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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

Vol. XI. TORONTO, JUNE 1ST, 1879. No. 10.

## Original Communications.

### ON UNUNITED FRACTURE.\*

BY H. HILL, M.R.C.S., ENG., L.S.A., LOND., OTTAWA.

The paper I shall have the honor to read before this Association, consists of a few practical remarks on the subject of ununited fracture, the collected experience of half a century's observation of surgical cases. This subject is not only interesting in itself, but occasionally the consideration of it becomes of extreme importance, as cases of fracture where union has not taken place, have not unfrequently given rise to actions-at-law for damages for alleged mal-practice, and it will therefore be useful to enquire how far these unrepaired lesions may be debited to dame nature, or to faulty, or injudicious treatment on the part of the attending surgeon.

The process of repair is usually accomplished by bony re-union of the separated or partially separated portions, but there are instances of fractures that we can rarely expect to unite in such favorable circumstances; the neck of the thigh bone, the olecranon, and patella would be instances of this character, and fractures of the cranium where portions of the skull have been removed by trephine or otherwise, are usually only repaired by the formation of a strong and dense membrane. I say *usually* because there are exceptions to this general rule. In one case occurring in my own practice, on whom I performed the operation of trephining some twenty years ago the space on the os frontis, whence the removed portion was taken, has been filled up by bone to all appearances, as the eschar is quite hard and unyielding, giving quite a different feel and appearance from membrane, consequently I can only look upon it as an exceptional

case, and that the bone has been reproduced either by the agency of the vessels of the periosteum, Haversian system, vessels of the diploe and dura mater.

During a very lengthened practice of the profession, and with frequent opportunities of observation, I have been astonished at the wonderful efforts of nature in the reparation and reproduction of bone, after removal by exfoliation or otherwise. Memory furnishes me with one case of recent occurrence in the General Hospital of this city, under the care of my friend, Dr. Lynn, in which a sequestrum of the tibia was removed, measuring at least six inches in length, by an inch or inch-and-a-quarter in diameter. We were informed that this case was the result of twenty years' abortive attempts of nature to rid itself of a foreign body, which was ultimately removed by Dr. Lynn. It left a gap in the anterior aspect of the leg resembling very much what the Yankees call "a dug out," and I thought this cavity would remain, and that the skin would heal over it, accommodating itself to the irregularities and with much corresponding deformity; strange to say the concavity has filled up almost entirely after about two years, and the eschar gives no idea of the extent or measurement of the original destruction and subsequent removal. Still another recent case of extensive repair has occurred under the care of the same gentleman, where resection of the knee-joint has been successfully performed on a little boy about 10 years of age for disease of the end of the femur. These two instances are two creditable notices of operative surgery, and are, I think, not at all out of place in a paper of the nature before us.

Since the animal machine is so liable to accidents of more or less severity, and the purposes of life would soon be arrested if every injury produced death, or permanent or even partial disability, a provision for repair becomes as essential as that for nutrition. It has been customary, with the earlier pathologists, to assume that all repair was an effect of inflammation, but the process of repair is acknowledged to be a beneficial, gentle and painless affair, thus differing widely from inflammation, a process injurious, violent and painful. True it is that repair and inflammation have one feature in common, namely, exudation, and that exudation induced by inflammation, may after the latter has ceased, become as it were the basis of

\*Read before the Bathurst and Rideau Medical Association at its last meeting.

repair, but of all repair, it may be observed that it is more perfectly and rapidly executed in proportion to the absence of every symptom which may be fairly called inflammatory.

In some of the lowest animals, as the polypi, repair would appear to be almost unlimited, any portion of the severed animal being able to reproduce the rest; whole limbs are reproduced in the lizard and lobster tribe. But when we ascend to the higher scale of animal life, we find it is only the commoner structures that can be restored. To quote from Sir William Paget, we enumerate:

1st. Those which are formed entirely by nutritive repetition, such as the blood and epithelia.

2nd. Those which are of lowest organization and of lowest chemical character, such as the gelatinous tissues, the cellular and tendinous, and the bones.

