal knowledge which is necessary to fit one for the proper study of any of the professions, and especially that of the healing art—that knowledge which "stands on its own pretensions, is independent of sequel, expects no complement, refuses to be informed as it were by any end, or absorbed into any art, though it may be followed by the cultivation of any. When this general knowledge shall have become the basis of professional knowledge—this liberal education (as distinguished from useful), the necessary ground work of, the preface to, scientific education, then, and only then, will Surgery with her handmaid medicine, attain a true position, as intellectual in its nature as it is heavenly in its aim, affording as a science and as an art, full scope for the highest, the noblest, the most diversified powers of the mind. Methinks, without the wish or the power to prophesy, should the next seven years add as much to the storehouse of general knowledge, as the seven which have elapsed since the formation of this society have added to the stock of special or professional—something of which I have ventured hurriedly to pencil—the sufferers, and those who unceasingly endeavor to bring relief to them, will be equal gainers; and may those who now so kindly listen to me, and him who speaks, if still among the quick, be there to see.

*Words used recently by a writer in describing *me judice*, a rash and useless operation.

Morbus Coxarius. By JAMES PERRIGO, A.M., M.D., M.R.C.S., England. Demonstrator of Anatomy, University of Bishop's College.

Whether we consider this disease in relation to its insidious nature, its frequency, or its serious consequences to limb and even to life, it must always be classed among the most important in the whole catalogue of surgical diseases. I say surgical, advisedly, and at the outset, for, from what I have observed and read, I unhesitatingly place it in that class, and shall deal with it in this imperfect essay as being strictly within the domain of surgery.

Hip-joint disease, the most general term for this affection, occurs at almost any age and in conditions of persons, though most commonly in childhood or early adolescence. There are certain gouty or rheumatic diseases of the joint occurring at a later period of life, all classed under the name of morbus coxæ senilis, but this does not come within the scope of my paper.

I shall not touch on the anatomy of the joint, further than to say, it is generally acknowledged that anatomists have as yet been unable to demonstrate the office of the ligamentum teres, and they generally suppose it serves the purpose of supporting the vessels that supply the joint. I allude this

much to the anatomy as it is usually supposed the disease begins in the ligamentum teres.

The hip-joint is the most important one in the human frame, and anything abnormal with it affects locomotion at once. It is liable to a variety of diseases, such as affect joints generally. By its means the strongest limb in the body is attached to the trunk itself, and from its shape and formation, the various affections to which it is subject are very often detected with difficulty, requiring great caution and sound judgment, based upon previous experience, before coming to a definite diagnosis. A correct diagnosis of this affection at the beginning is of the utmost importance, as upon it depends whether the disease is to be arrested in the early stage or allowed to go on producing mischief.

Upon no other disease has there been more written and more controversy than upon the pathology of morbus coxarius. Some authors, such as Boyer, Aston Key, and Bauer, affirm that it, of necessity, begins in the ligamentum teres; the latter admits that periostitis may occasionally be a cause; others again, as Barwell, say that it originates either in the cancellated structure of the femur and acetabulum, or in the synovial membrane. Miller gave it, as his opinion, that an ostitic change takes place in the cancellated tissue of the acetabulum and of the head of the femur, and that after a time a chronic inflammatory process set up.

Sir B. Brodie thought that the disease began in the articular cartilage. Holmes Coote, that the cancellus structure of the head of the bone was first affected, and afterwards the synovial membrane and ligamentum teres. From this labyrinth of opinions it would be hard indeed to come to any definite decision, but judging from pathological specimens I have seen in this city and the different museums in London, England, and also from the progress of the malady, I believe the disease may and does commence in any of these structures. Specimens have been shewn where the ligamentum teres was destroyed at a time when the remaining structures of the joint had only suffered moderately. Tricke mentions one case where he found the muscles, vessels and capsule of the joint sound, but in the cancellous tissue a firm, hard, yellowish-white mass, and that the cancellous tissue was somewhat redder than natural; so, also, other specimens have been collected where the cancellous structure and the ligamentum teres have been injured and the rest of the joint remained comparatively sound. Holmes Coote confesses that, wherever he had opportunities of examining cases recently affected, he almost always found the ligamentum teres altered. Bush says, whenever he had an opportunity of inspecting the joints in an early stage—and that was seldom—he found the cavity filled with yellow pus, seldom dry, the fatty tissue in the bottom of the acetabulum hyperæmic and swollen—the synovial membrane rough and thickened—cartilage the same, and sometimes solution of continuity.

The most frequent cause of hip-joint disease, as well as of other joints, is stated by most writers of surgery to be scrofulosis, implying thereby, that it is the symptom merely, or the result of the constitutional diathesis. There are some who deny this, saying that scrofulosis does not rest upon any permanent pathological basis, and that we are left to draw upon our imagination a good deal to recognize its chemical and microscopical characters. They say, and not without reason, that if scrofula did exist and was always the cause of this affection, a person would be liable to joint diseases at any time of life. Facts, however, shew differently. In infancy, that is, before three years, and in old age, the disease is extremely rare. Statistics tell us that joint diseases are most common at the period from six to ten years. They also advance two other strong assertions in their favor, viz.: rich and poor, town and country, are all equally attacked; also that constitutional treatment alone has proved of little benefit in joint diseases, while manifest results follow judicious local treatment. I have seen upwards of two hundred cases of joint diseases, a good proportion of them being hip affections, and in very few of them was it found impossible to trace them to a traumatic cause.

Between the ages of six and ten years, the boy or girl is very active and heedless, consequently, continually meeting with accidents, but after that age, accidents are avoided, and then we see joint diseases decrease. Boys, also, are more subject to the disease than girls, and those children that are neglected by their parents. In the list of cases I have collected, the child attacked has always been one of the most active of the family—the mischief maker,—always in trouble, either tumbling down stairs, or off some high place where his energy, ourage or imprudence had led him.

It is not to be denied that articular affections may arise from a strumous diathesis, and then we find very frequently more than one joint affected, as in a boy, aged 12, admitted into the Montreal General Hospital, under the care of Dr. Reddy, July, 1868, with morbus coxarius of the right hip, and synovitis of the left knee where the patella sloughed

away. There was also tuberculous deposit at the apex of the left lung. Here, the injury was the fall off a horse. My impression of the case, at the time, was that tubercles developed themselves in the lung subsequent to the injury, although I am quite prepared to admit their co-existence.

In a case like this, constitutional treatment is of imperative necessity, *per se*, and also as an adjunct to proper local appliances.

Hip-joint disease has been divided into three stages. Ford, in 1794, first made this division, and it has been retained by most writers. Miller makes but two. I have adopted Ford's division, as being, in my mind, anatomically and pathologically, the most correct. Ford's first stage extends from the beginning of the disease to the time that apparent lengthening appears; the second, from the commencement of apparent lengthening to that of apparent shortening, and the third, from the apparent shortening to the end. These periods are periods of uncertain duration and sometimes of undefinable ocurrence. Thus, the disease may occur in a mild form, becoming more severe as it advances, or it may run an obscure course from the beginning with little pain and less fever, leaving even the most observant sometimes in doubt as to the site, nature and extent of the mischief going on. We may have severe acute pain suddenly felt in the leg as well as in the hip and knee joints, and almost at the same time, or very shortly afterwards, hanging forward of the leg with eversion and abduction, thus leaping, as it were, into Ford's second stage at once. Loss of appetite, restlessness and fever are almost invariably present. Pain is now increased by motion, active or passive, but particularly passive. Jactitation of the limb, sufficient to shake the bed on which the little sufferer reclines, now occurs—jactitation, which the surgeon would do well to notice and to check, as now is the time when proper means would be of avail—measures which a short time subsequently would be useless.

This is the morbus coxæ acutum I have just sketched. A more chronic form, however, is that usually met with where the same symptoms occur, but not so marked, and not attended with so much fever. In the first stage, the symptoms are very deceptive. In children who cannot describe all their sensations, the difficulty is increased. Here we may have slight limping, especially in the morning, which seems to wear off during the day. The child does not exhibit the usual inclination to play, and pain is complained of in the knee, which is most troublesome at night, particularly after those days during which it has had more than its usual exercise. In adults, the disease usually commences by a sense of fatigue, and often of actual pain either in the hip or the knee; stiffness also is complained of in the morning, and in the evening, pain more or less severe, depending on the amount of exercise during the day. The movements of the knee-joint, notwithstanding the greater or less pain felt there, are perfectly free. This pain has been attributed to irritation of the obturator and sciatic nerves, also to spasms of certain muscles. Towards evening the limping returns and is sometimes absent after a day of comparative rest.