3rd. Those which are inserted in other tissues, not as essential to their structure, but as connecting or incorporating them with the other structures of vegetative or animal life, such as nerve fibres and blood vessels. Thus then, we see that the tissues that are capable of being reproduced, are the connective or areolar tissue, including tendons and ligaments, bone and cartilage, blood-vessels and nerves, but not more complicated structures, such as muscle, &c.

The material employed by nature in the process of repair, or reproduction in all tissues, is of course the blood, or rather the liquor sanguinis or fluid part of the blood, but more especially that constituent part of it which has the power of spontaneous coagulation, and which is commonly described as fibrin or coagulable lymph, whose natural tendency is to develop itself into fibrinous or connective tissue, which in certain cases may be further developed into cartilage and bone.

The time within which repair is effected varies as greatly as the nature of the injuries, ages and constitutions of those who are the subjects of them. Vascularity, or formation of new blood-vessels in a new fibrinous exudation, may occur in less than 48 hours, and in the process of granulation a layer of lymph effused one day may appear vascular by the next. Conditions most favorable to repair are early life, the younger the system, the more is it capable of repair; secondly, the state of the blood, which must be so healthy and rich, as to yield readily the necessary materials, in order that the

lymph effused is capable of ready development. Conversely, we find that extreme age interferes in a marked degree with the process of repair, also a poor state of the blood, or this fluid so loaded with ill-assimilated or poisoned material, that effused lymph runs into degeneration, forming pus, which may infect the whole system to such an extent that death even may supervene from pyæmia or septicæmia.

Under ordinary circumstances, that is to say where good apposition has been secured and maintained, where perfect quiet of the parts has been observed, and where the constitution has been kept up, *union* more or less perfect may be reasonably expected in from six to eight weeks, though it may be extended to twelve weeks or more, but after that time the case may fairly be regarded as one of "united fracture" and has to be treated accordingly. As to the cause of failure in these unfavorable instances to produce union, where the previous conditions have been fulfilled, we should have no hesitation in ascribing it to *nature* in nine hundred and ninety-nine cases out of every thousand, rather than to ignorance, want of skill or negligence on the part of the surgeon; and too much care cannot be observed in the witness-box where actions for malpractice impose a most disagreeable duty on a brother practitioner at all times, whose evidence may ruin the prospects of another where no grounds whatever are in existence for any legal remedy against the "freaks of nature." It would thus appear that in the very large proportion of cases of non union of fractures, that the constitution of the patient is impaired to such an extent that the necessary "vis medicatrix" is wanting to complete the process of repair, which is either totally or partially arrested. Too frequent motion and disturbance of parts, are frequent causes which may operate to prevent or lengthen the process of repair in the human subject, whereby the effused lymph thrown out is either converted into bands of fibrous tissue, partially uniting the broken bones, or else a complete false joint is formed provided with synovial membrane and surrounded with a ligamentous capsule.

Non-union is particularly likely to occur when the reparative process may be weakened by deficiency of the vital powers exhausted to any extent by age or debility; also by cachexia induced by gout, syphilis or cancer; also by the recurrence of

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fever or any acute disease; or by the absence of nervous power or influence: thus a case is recorded where a patient had a fracture of the arm and leg, and also an injury to the back inducing paraplegia, the arm readily united, but no union of the bones of the leg took place. Pregnancy and lactation are also recorded as exciting or predisposing causes of non union. Of course there are innumerable grades of "non-union," in very many the want of complete repair is very slight, and it is difficult to find out that it exists at all, except by the feelings of the patient, who refers mostly to weakness or want of confidence, at other times a very limited extent of motion is observable by a careful examination of the parts. Now it is particularly in cases of this character where the insertion of a seton becomes of great utility; in fact, very few cases are recorded where perfect union has not attended this simple operation. It is by no means of a formidable character, a scalpel and strong packing needle are the only instruments required, and usually the transit of the needle armed with a good sized skein of cotton or silk thread is performed without much difficulty; the only nicety required is to make out as accurately as possible the direction of the fracture and then pass your needle in its axis, avoiding the neighbourhood of any large vessel which might by any accident be wounded, and thus causing much trouble and annoyance. I have kept these setons "in situ" for four weeks, ultimately with perfect success, but a few days only will occasionally be quite sufficient to effect the desired result, as we have lately seen in the General Hospital in this city, where a very large amount of inflammation was induced, and as a precautionary measure the seton was withdrawn. I fully expected it would be necessary to re-introduce it, but I was agreeably disappointed, the case was one of fracture of the tibia and fibula, and presented itself ten months after the accident; he left the hospital perfectly well. We are told that a less severe operation with the seton is just as effectual, namely, to pass it through the soft parts only, close to the fracture; as to its success I cannot speak authoritatively, as I never have tried it, I should however, much prefer the orthodox old fashioned plan.

The treatment I have just alluded to is that recommended after weeks and perhaps months have elapsed from the receipt of the injury, without the

result being satisfactory. In more recent cases where nature does not appear to be as busy as she should, rubbing the ends of the bones together, external application of iodine, blistering, &c., have all been used with greater or less effect; subsequently scarifying the ends of the bones by subcutaneous incisions or pegging with ivory pegs as recommended by Deffenbach, and finally the seton treatment above alluded to. These various plans have sole reference to the absence of any constitutional taint, to which want of union may be attributed. Debility particularly has to be combated by tonics, generous diet, and possibly stimulants, particularly in those cases where the patients had been in the habit of indulging. Dr. Fergusson relates a case of fractured thigh, in which no callus was formed until a reasonable quantity of whiskey was ordered. Sir B. Brodie relates similar cases. The muriate and phosphate of lime may be administered internally. Mercury, where a syphilitic taint is suspected; in fact Mr. Barnsby Cooper records a case where union finally took place after failure with seton, in which he had administered mercury even to ptyalism. Continuing extreme mobility of parts, after fracture has existed for 12 or 18 months leads us to diagnose either the existence of a false joint or simply union by those ligamentous bands of which we have previously spoken, and which in either case renders a limb comparatively useless. All other measures having thus far failed of success, our last resource is resection, cutting down on the fracture, sawing off a thin slice of each end and splicing them together as it were; of course these operations are severe and not unattended with danger, and therefore should only be resorted to when absolutely necessary.

In this way I resected the humerus with complete success some 30 years ago, and as I have notes of the case I shall presently trespass on your patience by reading them. In the meantime I will allude to two cases, which were resected at the General Hospital, of non-union of fractures of the femur; the late Dr. Beaubien did the operations with the assistance of the staff. They were unfortunately both failures, and I attribute this circumstance to some of the muscular tissues becoming entangled as it were between the new surfaces of the bones and thus preventing complete apposition. In any future attempt of a somewhat similar character, I should recommend very strongly a

piece of catgut to be tied round the bones so as to keep them in the closest apposition, and I have little doubt but that good results would follow. The case I have alluded to above, is as follows: "Alex. Lackie, æt 16, a healthy lad living in the country, was engaged chopping when a limb of a falling tree struck him on the right arm, fracturing the humerus three or four inches above the elbow-joint. The nearest professional assistance was distant some 8 miles, and when the attending surgeon arrived, it was put up in the usual way, with four splints, and properly supported with a sling. Five weeks were allowed to elapse ere it was examined again, and after another five weeks, his mother removed the splints, and it was discovered that not the slightest attempt at union had taken place. Rubbing the ends of the bones was employed, and the splints were re-applied for three weeks, but still no improvement; friction was again resorted to but with no better success. Then a seton was inserted and retained for about a fortnight, still no improvement; from the appearance of the eschar the needle did not seem to have transfixed the fractured portions. Just twelve months after the accident he was put under my care; at that date the arm was much smaller than its fellow consequent on muscular wasting; its outline from the acromion process to the elbow was perfectly straight, whilst the limb hung perpendicularly to the side, but immediately he tried to bend it, the angular projections of the separated humerus were visible to the eye, and on examination by the hand it was found to possess all the liberty of motion of an enarthrodial articulation. The ends of the separated portions seemed somewhat rounded and smooth, but their middle parts seemed to be connected in some way by a kind of semi-cartilaginous or ligamentous growth; there was not the least appearance of callus. In examining the limb even roughly, no pain was caused, but it was perfectly useless, and of course had so remained since the receipt of the injury.