Abduction of the limb is painful, and if the patient be examined the surgeon finds, upon pressing behind trochanter, very severe pain, also tenderness at the groin, where the glands are frequently swollen. The fold in the nates is now flattened, but so far there is no deformity.

In the second stage weakness is complained of in the limb; it is felt to be long as well as weak; it is dragged rather than moved in walking and standing, very little weight is borne upon it, and it is slightly advanced. The child now rests as much as possible upon the sound limb. This is the stage of apparent lengthening. Lameness is now constant and more decided. Pain in both hip and knee, and spasmodic contractions of certain muscles causing great torture to the patient, making him wake up under the idea of some great impending evil and bathing him in a thick clammy perspiration. Wasting of the limb is now apparent, it being thinner, softer and more shrunken in appearance than the sound one. The thigh is now flexed upon the abdomen, the knee is generally rotated outwards, and the feet everted; there is also a lateral twist to the spine, which is caused by the patient attempting to give himself all the ease he can. For the purpose of locomotion, the lumbar portions of the spine and the other hip-joint are brought into use.

The constitution now suffers, rest and appetite are gone; the patient becomes reduced in weight and has a haggard, care-worn look. This stage of lengthening lasts no regular length of time, and the patient, under proper treatment, may recover without the disease advancing further.

Between the second and third stages, there is usually a lull, but only for a short time, and in the erse of a young girl under Dr. Hingston' s care while I was his assistant, apparent lengthening to the extent of about two inches in one day, was followed by apparent shortening to the same extent on the next. When the disease is in the third stage we find different symptoms, and if we place our patient in the erect posture, we shall see the nates, full, convex and pro-

jecting backwards. The weight of the body is still supported on the sound limb, the diseased one resting on the ground only by the ball of the foot and the heel elevated a good deal.

The knee is also higher than that of the sound side, and the thigh is flexed at hip only, and not at both hip and knee as in the second stage. The diseased side of the pelvis is tilted up. The spine is curved laterally, the lumbar portion having the cavity looking to the disease, while the dorsal is the other way. Tenderness behind the trochanter and in the groin now diminishes, and abscesses form and burst in various places. The third stage is one of apparent shortening. The affected side of the pelvis is tilted up instead of lowered, and the thigh adducted, so that the sound limb is abducted to the same extent as the other is adducted, thus causing the affected thigh to look shortened. Careful measurement shews that it is not real, being altogether due to posture. Such an opinion is held by nearly all authorities on the subject. It is in this stage that the symptoms of dislocation of the femur upon the dorsum ilis appears, an end in which all cases of this affection were at one time supposed to terminate.

As regards treatment, each case, before anything is done, should be thoroughly and carefully examined, and sometimes, to do so properly, chloroform is necessary. Children are naturally timid, and often refuse to submit to the necessary manipulation for diagnosis. After examination, the full nature of the case should be explained to the parents, so that they may fully understand the necessity of following all the surgeon's instructions. It will be his duty to enjoin absolute rest for the diseased joint, and that not for a few days, but for weeks. Unless this is done, everything else will be of little service. Next to rest, comes position. This is important, so as to prevent the articular surfaces from pressing together and to give comfort to the patient. There are many ways of doing this, and we have a great many apparatus of different kinds from which we can choose. A great many of them are merely modifications of one another, but the best are Bauer's, Barwell's and Sayre's. Some surgeons use neither of these, but content themselves in gaining extension by means of weight and pulley, and counter-extension by raising the foot of the bed. Others again, simply employ Liston's long splint, in the same manner as in fracture of the thigh. This plan is as good as any, and it aids in preventing the lateral curvature to the spine. All this will do for the first stage, but when we have a case in the second, with apparent shortening, the pelvis tilted up, with retraction of the tensor vagina, pectineus, and adductor longus muscles, we must do something more, and it is in this stage where the benefit of tenotomy is so evident. To give proper position so that the patient may gain all the necessary rest and freedom from the spastic muscular contractions that now trouble him, the tendons of the muscles at their origin should be divided. After an operation of this kind there is usually great relief from pain. Bauer says it acts antiphlogistically, but with all due deference to that eminent authority, if he had said mechanically, he would have been nearer the mark. Surprising results have been seen from this little operation in knee cases. It is simple, easily performed, and there is no danger attached to it. However, there is a diversity of opinions among surgeons, and there are a good many who are altogether opposed to it. In the third stage the disease has made further progress, all the structures are implicated, and total destruction of the joint may ensue. The pus may make its appearance at different places, between the gluteal muscles, below Poupart's ligament, etc. The treatment now depends on the severity of the case and complications present. Sinuses must be kept open, a very difficult thing to do, but this is almost imperative, and is a rule sanctioned by most surgeons. Rest and position are just as important as ever. When we see the patient becoming exhausted from the continued drain of pus discharged from carious or necrosed bone, conservative surgery should be resorted to and excision of the joint performed. The operation is imperatively necessary if any of the pelvic bones should be implicated, as here, the disease, if left to itself, would soon have fatal termination. Surgeons for a long time objected to operate in such cases, but Hancock has shewed that it can be successfully performed with marked benefit to the patient.

Abstract of the Introductory Lecture at the opening of the Third Session of the Medical Faculty of the Universitg of Bishop's College, Montreal, on October 1st, by E. H. TRENHOLME, M.D., B.C.L., Professor of Midwifery and the Diseases of Women and children.

Mr. Chairman and Gentlemen,—Three summers have passed since this medical school was ushered into existence.

Upon this occasion, the opening of the third session it affords me great pleasure on behalf of this Faculty to warmly welcome you, friends and students. We would be excusable were we to boast somewhat of the past, but our feeling is rather

one of deep thankfulness to God for that to which we have attained; and I trust the future work of this College will be carried on in that spirit of dependence which secures the favor of Him without which nothing can rightly prosper or satisfy the heart. We are conscious of the deep responsibility that rests upon us to educate and thoroughly qualify our graduates for the all important life-work before them.

The care of the sick and wounded is the highest mission and noblest charge that can be committed to man by his fellow-men. We bear this in mind in our lectures, and it is this which makes us so solicitous over the progress of each student.

Our work may be done imperfectly, and surely it is not for us to laud ourselves; but though imperfect it is earnest, and above all sought to be made practical, so as to stand you in good stead, when pressed by the responsibilities of your calling. We do not plead for ourselves, but rather leave our children to "speak with the enemy in the gate," quite confident that they will give a good account of themselves.

Now as to our facilities for imparting a thorough medical education. Our college building is large, and supplied with every essential accommodation for the work to which it is devoted. Our dissecting room is second to none in this city; our library is being filled with new and valuable books for reference; the lecture rooms are airy and comfortable; the laboratory is arranged to meet all the wants of those engaged in practical chemistry. Arrangements have been made for a thorough acquaintance with Obstetrical practice, a lying in Hospital being now established where a sufficient number of cases will be available to each student.

The Montreal General Hospital, the St. Patrick's Hospital, in connection with the Hotel Dieu, and the Montreal Dispensary are open to students of every school, on an equal basis.

The appointments in this Faculty neither have been nor shall be made with reference to any personal friendships whatever; our guiding principle in every selection is the best man for the place. Thus, gentlemen, having boldly exhibited our colors we nail them to the mast of our stanch young ship, and launch forth upon our destined course, each man at his post, and our sails filled with the welcome breezes, the hearty good wishes of our confrères and the people at large.

How well we have prospered the last two years declare, and this session, I trust, no student will be deterred from following the school of his choice by intimidations or vituperations, let them come from what quarter they will. We welcome all hard workers, and promise our best efforts toward promoting their success.

The science of medicine is broad enough to engage the most liberal and acute of human intellects without danger of exhausting its wealth. Enough of its vast domain has been explored to gladden many a heart, and strengthen many a hand, as her hidden treasures are appropriated by her noble devotees. The apprehension of new truths is a gladsome feast, and happy are they who are called to such a banquet.

It has been said our mission "is one of toil, often but poorly appreciated and never adequately requited," and such is indeed the truth, but not the whole truth, as you will find when tracing the mysterious and attractive operations of the powers of nature as seen in the constitution of man, and the adaptability of those inexhaustible resources which God has placed at our command for alleviating the effects of sin in the world; these, and the happy results of health restored, and life prolonged upon earth, are the exceeding rich rewards of those who enter her ranks and work as becomes true men.