The treatment of such a case really left nothing to be done except resection, and accordingly I performed the following operation, kindly assisted by Dr. Alfred Morson, and staff surgeon Laing. Under the influence of chloroform just at this time coming into general use, an incision  $4\frac{1}{2}$  inches long was made in the axis of the arm, beginning just below the insertion of the deltoid muscle on

the outside of the arm, and continued to nearly one inch and a half to the external condyle, in a line corresponding with the junction of the brachialis internus and biceps muscle. This free incision was carried down to the bone, both ends of which were carefully dissected out; care being taken to protect the brachial vessels and other important structures from injury; a very thin lamina of the smoothed surface of each end of the humerus was then removed by an ordinary saw, and the parts put as nicely together as possible. The edges of the wound were brought together with a few sutures, and the arm flexed at the elbow, was then done up in a pasteboard apparatus that had been previously adapted. About the end of the tenth week, union was complete; of course during this time, the greatest care was taken to keep the limb quiet and the bones in good apposition, and also advantage was taken of the previous hint afforded of the possibility of his constitution not being disposed to deposit lime, to correct which he was ordered daily a solution of the muriate of lime, and plenty of nourishment and beer. The case turned out to perfection. The shortening was only to the extent of about half an inch; the muscles regained their former size and shape under exercise and he could chop or perform any hard work as if no accident ever had interfered to prevent it.

#### UNIFICATION OF WEIGHTS AND MEASURES IN MEDICINE.

(Translated from *Le Progrès Médical*.)

BY C. W. COVERNTON, M.D., M.R.C.S., ENG., PROF. OF SANITARY SCIENCE, TRIN. MED. SCHOOL, TORONTO,

We are living at a period when science tends more and more to become international. The scientific men of to-day no longer work only for the corner of the globe which has been their birth-place. In proportion as intellectual relations have been facilitated and multiplied between different countries, the ideal of mind workers has risen; their horizon has broadened and they have a consciousness of labouring at a common work, for the accomplishment of which there will be no redundancy of effort or good will. But in order that this concurrence of activities should be truly efficacious, it is indispensable that the procedures employed should everywhere be as identical as

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possible, and in default of a common language that our forefathers had adopted and which in the present day would be more embarrassing than useful, it is possible it seems to us without running against any serious obstacle to advocate the adoption by different nationalities of a uniform system of weights and measures. It is this that has been demanded and long since obtained by the German physicians; it is this which is demanded and will, without doubt, be obtained in the future by the physicians of the United States. Assuredly no one will be astonished at seeing the medical profession at the head of this campaign of unification, as it particularly suffers from the present state of things.

The relatively recent and already fruitful introduction of scientific methods in the teaching and practice of medicine, renders indispensable the adoption of a *modus vivendi*, or pardon the expression, of a *modus intelligendi* to which all nations may conform, in, we trust, the near future. Is it necessary then to obtain so desirable a result, to seek from afar this system, or to create from all parts this international instrument? By no means; there is nothing to seek for, nothing to create, there is only occasion to generalize the employment of a decimal metrical system which forces on the conviction of all, the advantages it offers, and before all its perfect simplicity. It is not an easy thing to upset, we will not say in a day, but even in several years, the national and medical customs of a vast multitude of practitioners. With this object in view it is necessary that the proposed system should recommend itself not only by its practical utility, but also by extreme simplicity. Better than any other, the metrical system realizes this necessary condition. There is no man of ordinary intelligence who could not in two hours comprehend its admirable mechanism, and master the fundamental idea in such a manner as to acquire rapidly the habit of putting it in practice. And this is not a national illusion which might be considered excusable in those who have employed the system from their childhood. The fact is that it is not from France that the unification movement has started. Since 1851, commissions have been formed at the instigation of the English Association for a reform in weights and measures, reassembling successively in 1855, 1867 and 1873. Finally it is scarcely a month (the 2nd of September, 1878,) since an International Congress assem-

bled to discuss anew this question at the Palace of the Trocadéro. It was there stated, that since 1867 especially, a great number of States had adopted the metrical system, if not in an exclusive fashion, at least by giving it a legal status. Prussia has long since put it in practice. In England, it is legally recognized and perfectly understood by scientific men. Commerce and industry come to the rescue and require its exclusive adoption in the interest of simplicity in dealing. Russia has already taken preliminary measures which should secure the regular use of it, and in Sweden it will become obligatory in 1880. Almost all the other nations have adopted it without reserve. But it is the country which has been the first, or at any rate one of the first to favourably entertain it, that to-day loudly calls for its general use. Our confrères in the United States are truly those who hold the first rank in this campaign in favour of unification. There is scarcely any Medical Association in America that has not discussed this question, and that has not determined upon it in the sense that we have indicated. The *New York Medical Record*, the *Boston Medical and Surgical Journal*, the *Chicago Medical Journal and Examiner*, and many other journals entertain the same feeling on the subject of the necessity for the change. Not content with employing their energies in their local sphere of action, the scientific societies of the United States have sent delegates to all the Congresses, and these, in the first rank of which must be placed Dr. Seguin, have missed no occasion for starting anew the discussion on unification *and of hastening the solution of the problem.*

Still more recently at the Congress of the French Association for the advancement of sciences M. Seco Baldor from Madrid, has afresh called for unification of methods in the language and teaching of medicine. By a very laudable sentiment of courtesy, but one that we may be allowed to consider as excessive, the members of Congress thought that it was preferable to leave this question to be discussed by the Congresses held in other countries. A commission besides has been nominated by the Congress of Geneva to study this important reform, and it will forward its report to the Congress of Amsterdam. These notices will suffice to show in what shape the question at present is to be found, and what is the distance separating us from its consummation. The way is clear, but the

distance is long, and we cannot deceive ourselves in the matter. It is little by little, foot by foot, that the uniform system will gain ground. The International Congresses are held at two great intervals of time, and their programmes besides are too overlaid, for them to have on this reform anything but a general influence, too distant and elevated to be very appreciable.

The more scientific exchanges are multiplied, and for the glory of science they are multiplying every day, the more we shall see the inconveniences augment which result from a multiplicity of systems, without speaking of the material errors which the transformations give place to, and which have to be made by the assistance of a written or mental calculation. Where is the French physician who will read without impatience an English record, in which there is each day two temperatures of Fahrenheit to transform as approximately as possible into centigrade temperatures, and a prescription in grains or scruples which must be changed into centigrammes? And whatever may be the amount of British phlegm, where is the English physician who will always do without temptation the reverse work? Blessed impatiences! It is the one which will demonstrate to the most opposed to change, the necessity of a reform to which the learned societies most assuredly have contributed especially to the beginning, but also that individual effort and force of persuasion which attaches to clear and simple things, will have rendered facile and universal. The medical press is all powerful in this particular. If all medical journals published abroad would follow the example of the *Boston Medical Journal* and publish prominently in each of their numbers a short resumé of the metrical system with explanatory tables the reform would not be long in becoming general. The metrical system would soon be adopted all over the world, and the happy dream that the National Convention indulged in at its creation would be realized.