The science of medicine rests upon a basis of eternal truth that can never be shaken, despite the shallow pretences of the quack "pathys" of the day. Upon Anatomy, Physiology, Pathology, and Therapeutics it stands a noble structure, that shall yet command universal homage, when its devotees become more thoroughly conversant with its rich resources laid up for the wants of mankind.

The practice of medicine is, from the nature of our imperfect knowledge subject to many variations. This fact should not discourage us, but rather stimulate to greater carefulness in our researches and observations.

Of the various departments of medicine the greatest advances have been made in those of recent date. Materia Medica and Therapeutics, the oldest of medical subjects, is to-day, we must confess, but imperfectly known. How little we know as to the modus operandi of our remedial agents; the special affinities of certain drugs for certain parts of the body, and their action upon the body in health, and disease, these are vast fields, as yet imperfectly explored, inviting diligent workers with sure promises of reward. Perhaps this condition of the subject is not so much to be wondered at, when we consider that about them, as about nothing else in medicine, has clung the fossil debris of past centuries. Preconceived vague ideas of the action and the therapeutic value of remedies have done more, and are doing more, than anything

else, to hinder true advancement, and help to build up such systems of imposture as Homœopathy, Eclecticism and their kindred allies. We too hastily and sweepingly condemn what is new and strange to us, and surely it was but natural that we should have done so, when the new things were promulgated by professional apostates and ignorant pretenders. Conscious that the basis upon which we work is true and immutable, we have been and are now shutting our eyes to much that we should eagerly investigate.

The time is come when it is the duty every man to shake off *all* the trammels of supersition and bigotry, and recognize, yea and heartily embrace, *truth* which is eternal, wherever it may be found. Wholesome truths are sometimes distasteful, but let us remember that the recognition of failure is half its reformation, and surely it behoves us to lay aside our "paths" and "ists," and maintain the dignity of our position as physicians.

The community in general, and medical schools in particular, are bound to see that graduates in medicine are thoroughly educated in all the fundamental branches of their profession. The community has the inalienable right of selecting as their medical advisers whom they will *from among those properly qualified.* By the term *properly qualified,* I mean those who have acquired a thorough knowledge of every branch of the profession, and such men, as practitioners, are bound by every obligation to afford the most effectual relief to the sick.

Every practitioner has the power and right placed in his hands, to use such means as he deems best, and to employ remedies on any plan or principle he judges correct. To do less were to deny his own manhood, and no man, nor association of men, have any right to dare to interfere with him so doing. His calling is to heal. His business is to address himself to his work. Now, gentlemen, while I contend that each one is responsible to God alone as to the treatment he adopts; yet is each practitioner responsible to the other and the public also. We are bound to disown any man as a physician who, abandoning his birthright, descends to the narrow limits of any system, and taking the place of the charlatan, proclaims not that he heals alone, but that he heals by a certain method, and thus, by endeavoring to catch the public ear, to make money at the expense of professional honor.

One cannot but long for the time when medical men will be cordially united upon the broad and generous platform of a noble profession; and when the barriers that hedge it about will be sufficient to enable the most weak-minded to withstand the temptations to avarice and short-lived popularity.

None of us desire to perpetuate ignorance, and yet there is no surer way to do so than by refusing to examine the various pretensions of the day, and sweepingly label the whole as preposterous and false. Let us rather investigate everything that comes before us, and extract, appropriate and use any grain of pure gold from among the rubbish of modern quackery. Such systems of imposture and folly as are around us could not exist except for our own stubborn wilfulness. The community has proved, and we cannot gainsay it, that there are virtues in what we reject "en bloc." Is this as it should be? Are we guiltless when we thus stimulate the less discriminating public to swallow greedily whole systems of folly? I think we are not blameless. It is for us who possess the great advantage of a thorough medical education, to absorb their few facts, on which they rest their rotten superstructure, and leave them as their peculiar possession, the undiluted sham, worthy of such degraders of medicine.

With the loss of seasoning, the perishable wares of these parasites would soon go to decay, and the world be well rid of much suffering and sorrow.

Our profession is broad and liberal-minded, and our platform is large enough to accommodate every honest upright man, let his aspirations be ever so lofty and generous.

There is another subject germain to the thoughts that occupy us, and that is the struggle in which our confrères are now engaged in Ontario. We have watched with much solicitude the working of their Medical Act, and joyfully noted its success. The Act, it is true, was not all that could have been desired, but despite many fears for its success, it has accomplished a grand, noble work for the Province of Ontario. So thoroughly has it worked, that the Homœopaths and others of like kidney, have found their systems, like "Diana of the Ephesians," becoming of no repute, on account of the enlightening presence of the truth. It has been found that students entering college with the intention of practicing homœopathically, &c., have "cast their idols to the moles and bats," as their minds drank of the intellectual streams of a thorough and scientific medical education.

The present law of Ontario provides that all students shall take the same collegiate course, except in the practice of medicine where those homœopathically inclined can attend homœopathic lectures upon that subject. This condition of things is found to be effectually stamping out attenuated nonsense, and hence

the present frantic efforts of Homœopaths and Eclectics to effect its subversion. We earnestly hope their sinister attempts will prove in vain, and trust the general profession will arouse themselves throughout the length and breadth of that splendid Province, and save it and themselves from the hands of such shameless destroyers.

Situated as we are in Quebec, we have a special interest in watching the workings of Medical Acts in our sister Provinces. We need some changes in our own code, and it is high time we were bestirring ourselves to obtain them. There should be with us, as in other civilized communities, but one portal to the practice of medicine, *i. e.*, by an examination passed before a central examining board. If the establishment of such a board for the whole Dominion of Canada cannot be attained, let us, as we are competent so to do, establish it in our own Province. The adoption of this course would annihilate quackery here, as is now being accomplished in Ontario. Much more might be said upon this subject, but it is time we passed on to the consideration of other matters.

It is naturally expected that your attention upon this occasion should be drawn to the great importance of the final branches of your profession. In the able introductory to our last session, the necessity of being thoroughly acquainted with the primary branches was insisted upon, and rightly too, as the foundation upon which the whole superstructure rests. Let me recommend you once more, not to be attracted from the course then urged upon you; for the final branches are but the complement, so to speak, of the primary, and of themselves can never constitute the complete physician. The one is the skeleton, the vertebræ, the very basis of the being, the other the flesh, the external form, which constitutes the beauty and perfection of the whole.

Students sometimes wonder that each professor exalts the importance of his own subject; but it could not, and should not be otherwise. The professor as he meditates upon and discusses his own special subject becomes more and more impressed with its value, and sees in it beauties and attractions unobserved by others. Now, while the successful practice of medicine most undoubtedly does rest upon a thorough knowledge of the primary branches; yet is it also true, that such success can only follow where there is a thorough and rational apprehension of the principles of the final branches.

The unfolding of the charms and deeply interesting attractions ranged before your mental vision by our respected dean, Dr. David, the professor of that most important subject, will, I am sure, be appreciated by you as the chief corner-stone of your professional education.

Upon surgery any remark is almost superfluous. Nothing will contribute more to your success than such acquaintance with its theory and practice as will make you able to render prompt and efficient aid when called upon. The triumphs of surgery are neither few nor small, and these will be vividly placed before you by its esteemed professor, Dr. Godfrey. But, gentlemen, while it is worthy of all the honor and benedictions heaped upon its successful votaries, you must bear in mind that its triumphs are apparent, and seize more quickly upon the public mind than other work but little recognized, perhaps, because accomplished in greater seclusion. With regard to Medical Jurisprudence you will do well to give such attention to the subject as not only to reflect credit upon the able professor of that branch of your studies, Dr. Gardner, but also to save yourselves from much humiliation when interrogated as a skilled witness in courts of Law. Hygiene is a branch of great importance, as you will be sure to think when its intimate connection with advanced civilization and national prosperity is brought to your notice by your worthy professor, Dr. Leprohon. It is a subject to which he has devoted special attention, and while an acquaintance with it is rightly insisted upon by this University, I am sure you will at the same time find the course deeply interesting, and your minds stored with most valuable and practical information.