## METRICAL WEIGHTS AND MEASURES.

		Length.	
1 Metre	= 39.37	or	39 $\frac{3}{8}$ inches
1 Decimetre	= 3.94	"	3 $\frac{3}{4}$ "
1 Centimetre	= 0.39	"	$\frac{3}{8}$ "
1 Millimetre	= 0.039	"	$\frac{3}{80}$ "
1 Micromillimetre	= .000039	"	$\frac{3}{75000}$ "
		Weight.	
1 Gramme	= 15.43	or	15 $\frac{1}{2}$ grains nearly
1 Decigramme	= 1.54	"	1 $\frac{1}{2}$ " "
1 Centigramme	= .154	"	$\frac{1}{8}$ " "
1 Milligramme	= .015	"	$\frac{1}{50}$ " "

## THE METRIC SYSTEM IN MEDICINE.

Old style.	Metric.
Mj or gr. j. =	.106 gms.
ʒj or ʒj. =	4. "
ʒij or ʒij. =	32. "

The decimal line instead of points makes errors impossible. A teaspoon contains 4 gms. ; a tablespoon 20 gms.

## Correspondence.

To the Editor of the CANADA LANCET.

SIR.—Two years last February I left Canada for Jamaica with the intention of establishing a "Sanitarium" for chest affections, in some part of the island provided the climate proved a suitable one. On my arrival here I thought it advisable to wait, before starting such an institution, until I had made myself personally acquainted with the climate and the people, and found a place that would be suitable for such an undertaking. During my two years' residence here, I have taken some trouble in finding out for myself, and making enquiries from other medical men as to the propriety of starting such an enterprise, and have come to the conclusion, that as a winter residence for invalids suffering from chest affections Jamaica is unequalled.

It has been a source of astonishment to many here, competent from travel and experience to judge, that the Canadians and Americans, have not availed themselves, of the advantages of Jamaica as a winter residence, being as one might say almost at their very doors.

Two reasons may be assigned, why Jamaica has been so little visited by invalids ; first, the difficulty if not impossibility of obtaining accommodation anywhere outside of Kingston, which place is in no way suitable, nor from any point attractive to an invalid ; secondly, the prevailing idea that yellow fever is a common complaint in Jamaica. Now I do not hesitate to say that a case of yellow fever, is looked on as a rare thing even in Kingston, and is almost unknown in the country districts ; and I further state, that, among the same proportion of people in Canada, there will be ten times as many deaths from diphtheria and typhoid, than in Jamaica from yellow fever.

Convinced that the climate was a good one for invalids, my next move was to find a suitable place, at a medium altitude, with the necessary buildings

and surroundings. Such a place I believe I have found, in the parish of St. Elizabeth; the property is known by the name of "Kencham" and is 1200 feet above sea level, distant from Kingston 75 miles over a splendid road, and one and a half miles from the village of Balaclava. The house, which is large and roomy, stands on an eminence, commanding from the verandah a magnificent view, and is surrounded by orange and other fruit trees. The thermometer never goes lower than 60°, nor higher than 90° F all winter; in fact I consider "Kencham" has every advantage to make it a desirable resort for invalids. The opportunity occurs to me to lease the property (some 500 acres,) but before doing so, I thought it well to ventilate my scheme to my 'confreres' in Canada, and if I can get any encouragement, in the way of patients, I will at once start my sanitarium. My residence of 20 years in Canada, places me in a position to know the requirements of Canadian invalids, and my two years residence in Jamaica, has taught me, how to meet their requirements from the resources here.

I would advise intending visitors to leave Canada early in October, and remain here till the end of May. The route would be from New York to Kingston by S. S. 6½ days, fare \$50, (a return ticket can be had); arriving at Kingston, take R. R. to old Harbor, fare \$1, there they meet a very well appointed stage, or mail coach as they call it here, which takes them to Mandeville, a delightful journey, through lovely scenery. At Mandeville they would stay all night, where there is very fair accommodation, and from Mandeville to Kencham, distant about 20 miles, by buggy next morning. Having given an outline of the trip, I will now state what my terms would be. I will engage to board, lodge and give medical supervision to all comers for \$15 a week, furnishing those that can ride, with horse and saddle whenever I deem it proper, that they should take such exercise. Extras in the way of liquors etc., must be purchased by the parties themselves. If the necessity exists of an invalid requiring a special attendant or maid, they are easily obtained here; a good little girl can be hired from \$1 to \$2 a month, she will board herself, and they make very good attendants. I could arrange to have parties coming met at the steamer when she arrives, whereby they would be saved a world of trouble and worry. Inviting enquiries from medical

men and their friends, referring them to Drs. Workman and Strange of Toronto, and Drs. Nation and Bascom of Uxbridge as to my capabilities and respectability.

I am sir, yours truly,

JAMES J. HILLARY, M.D.

Balaclava, Jamaica, April 22nd, 1879.

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To the Editor of the CANADA LANCET.

SIR,—A correspondent, under the signature of "Justice," makes an attack upon the Ontario Medical Council in the last number of your journal. He begins by laying down the position that the Council was organized to "elevate the standard of medical education, to promote the welfare of the profession in general, and protect it against the aggressions of charlatanism and quackery." In the first of these objects he admits that it has succeeded. He seems, however, scarcely to have appreciated the boon which has thus been conferred upon the profession and the public. It is difficult to see in what way the standard of medical education could be raised, without, in some degree, increasing at the same time its cost. Nor is this in itself an unmixed evil. Not only is the country thus prevented from being overrun with unqualified practitioners, but there is a check upon the overcrowding of the profession, and upon the consequent lowering of its tone. All candid medical men in the Province must admit that the Council has done much to promote their interests. Indeed it is undeniable that, constituted as it is, the gentlemen composing it should do otherwise than seek, by every lawful means at their command, to advance the welfare of the profession to which they themselves belong, and in which all of them occupy such a prominent position. The Council does afford protection against quackery. (1) By drawing a sharp and clear line between lawful practitioners and charlatans. There will always be found persons who will be easily imposed upon by quacks. Nothing will remedy this evil but the general diffusion of enlightenment and education. The intelligent public, however, does discriminate and is thankful for the existence of such a body as the Medical Council to aid it in its judgment. (2.) By the appointment of a public prosecutor.



"Justice" complains that this official does not do his duty. This, if true, is a great pity, since he exists chiefly for the benefit of such timid practitioners as your correspondent yecept "Justice," who are more afraid of the opinions of the ignorant than zealous for the honor of their profession, and and for the public weal. Any person can lay the complaint before a magistrate and have the unlicensed fined. I have done so, without any injury to my professional success, and intend to look after such matters in this county (Brant), and not ask for a public prosecutor.

As for "old women midwives" looking after a case of ordinary labor, few medical men would care to contend with them about their right to do so. It has been customary from time immemorial, and these same medical men who object to them would not say a word about their administering a dose of the orthodox "goose grease" for croup; which is a much more serious trouble. "Justice" objects to pay the small sum of one dollar yearly for the maintenance of the Council. The clergy of the different denominations are organized bodies, and they do not object to being so, although it costs them something. The lawyers, without grumbling, pay a considerable sum annually to keep up their perfect organization. Why should the medical men of this Province have less *esprit de corps*?

"Justice" cavils because he believes the Ontario Medical Council has not *perfectly* succeeded in carrying out all the objects for which it was organized, and would apparently have us go back to the evils which existed before the establishment of the board. If every medical man would leave aside prejudices, exert himself to elevate the tone of the profession, and abide by legal enactments we would be better off than we are.

Yours truly,

WILLIAM T. HARRIS.

Brantford, 19th May, 1879.

#### TREATMENT OF CHRONIC ABSCESS.

To the Editor of the Canada Lancet.

SIR,—With your permission, I wish to offer some remarks upon the treatment of chronic abscess, anent your editorial notice, in April number, of an article by Dr. Bœckel, published in *Le Practicien*.