Pathology is another subject specially taught in this school as in the schools of Europe, and as it shortly will be in every well conducted school in Canada, its importance demands for its consideration more than a few cursory lectures appended to the course upon Physiology or the practice of Medicine. It is one of those branches you must know if you would be successful, or worthy of your name. Much attention is required in pursuing your preliminary researches, but when once comprehended, your progress will be pleasant and profitable, especially so under the painstaking labors of Dr. Wilkins, who so creditably occupies that chair.

But, gentlemen, valuable and necessary as is a thorough acquaintance with all these, yet another subject takes a paramount place, and claims a few moments consideration on the present occasion. The art of Obstetrics, and the treatment of diseases peculiar to women and children, have made immense progress during the last few years. A more correct appreciation obtains as to what nature can accom-

plish in parturition, and at what point it is necessary to supplement her powers, or take the work out of her hands in order to best overcome imperfect formations of either mother or child. This art is now almost a perfect one, as is demonstrated by the many valuable lives which are now saved out of a condition of things where formerly destruction alone awaited them.

It shall be my earnest endeavor to so place this subject before you as to secure your attention, and render you masters of an art that will, perhaps, do more toward making you successful in life, than the practice of any other branch of your profession.

The consideration of diseases peculiar to women is of recent origin, and is at present occupying the attention of some of the best minds of the profession as is proved by the almost daily discoveries in their pathology and treatment. Even within the memory of almost the youngest, what advances have been made!

Woman, that most wonderfully attractive being, the fairest and most lovely of all God's creatures, is most exquisitely endowed with a hidden inner life, which until of late, was, in a scientific point of view, comparatively unknown.

When one thinks of the hosts of fair invalids that have gone to a premature grave, how they have silently and unchecred endured sorrow without hope of relief or, that warm heartfelt sympathy which they deserved but received not, we can but thank God for what has been done in this rapidly developing department of our profession.

Ovariotomy, which at its outset was met by every species of slander and derision, is now one of the recognized surgical operations, and from the success to which it has attained may be regarded as an almost perfected branch of surgery. Any vagueness in the diagnosis of abdominal tumors is being rapidly removed by the accumulation of ascertained facts, and more recently still, by the genius of Prof. Simon of Heidleberg, has been placed on as perfect a basis as the operation itself. By this new method, which will be discussed in due time, the differential diagnosis of pelvic and abdominal tumors is certain and clear, and the treatment of some of the heretofore untreated derangements of the abdominal viscera is also possible by the same means. One feels like lingering over such a subject, fraught as it is with new and life-giving impulses to this attractive branch of your studies. This department has progresses to report on every hand, and the treatment of interstitial fibroids of the uterus has been improved and perfected. Much advancement has also been made in the treatment of other forms of disease, and many a woman is to-day in the enjoyment of health, who but a few months ago would have been thought beyond the hope of any successful operative procedure.

Another subject which receives special attention in this college is the diseases of children. This is as it should be, for there can be no doubt but that vast multitudes of children pass to an early grave for want of a better acquaintance on our part with their diseases and treatment. Of late there has been vast progress made in this department. The profession are learning that too active and strong treatment is worse than trusting to nature alone; also that suitable doses of simple remedies are more efficacious than heoric doses of emetics, purgatives and astringents. These latter have had their day, and a more hopeful era is dawning upon the suffering multitude of children struggling for life. I count it no small privilege to have the pleasure of addressing you during a large part of the present session upon this deeply interesting and important subject.

In this city so beautifully, and one would naturally suppose healthily, situated, our infantile mortality is simply astounding. This great waste of human life must surely lie at our doors, as it cannot be the work of that Beneficent Creator who "makes nothing in vain." His design, that they should fill and replenish the earth is frustrated by our criminal negligence or indifference, and we must bear the responsibility. It is to be sincerely hoped that ere long a thorough system of enregistering births and deaths will give reliable data to work upon; and that sanitary science and a better knowledge of the medicinal and hygienic treatment of infants, will relieve us from the heavy charge of slaughtering the innocents.

Before I conclude I wish to say a word as to the personel of this Faculty. We are happy to be able to say that no break has occurred in our circle. The Professor of Chemistry, Dr. J. Baker Edwards, is enabled to retains his professorship, the Faculty having unanimously appointed our late distinguished student, Dr. Shaw, his assistant, and lecturer upon that important subject. It has afforded my colleagues and self no small satisfaction that the best man we could obtain for that post was also a graduate of Bishop's College, and we cordially extend to our new lecturer our best wishes.

The working power of this Faculty has also been still further increased by the appointment of an assistant demonstrator of Anatomy, which post we are glad to say has been filled by the best graduate of our first year. We are confident that the work of Practical Ana-

tomy in Dr. Latour's hands will be efficiently performed. We wish him success.

Another appointment has also fallen to the lot of one of our graduates, one whose name heads the roll of matriculated students who have entered this Faculty and who by unanimous vote now fills the post of Curator of the Museum. We also wish Dr. Nelson every success, and confidently rely upon him as upon his colleagues for the faithful discharge of his duties. Bishop's College "expects every man to do his duty."

In conclusion, gentlemen, while I would fain attract your attention and arouse your enthusiasm to pursue with energy and devotion the work before you, yet I would not for one moment seek to make you believe that all before you is fair, easy, and pleasant. Such is not the case in ordinary things of this world, and such, believe me, is not the case in medicine. The fairest mountain-scenery, the purest atmosphere, the most body-strengthening and soul-stirring panoramas of nature are realized only after much toil in the weary ascent; so is it with us, we labor and press onward and upward through many difficulties, refreshed, no doubt, in our path by springs from the mountain side, as we drink in truth after truth, and thus encouraged we start forward with new vigor for the goal set before us, and with minds longing for a more full realization of that which has gladdened us by the way, till we at length rest, our work done, our toil ended, and we ourselves gone to our sure reward.

May it be for each and all of us to hear the welcome words, "Good and faithful servant enter thou into the joy of thy Lord."

MEDICAL FACULTY OF McGILL COLLEGE.

Reported for the Canada Medical Record.

OPENING LECTURE.

The opening lecture of the Medical Faculty of McGill College for the season of 1873-'74, was delivered by Dr. Howard, Professor of Practice of Medicine, on Wednesday, the 1st Oct. inst., there being a large attendance of the Faculty and of the students.

The learned professor on opening his subject said it would be proper for him on an occasion of that kind to address to them more particularly words of counsel and advice; and in doing so he would claim the indulgence of those who had listened to these deliverances in former years, and also of the freshmen to whom it was entirely new. He would ask permission to address words of encouragement to all who were there for the first time, and to bid them a hearty welcome. He would also welcome those whom they had the pleasure of seeing there before, and in return for the confidence they had manifested in them, which confidence he hoped would be continued, they would do their best in carrying out the task and acquitting themselves of the responsibility they had undertaken.

But in referring to the duties now before them, a few remarks on the qualifications of students would, he thought, not be out of place. For many years past, he was thankful to say, one of the first qualications necessary for entering upon the profession of Medicine was a good moral character; then in education, a knowledge of Greek and Latin to some extent, of mathematics and of the ordinary simple branches was necessary, as well as of the French and English languages.

In 1866, the Council of Ontario adopted the laws which had been adopted some time previously by the Council of Great Britain, and which constituted also a very important improvement in Lower Canada practice. To the Canadian and American schools belonged the merit of having first adopted the practice which was not even yet enforced by the Examining Boards of the mother country. The training of the menal faculties forms the best preparation possible for obtaining a knowledge of those branches, of learning which constitute the medical curriculum. Much of the time now spent in Latin and Greek might with great advantage be given to a more thorough knowledge of the practical branches such as mathematics, physics and chemistry. The habits and training acquired by the study of these branches were very important in after life in all their education and requirements. Compared to these, however, the other branches which they were required to learn as preparatory to a medical course were in a great measure unimportant. In corroboration of these views he was pleased to be able to give the remarks of Dr. Hucksley. He said that a great step was made towards their medical education by acquiring a knowledge of the physical sciences and also an elementary knowledge of physic, that there might be some preparation for medical colleges.

Passing now to the medical curriculum, there were two divisions in which it was placed—the primary and final. In the first the student was required to acquire a knowledge of botany, materia medica, chemistry, physiology, and anatomy. A thorough knowledge of these subjects formed the basis of the medical art. These should occupy a great portion of the students time. To many these appeared in a great measure to

consist of a mass of dry details and unconnected facts. One of the features of anatomy, however, was that in its study they were not dependent on books. They had the means of making it much more interesting and of studying it with both pleasure and profit. This was by the dissecting room, which had for many years past almost superseded the use of books in this branch of medical education. And of the advantages offered by this means of study he would advise them to make most liberal use. There was a time when the study of anatomy by this means was very little understood. It was not until after Munro introduced his practice with regard to it that the dissection of bodies was practiced to any extent. Before his time an average of two bodies every year were all that were used for this purpose. Very important also was the knowledge of the uses and functions of the various parts of the body taught by physiology. A close investigation of the anatomical structure and form will very materially assist in making known these functions. It was scarcely necessary to state that they must be acquainted with these functions of the body and of its different parts and members to be able to render any valuable assistance in any disease. Improvements and advancement could always be obtained by a close study of this subject, but a thorough study of it was indispensable, even though it failed to make any addition to the science of medicine. Great discoveries were now being made by means of this branch of the art, a knowledge of which was not sufficiently indicated, but which he was sure would benefit every department of medicine. He would, however, venture to say that a thorough study of morbid anatomy would lead to the more important topics of physiology proper.

Another subject requiring the most earnest attention was chemistry. While it was assumed to form part of the liberal education of every man at the present day, it was at the same time indispensable to the study of medicine. It plays a most important part in the functions of the body, especially in those which concern animal heat and the respiratory organs. It was also a great assistance to the study of materia medica and therapeutics. The importance of therapeutics to the student also could not be too much urged, as it forms to a considerable extent the necessary preparation to the proper use of medicine. A great deal more was known now about the capabilities of the medicines in use than was known a few years ago. Much is known about the real properties of medicines and their action on the healthy structures and functions, and from these was inferred their actions on morbid structures and functions. To these subjects he would counsel them to apply themselves most earnestly in the early stages of their education, as, afterwards, they would not have much time to devote to them.

The final examination dealt with the four branches of midwifery, surgery and practice of medicine and medical Jurisprudence. He would offer some remarks on the method of acquiring a knowledge of these branches. It would be the duty of the final professors to impart to them a knowledge of these branches in all their parts. They would lecture on them, and he would counsel those students who had arrived at that stage of their medical training to pay special attention to these lectures. He referred to the system of taking notes of the lectures, and assured them that many had found these notes of the greatest value, even after they had passed their examinations and had commenced to practice. But it was in the hospitals that they would acquire the most practical instruction. He referred to the first establishment of hospitals by monks, and said the teaching acquired in these institutions was called clinical or bedside teaching. Indeed by some these were used entirely for lectures on physic. The lecturer took the student to the bedside of the patient, and gave him a statement of the disease under treatment in a regular and methodical manner, of the symptoms it produces and the manner of its treatment, and finally uses it to show that the principles laid down in the books were rarely those practised at the bedside. It will also teach the student with regard to anatomy.

While the lecturer treated the principles of disease; in the hospital they would obtain a knowledge of the treatment.

The study of disease, while in some cases only supplementary to the knowledge acquired at lectures, other subjects of the highest importance were and could only be learned at the bedside of the sick. This was especially the case in the treatment of wounds, &c. He would counsel them while students to become familiar with these things, for when they were in practice they would be without teachers to aid them, and would be entirely dependent on their own skill and education. And it was while attending the hospital that they would acquire a knowledge of morbid anatomy. The clinical teacher on the death of the patient, would demonstrate to them at the post mortem examination of the body the correctness of his diagnosis or the incorrectness of it, and the object of the treatment he had used;

and there they could learn lessons which would be of life-long value to them, as well as to their teacher.

In the hospitals also they would learn practically the uses of drugs in the various diseases, and also the proper doses and proportions; they would learn to form a correct estimate of the power of the various drugs, and come to employ them with more skill and confidence. He would impress on them the necessity of learning them all thoroughly and equally, as they were indispensable to the man who would practise in all the departments of their art. For to practise in all the departments or be able to so practise must be the aim of every student of medicine, although afterwards, when they become more familiar with their profession, they might cultivate any aptitude they might have for a specialty. No profession presented so many different departments as theirs.

In summer time they should employ themselves in systematic work for a certain number of hours every day. They should not consider when the end of the term arrived they had nothing more to do until another term began. They would require recreation and holidays, but they should spend as much of the time as possible at the bedside of the sick, studying the course and nature of disease in all its forms. It might be the only opportunity many of them would have to become acquainted with the preliminaries of their education, and he would urge on them the desirability of making good use of it.

They were entering on the study of medicine at a favorable period in its history. He did not allude to the time in which the physician forfeited his fee if his patient died; nor that period when an edict of the Pope condemned the physician to a life of single blessedness. He alluded to the temper which pervades and affects modern as compared with ancient science. Now-a-days experiment and comparison were the only safe sources of deduction in medical science.

The method of advancement now was more hopeful and desirable.

He referred to the use of the thermometer in the study of the disease as one of the great improvements of modern days. It had already done good service. The lecturer also referred to various other discoveries and improvements which had assisted greatly in the promotion of the science. They were the natural out-growths of the truth-seeking spirit of the age. He also referred to the discoveries made by Dr. Osler, a graduate of a Canadian College, which were attracting great attention. He would like that some liberal person would endow a chair in order to allow this worthy member of their profession an opportunity of carrying out his discoveries in connection with McGill College.

He also referred to the education of women in the science of medicine which was being introduced in England and elsewhere. While he did not think that women could ever take the place of professional men in all the branches of their science, he believed there were some departments of it for which they were especially adapted. He referred more particularly to clinical treatment, and as nurses for which they could be especially prepared. For this they should be required to go through a regular course as ordinary students, and take out diplomas to practice as such.

He would counsel them in conclusion not to be dismayed at the work laid out for them; but to take courage and they would soon overcome the difficulties of the task. He urged them to make a good start, and they would reap the benefit of it every succeeding year. They should also avoid attending too many lectures at the same time, but employ the summer as industrious as the winter. They should also while making good use of their time, take good care of their health. There was nothing gained by overwork. Many men broke down by injudicious application to study. They should also while studying especially, be mindful to take plenty of out-door exercise, at least from one to two hours daily. He also cautioned against gliding into the too common errors of modern philosophy, with regard to the laws of matter and force, and concluding that the great mysteries of revelation were beyond their learning or beneath their study; but to ascribe all knowledge to that Infinite Power which has created all things.

Correspondence.

To the Editor of the Medical Record.

LONDON, St. Thomas Hospital, 4th Sept. 1873.

Dear Sir.—Amongst the numerous novelties that we meet with daily in the London Hospitals, one of the latest is bloodless operations. Macormac removed a leg to day, amputation in the middle third of the thigh; there was scarcely a drop of blood lost. He commenced by bandaging the limb from the toes upwards with a strong elastic bandage, applied so tightly that all the blood was forced out of it. He then twisted very tightly round the thigh and just above the bandage a rubber band fastened with steel clasps; the bandage was then

removed, the limb looked quite white and dead, the vessel being perfectly empty; the operation was proceeded with in the usual manner, the vessels tied and bandage removed. I generally leave my Number of the Record on the library table; it is a great favourite with the students. I was delighted to hear from one of the graduates that the prospects of Bishop's College were so good for the coming year. Wishing you every succes.

Believe me to remain, Dr,

Yours very sincerely,

R. F. GODFREY, C.M., M.D.

Progress of Medical Science.

A LECTURE ON CHRONIC CERVICAL METRITIS. USE OF THE ACTUAL CAUTERY.

BY F. H. GETCHELL, M.D.

(Clinical Lecturer on the Diseases of Women and Children in the Jefferson Medical College.)

Among the most obstinate cases met with by the gynæcologist are those of chronic inflammation of the parenchyma of the neck of the uterus. This condition occurs oftenest among women who have given birth to children, and parturition and abortion are no doubt the most frequent causes. The disease may exist for some time without giving rise to much pain or uneasiness, but in cases of long standing the discomfort is generally very great. You will find the patient will complain of constant pain in the lumbo-sacral region, of a dull aching character, accompained by a dragging sensation in the loins, and in many cases by a sharp pain in the region of the left ovary. The increased weight of the uterus always causes more or less prolapsus, and these patients will often tell you that they feel as though "every thing inside them was falling away." The prominent sympathetic symptoms are indigestion and all its accompanying annoyances, such as loss of appetite, nausea, constipation, and flatulence, often causing a semi-tympanitic condition of the abdomen that vexes the patient exceedingly. You will find it a very common thing for these patients to complain that they have not a dress they can wear, on account of the puffing up that is sure to come on a short time after eating. Headache is a very constant symptom; and, while the cephalalgia may exist in any part of the head, it is said by some authors to be located so generally at the top that pain at the summit of the head is by them considered pathognomonic of inflammatory disease of the cervix uteri. I have not found this to be the case; but, while I have found headache to be a very constant symptom of cervical metritis, in a majority of the cases it has been located in the frontal region, and not at the top of the head. You will find that most of these patients are very despondent and low-spirited, and in cases of long standing, particularly if they have been under treatment for some time without benefit, you will often find it very difficult to convince them that there is any hope of improvement. It is a remarkable fact that the mental depression experienced by the patient is often in striking contrast with her general appearance. It is no uncommon thing to see one of these patients presenting the appearance of perfect health, and to learn from her that life is a positive burden, and nothing depresses her more than want of sympathy on the part of her friends, accompanied with insinuations that her troubles are imaginary. This fact should always be borne in mind; and because the patient is fleshy, and to all appearance healthy, you must not decide that she complains without cause, till you have made a thorough investigation of the case.

The diagnosis of chronic cervical metritis is not attended with difficulty, and it is chiefly by the touch that you will ascertain whether the case is one of chronic inflammation of the uterine neck. You have no use for the speculum until you have made a thorough digital examination; the speculum is a therapeutic instrument, and is not to be compared with the educated finger as an aid to the diagnosis of uterine diseases. On introducing the finger within the vagina, you will find the uteris low down in the pelvic cavity, the cervix very much enlarged, in some cases to the size of a woman's fist. On pressing the finger firmly against the neck of the uterus, you will find it to be very hard; so firmly condensed is the tissue that all the elasticity of the healthy organ has gone, and we have hypertrophy and induration of the entire cervix instead. The os is generally patulous, and will often admit the end of the finger; but this is not always the case, for you will sometimes find the cervix enormously hypertrophied and the os will barely admit the uterine sound. By bi-manual palpation and the measurement of the cavity with the sound you will be able to diagnose the case from one of general metritis; and you will not confound a case of chronic cervical metritis with one of simple congestion if you remember that in the one case we have the cervical parenchyma injected with blood and communicating a soft elastic cushiony feel, softer than in the normal condition of the uterus, while if the enlargement be due to chronic inflammation we have an increased growth of the connective tissue, which exists in much larger quantity in the cervix than in the body of the uterus, together with an effusion of plastic lymph, which renders the cervix so dense and firm that you will at once recognize the existing condition as one of hypertrophy and induration.

In many cases the epithelium is gone in spots or patches, and there is hypertrophy of the villi. A variety of names are given to this condition of things, but the only point that I wish you to remember in this connection is that these ulcers, if we may call them such, are caused by the inflammation, and are not the cause of it: the treatment is the same whether they exist or not. In some cases we have profuse leucorrhœal discharge, in others none at all: this depends upon the extent to which the cervical mucous membrane is involved in the inflammatory action.

In regard to the treatment, as I have said before,

these cases are often very obstinate, and many of them go the rounds, and months and years go by and the lumbo-sacral back-ache is always there. Still, notwithstanding this discouraging picture, I believe if the patient is willing to follow your directions, and is content to wait a reasonable time for results, you will be able to reduce the most densely hypertrophied cervix to a healthy condition. If the case has been under treatment before you are called to the patient, the chances are that she has had solid nitrate of silver applied once a week for a longer or shorter time; it matters not which, for the hypertrophied and indurated cervix may be touched with nitrate of silver every week till doomsday without reducing its size. In order to substitute a healthy reparative inflammation for an unhealthy, unmanageable condition, you must cauterise; and nitrate of silver is not a cautery; it acts in these cases as little more than an astringent; the most it does is to cause a slight shedding of the epithelium. You do not apply the powerful cautery to reduce the size of the uterine neck by destruction of the tissue by burning it away, but you apply it to set up a subacute inflammation, under the influence of which the induration and hypertrophy will subside and the uterine structure resume its healthy elasticity. The strong caustics most frequently used in these cases are the acid nitrate of mercury, potassa cum calce, potassa caustica, and the actual cautery. As the last is the only one I ever use, I will describe the manner in which I use it, without further reference to the others. The idea of the actual cautery is always alarming to the patient, and may be said to remind us of the mediæval tortures; and if we were obliged to use live coals, bellows, and red-hot irons, I fear we should get few women to submit to the treatment; but the use of these little sticks of charcoal, that I show you here, you are able to do away with all that is alarming about the actual cautery, and to apply it to the uterus without informing the patient what kind of an application you are about to make. These little sticks are made of nitrate of potash, charcoal, and pulverized acacia, in the following proportions:

℞ Potass. nitrat., gr. xx;
Carbo ligni, ʒ vij;
Pulv. acaciæ, ʒ j;
Aquæ, q. s. M.

This paste is formed into sticks; the most convenient size I have found to be about two inches long and about as large around as the little finger; the ends of the sticks may be rounded to a point; after being allowed to dry they are ready for use. If you hold the end of one these sticks in the gas-flame for a moment, you will convert from half to three-quarters of an inch of it into a live coal: this you can do in another room, thereby avoiding the display of combustion before the patient. When once the end of the stick is thoroughly ignited you can put it down until you are ready to use it, without any fear of its going out, for it will continue to burn until the entire stick is consumed, which will require for a stick two inches long from fifteen minutes to half an hour. The patient being placed in a proper position, you introduce the speculum, which must be a conical one, and may be made of wood, ivory, or block tin; and I have often used the ordinary glass speculum. There is not heat enough from the caustic to do any harm if a glass one is employed; but the wooden one that I here show you is the one I prefer. Having introduced the speculum and wiped the cervix dry, you take the caustic in the forceps and apply it, about four or five lines from the os, to the lip that is most hypertrophied (for in some of these cases one lip of the cervix will be three or four times the size of the other.) Now, if you make slight pressure for a few seconds, you will destroy the tissue over a space of about the size of a three-cent piece and for about two lines in depth. The pain is very slight,—but little if any more than that caused by the application of nitrate of silver. On withdrawing the cautery I sponge the parts with cold water. I then introduce a pledget of cotton saturated with glycerin, and direct the patient to remain in bed for the next forty-eight hours, and to keep her room, reclining on the lounge for the greater part of the time, for three days more. At the end of the first twenty-four hours you may remove the pledget of cotton by pulling upon the thread, and then inject the vagina with cold water; this may be done every day, until the slough comes off, which is generally in from five to eight days. I then paint the cervix every fourth day with the following:

℞ Potass. iodidi, ʒ ss;
Iodinii. ♁ iv;
Glycerinæ, ʒ j. M.

The actual cautery may be applied with advantage once every month, and the best time is from five to ten days after the cessation of the monthly discharge. If you have the full co-operation of the patient, you will be able to reduce the most densely hypertrophied cervix in from three to five applications. In regard to danger from the use of the actual cautery, of course it would be very easy for a bungler to do harm with it, and great care should always be exercised in the use of any caustic; so far, I have never had any difficulty with it, and I have been using it for several years, and believe it to be more manageable and less likely to do harm than the potassa fusa that is so often used in these cases. I wish you to understand that I only recommend you to use the actual cautery in those cases in which the parenchyma of the cervix is the seat of hypertrophy and induration intractable to agents of less power.—*Philadelphia Medical Times.*

BELLEVUE HOSPITAL, NEW YORK.

NOTES OF TREATMENT.

Intermittent Fever.

Some preparation containing quinine is usually given by all divisions in the treatment of this disease. The following, "Clark's powder," is given almost exclusively on the third division:

℞ Pulv. opii, gr. j;
Pulv. capsici, gr. iij;
Quin. sulph., gr. x. M.
S.—Dose.

This is given about four hours previous to the time the chill is expected. If admitted during a paroxysm, or shortly after one has ceased, the powder is given and repeated as above. This rarely fails to break up even a prolonged series of paroxysms, and in recent cases almost invariably succeeds. By others, quinine alone is administered. The patient is rapidly brought under its influence in the following way: If the chill be expected in the morning, quin. sulph. gr. x are given the night previous, and again in the morning, one dose four hours, another dose two hours, before the time the chill is expected to occur. In the majority of cases this is successful in warding off the chill. If, however, it occur, a hypodermic of morphia is sometimes administered; but oftener the above dose (gr. x) is repeated in the hot stage, and quinism produced and maintained until the disease yields. In addition to this, some preparation of iron is given, as tr. ferri chlorid. ℥ x-xxx t. i. d. The hypodermic administration of quinine is being used extensively here, usually with favourable results. The solution adopted is the following, suggested by Dr. F. D. Lente, of Cold Spring, New York:

℞ Quiniæ sulph., gr. l;
Acid sulph. dil., q. s.;
Aq. ebullient., ℥ j.

Allow this to cool; then add—

Acid. carbolic. (cryst.), gr. iv. M.

Of this, ℥x-xxx or more may be injected subcutaneously without danger of producing abscesses, such as commonly arise by the use of the ethereal solution. Dr. Lente states that, although he has used it constantly in his practice, he has never seen an abscess caused by it; and a similar experience has attended its use here. This method is especially useful in cases of coma into whose causation malaria is suspected to enter; also in cases where it is necessary to bring the patient rapidly under the influence of the drug.

When quinine fails to arrest the paroxysms, arsenic is employed. A patient with malarial neuralgia of several weeks' duration had been treated with quinine in all the methods recommended, with no beneficial effect. Liq. potassæ arsenitis ℥viij t. i. d. put an end to the trouble in two days, the patient being discharged cured in ten days.

HYPERPYREXIA.

If malarial, this is treated by quin. sulph. gr. v. q. 4 h., and even in diseases in which no malarial element exists quinine is given. A temperature of about 104° F. is usually treated by quinine as above, and by tinct. aconit. rad. (Fleming's) ℥j. q. ½ h. for three or four doses, then q. 1 h. In sthenic inflammation this is the most common method, and is usually successful. If the temperature rise above 104° F., sponging the surface with water is employed, somewhat differently on different divisions; some preferring cold, others tepid water. Several cases of insolation were treated on one division as follows: by means of an ordinary garden-sprinkler, water as hot as could be conveniently borne was sprinkled over the body, an attendant on each side of the patient fanning the surface vigorously meanwhile. By this means the temperature in all cases rapidly fell, and did not show the same tendency to rise immediately that is observed when cold water is used. Ice-bags to the head, and cold-water injections into the rectum, were also used in some cases.

DIPHTHERIA OF WOUNDS.

Several cases have occurred during the past month in the lying-in-wards of diphtheria of wounds of the mucous membrane acquired during labor. The practice has been in almost every case to cauterize the surface with argent. nitrat. fus., and to apply cloths moistened with "black-wash" to the wounds. In one case cauterization was adopted, and no other local application made, the parts being syringed out thrice daily with sol. acid. carbolic. (gr. x-℥ j). Resolution quickly followed in the last, and in all the others except one, which was complicated with puerperal fever. In all cases of fetid lochia, injections are employed either of the sol. acid. carbolic. or infus. chamomil.—*Philadelphia Medical Times.*

GLYCEROLE FOR CHAPPING OF THE SKIN.—

℞ Oxide of zinc, gr. xx;
Tannic acid, gr. xv;
Glycerin, ℥ ix;
Tincture of benzoin, ℥ ss;
Camphor, gr. xv. M. *lb.*

BELLEVUE HOSPITAL, NEW YORK.

NOTES OF TREATMENT.

Bright's Disease.

In this affection diuretics are employed, a favorite prescription on one division being,—

℞ Potass. bitart., ℥ iv;
Inf. digitalis, ℥ iv. M.
S.— ℥ ij— ℥ iv ter in die.

On another division a case is being treated by the administration of large quantities of water,—about six pints being given in twenty-four hours. Diminution of this quantity is followed by serious symptoms, which disappear when the amount is again increased. Inhalation of the vapor of ol. juniperi has been tried on another division, the effect in some cases being well marked, but negative in others. The bowels are kept open by occasional doses of Murchison's powder on one division, by elaterium on another. Iron and quinine are given as tonics; the tr. ferri chlorid. being preferred by some.

A favorite prescription on the second division is:

℞ Ferri sulph. exsic., gr. ij;
Quin. sulph., gr. j;
Ext. gent., q. s. M.
S.—Pil. j ter in die.

If there be much anasarca, strychniæ sulph. is sometimes added to the above. In ascites, stupes of digitalis infusion are placed over the kidneys occasionally with benefit.

If delirium or convulsions ensue, in addition to the use of eliminative remedies, as elaterium, hypodermic injections of Magendie's solution of morphia are given, with the object of lessening the sensibility of the nervous centres to the action of the blood-poison. This treatment, suggested by Prof. Loomis, seems to be efficient in a large proportion of cases. In uræmic coma, stimulating enemata, with the hot-air bath, are the means usually adopted.

Delirium Tremens.

In cases of injury complicated with this trouble, Dr. Griffith, of the third surgical division, is in the habit of giving as a drink, in twenty-four hours, infus. artemisiæ absinth. Oij; also giving porter. On other divisions, chloral hydrate is given, associated with bromide of potassium, as in the following:

℞ Chloral-hydrat., ʒ ij;
Potass. bromid., ʒ iv;
Aq. cinnamomi, ℥ ij. M.

S. one teaspoonful every half hour untill sleep occurs.

Usually only a few doses are required to produce this result.

Cholera Infantum.

If the disease have reached the cold stage, the best results are obtained by the administration of the "eau albumineuse," prepared by dropping the white of an egg in a teacup half full of water, gently stirring [not beating], until the albumen is dissolved. To this brandy is added, so that each drachm contains from two to five drops, varying with the age of the child. A teaspoonful is given every half hour, the patient being also wrapped in blankets, and the surface stimulated by applications of ol. camphorat.—*Philadelphia Medical Times.*

THE VALUE OF SODIC BROMIDE AS A NERVOUS SEDATIVE.

W. Ainslee Hollis, M.D.

Bromide of sodium, although known to have a therapeutic action analogous to that of the bromide of potassium, has lately somewhat fallen into disuse, while the latter salt has been recommended as a remedy for nearly every disease. The bromide of sodium has a pungent saline taste, is freely soluble in water, and forms a colorless solution. Shortly after it is taken into the stomach, a burning sensation is experienced at the epigastrium; this quickly passes off, giving place to drowsiness and sleep, followed by numbness in the extremities, which does not disappear until several hours after waking.

The following cases illustrate its beneficial action in nervous diseases. Fred. B., æt. 21 years, came under treatment for epilepsy, November 13, 1872. From early childhood the attacks had occurred three or four times weekly. He was treated for the first month with thirty-grain doses of bromide of potassium thrice daily, combined with one-third of a grain of extract of belladonna at night. As the attacks diminished but little in frequency, a seton was inserted in the back of the neck; for a short time after this the fits appeared to be less frequent and severe, but, as he complained of lowness of spirits and debility, one grain each of sulphate of iron and sulphate of zinc were ordered to be taken three times daily. This was continued only one week, as the symptoms returned with their former severity. Bromide of potassium was resumed, in forty-grain doses: this, with the addition of succus conii and a fresh seton, composed the treatment up to May 22, 1873, no effect being produced. On the 22nd he was ordered three grains of bromide of sodium three times a day; and during the next week he had only two fits. On May 29 each dose was increased to fifteen grains, and on June 5 to twenty grains: in the interval he had several attacks of "petit mal," but no marked epileptic seizures. After this he improved much in general health, and had but one fit. In another case, a boy 14 years old, who had been subject to epilepsy from birth, after subduing the paroxysms by taking ten grains of bromide of potassium three times daily, suffered no return on the substitution of three-grain doses of the bromide of sodium, although he felt much depressed.

In a third case of epilepsy, the fits were checked by taking daily fifteen grains of the salt in three doses; here also general depression was marked. This depression of spirits very frequently accompanies the use of the medicine in a watery solution, and might possibly be counteracted by the administration of a tonic in combination.

In two cases of nervous excitement due to mental anxiety, and in one of epileptic vertigo, small doses of the bromide produced great relief, while in a case of insomnia in an old man it appeared to do harm. We have, therefore, in sodic bromide, where judiciously used, a valuable nervous sedative.—*Practitioner, August,* 1873.

ON SIMPLE VERTIGO.

In a paper read before the Yorkshire Branch of the British Medical Association, and published in the *British Medical Journal* for July 26, 1873, Dr. Clifford Allbutt records ten cases of simple vertigo, and makes the following comments upon them. The only constant symptom in the cases was vertigo. All of them were males, and, as far as could be made out, the giddiness was not symptomatic of any other disease or disorder. The vertigo was often very distressing and very rebellious to treatment. The average age of the patients was 44.7 years; but there was no evidence of any degenerative changes either in the arteries or other tissues. The vertigo, after lasting for months or years, disappears without any other nervous or other disease being developed. There was no loss of consciousness in any of the cases recorded. "One patient suffered from migraine, which ceased about the time of the onset of the vertigo; another belonged to a neurotic family. Many of them were men of anxious or irritable temperament, or placed in positions of anxiety and heavy responsibility. In another patient, also a male, there was some hysteria." In some of the

cases the dizziness was followed by sickness. The vertigo came on at no fixed time, but was generally worse in the forenoon. Among the exciting causes of an attack are mentioned the noise and whirl of the streets and the sight of a carriage. The attacks sometimes recurred during quiet or even in the dark. "Assuming the erect posture in the morning often produces it (the vertigo), so that the sufferer has again and again to return to his pillow."

Dr. Allbutt does not think the disease depends upon vascular changes, but that it is "one of the cerebellum, or of the great basal ganglia near it." Remedies addressed to the stomach as a rule do no good. He recommends complete change of scene, and removal of all causes of nervous depression, and Turkish baths. Strychnine is the only drug which he has found of much use. Leeches, blisters, purgatives, etc., do more harm than good.

SPECIALTIES.

Dr. Robert Barnes says, "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were entrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new speciality, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient." —*London Lancet.*

QUININE BY THE RECTUM.

Sulphate of quinia is one of those agents which produce their proper effect through the rectum, particularly in children, in nearly the same quantity as when taken into the stomach. The *Detroit Review* remarks on this subject: "In our experience, quinine will do its work just as well when mixed with cocoa butter and pushed into the rectum, as when taken by the mouth. This can be done with less trouble and discomfort than attends the swallowing of sugar-coated pill. The doctor, patients and attendants who have once tried this method of giving quinine to children and fastidious people, will be sure to remember and practice it in similar cases. There is no way equal to this for administering narcotics when the stomach is weak or the patient unwilling to take medicine per mouth."

TREATMENT OF CHRONIC ECZEMA OF THE GENITALS.

Dr. de Montmya recommends the use of tincture of iodine in the treatment of the chronic eczema, and intertrigo of the genitals, more especially combined with the use of a lotion of one part of corrosive sublimate to 250 of water, a few drops of spirit being used to dissolve the corrosive sublimate.

FRECKLES.

For the benefit of young persons afflicted with freckles, we would inform them that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of them.—*Druggists Circular.*

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COLLEGE OF PHYSICIANS AND SURGEONS.

The semi-annual meeting of the Board of Governors of the Physicians and Surgeons of Lower Canada, was held on the 24th of September, in the rooms of the Medical Faculty of Laval University, Quebec, when the following officers and governors were present:—Dr. W. E. Scott, President, in the chair; Drs. Russell and Weilbrenner, Vice-Presidents; Drs. Tessier and Rottot, Secretaries, and Dr. Blanchet, Registrar-Treasurer; Doctors Jackson, Landry and Belleau, Quebec; Dr. Robillard, Montreal; the Hon. J. J. Ross, Ste. Anne de la Pérade; Dr. Elz. Landry, Bécancour; Dr. Gilbert, Sherbrooke; Dr. Tetu, Rivere Ouelle; Dr. Marmette, Montmagny; Dr. P. Peltier, Matane; Dr. Dubé, Riviere du Loup [en bas), and Dr. Michaud, Kamouraska. The minutes of the last meeting were read by Dr. Tessier, one of the Secretaries, and approved. Motions of condolence were passed to the family of the late Dr. Boudreau, of Baie St. Paul, one of the governors of the Board, with instruction to the Secretaries to transmit them to the family of the deceased. Dr. Elzéar Desjardins, of Cap St. Ignace, was elected a governor of the Board for the Quebec district in the room of the late Dr. Boudreau. After the ordinary routine business and a discussion on the pharmaceutical education, the clinical lectures delivered at the University of Bishop's College, the number of unlicensed practitioners and several proposed amendments to the Act of Incorporation, the following gentlemen obtained the License of the College on presenting their respective diplomas:—*Laval University,*— Ernest Delisle, M.D., Point-aux-Trembles; Louis Gauvreau, M.D., St. Frederick, [Beace]; Evans Rochette,

M.D., St. Augustin (Portneuf.) *McGill University*,—H. J. Jones, M.D., C.M., Sherbrooke. *University of Bishop's College*,—Chs. F. Lawrence, C.M., M.D., Marbletown, The following gentlemen were admitted to the study of medicine after passing the usual preliminary examination: Messrs. Delphis Brochu, B.A., St. Lazare; Antoine Belleau, Quebec; Pierre Blanchet, St. Jean Port Joli; Eugene Gervais, Three Rivers; Emile Lacourciere Batiscan; Thomas Casgrain, Windsor, Ontario; Chas. Vivian O'Connor, Quebec; Walter Alexander, Nicolet; George Stanislas Gregoire, Levis; Alph. Letellier, Riviere Ouelle, and Alcide Mondor, Sorel. The Board adjourned at 12.30 p.m,, when the non-resident governors were entertained at the Stadacona Club by their resident confreres, the governors for the city of Quebec, amongst the other guests there being Professor LaRue, M.A., M.D. The Secretaries of the Board have been requested to take stringent measures against unlicensed practitioners and graduates of universities who neglect to take the license of the College.

NOTICE TO GRADUATES.

It appears by the report of the meeting of the College of Physicians and Surgeons, which was held at Quebec, on the 24th September, that that body intends proceeding against all graduates who are practising without its license. We hope that those who have thus neglected to qualify themselves, will without delay, notify the Secretaries, that they will present themselves for their license next May. We should be sorry to see the graduate of any University thus proceeded against, but so long as they neglect to comply with the law, they have but themselves to blame, should they find themselves unpleasantly placed. It is refreshing to notice that the College has in other matters, determined to act. We congratulate it upon its renewed vigor, and trust we may in time see the fruit.

MONTREAL MATERNITY HOSPITAL.

An Institution with the above designation has just been opened in Montreal, under the direction of Dr. Trenholme, Professor of Midwifery, and Diseases of Women and Children, in Bishop's College, the Faculty of that University being the consulting staff. Its opening supplies a want which has long been felt in Montreal, and its success therefore appears to be secured. The terms will be moderate, and the attendance and accommodation all that can be desired. The advertisement will be found on the first page of our cover.

THE NEW WESTERN HOSPITAL.

We notice by advertisement that application will be made to the Quebec Legislature, at its approaching session, for an act to incorporate the "Western Hospital" of the City of Montreal, with power to purchase and hold real estate.

OPENING OF THE MEDICAL SCHOOLS IN MONTREAL.

The University of McGill College, and the University of Bishop's College, both opened their Medical Schools on the 1st inst, the former by an introductory from Dr. Howard, and the latter by one from Dr. Trenholme. Abstracts of both of these lectures will be found elsewhere. At the time we go to press it is impossible to say anything as regards the number of student in attendance. The French Medical School (Victoria College] do not open till the 8th or 9th of October, the new building, which has been erected for them, not yet being completed.

PERSONAL.

Dr. John Madill (McGill College 1867) is located in Thornlow, County Simcoe; his friends will be able to judge of his success and the position he has attained, when we state that his name is freely discussed, as the future representative of the South Riding of Simcoe, in the Legislature of Ontario, in place of T. R. Ferguson, who is about to resign his seat.

Dr. Reeve, of Toronto, has been appointed ophthalmic surgeon to the Toronto General Hospital.

Dr. Canniff, of Toronto, owing to alledged unprofessional conduct on the part of Dr. Rosebrugh, the surgeon to the Eye and Ear Infirmary, has resigned his appointment as consulting surgeon to that institution.

Dr. Vercoe of the village of Seaforth, has been appointed associate coroner for the County of Huron.

Dr. Robert C. Blair, (McGill College, 1865) is in practice at Chicoutimi, Saguenay District, Province Quebec. We recently had an interview with him, and were glad to hear of his prosperity.

Dr. Paton has returned from Cacouna, and resumed practice in Montreal.

Dr. Belgrave, formerly House Surgeon to Sir William Ferguson, at Kings College Hospital, London, has commenced practice in Montreal.

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