To the statement that "all surgeons agree in recognizing the dangers which result from the opening of chronic abscesses to a free exposure to air," I beg to dissent; while I fully endorse the statement that "in leaving them to spontaneous opening, in order that they may empty themselves slowly and gradually by a small orifice, we often avoid the accidents of the outset, because the air does not penetrate into the cavity." But the statement that "infection rarely fails, sooner or later, to break out in the course of the illness," I think cannot be supported by practical experience. Again, it is stated that the "source of this accident" (that is infectious fever) "has always been attributed to the air, but without giving an exact *ratione* of the way in which the air becomes poisonous." Dr. Bœckel goes on to say that "since the investigations of Pasteur and Lister we have learned that the microscopic germs floating in the air are the agents of decomposition of pus, and of consecutive septicæmia." The conclusion arrived at appears to my mind to have no solid ground to rest upon; that it is fallacious and misleading, and therefore mischievous. Dr. Bœckel's reading has not been very extended, if he has never learned that decomposition of pus takes place after the opening of a chronic abscess not merely because air has found entrance to the cavity, but in consequence of its being pent up, thus establishing those chemico-physical conditions most favorable to decomposition of devitalized organic matter.

In the course of my practice I have treated and seen treated not a few cases of chronic abscess, among which were psoas abscess, lumbar abscess and iliac abscess. I remember particularly one of each of these mentioned, which I had under my care some years ago. The course of treatment pursued in each instance was to open the abscess as soon as it became certain that pointing was about to take place. (And I would here state that a chronic abscess should never be regarded as incurable by absorption until indications of pointing are evident. I learned the possibility of spontaneous cures in this way, by protracted rest, from reading the cases recorded by Hilton; and my own experience has corroborated the fact.) The opening made was not small, but sufficiently large to prevent closure of the wound by adhesion. The patient was always placed in bed before the operation, and

instructed to keep as still as possible, especially the part affected. No pressure was made to force out the contents, a practice I regard as extremely pernicious. A light poultice was placed over the wound and the cor'tents allowed gradually to discharge. This allows the structures around the abscess which have been pressed aside by the accumulating fluid gradually to return to their normal position. In these cases I am particularly referring to, as well as in many others noticed no septic poisoning followed the opening; indeed no fibrile symptoms. On the contrary the patient felt at once relieved, and immediately began to improve; and in good time perfectly recovered. The explanation to my mind appears very simple. By gradual contraction of the walls of the abscess, the contents were slowly pressed out; and at no time was there less fluid within the walls than completely filled the sac. Consequently there was no space for air to enter. Under these circumstances the walls of the abscess gradually coalesce, and ultimately, if rest be maintained, unite by adhesion. The so-called pyogenic membrane, immediately after the opening is made, is relieved from pressure, irritation ceases, and lymph is no longer poured out to become pus. Finally when the walls come into contact, the false membrane is in a condition to unite in the same manner as union takes place in secondary adhesion.

The *rationale* of those cases in which septic poisoning follows the opening of the abscess, seems to be equally plain and simple, and without the aid of air germs. When a small incision is made which subsequently closes, especially when from pressing out of the contents, or from motion of the part, a space is made into which the air naturally enters. By the closing of the aperture the air is imprisoned, and as before stated, the conditions, favorable to putrefaction at once exist. The walls become distended by fluid containing dead organic matter, and the pyogenic membrane continues its work of pouring fluid into the sac and of absorbing. Before the abscess was opened, the material absorbed, consisting of serum and worn out lymph corpuscles, was innocuous, but now the presence of pent up air causes putrefactive decomposition, which matter being absorbed produces septicæmia. In the course of my practice I have seen cases where the air did enter the abscess; but so long as the opening was sufficiently large to per-

mit fresh air to enter, after the foul air had been pressed out, and this repeated often enough, there was little or no putrefaction. Of late years however I have been in the habit of injecting some antiseptic, to suspend putrefaction, not to destroy imaginary germs but to act chemically upon the devitalized tissue in the same manner as common salt will prevent or arrest decomposition of animal flesh.

I am sir, yours truly,

WILLIAM CANNIFF.

Toronto, May 20th, '79.

## ONTARIO MEDICAL COUNCIL.

### MINUTES AND PROCEEDINGS.

The annual meeting of the Council of the College of Physicians and Surgeons of Ontario was held in Toronto, on Tuesday, the 13th ult., and following days. All the members were present, except Hon. Dr. Brouse, Drs. Grant and Lynn. Dr. Allison, Vice-President, occupied the chair. After the reading of the minutes of the last annual meeting, the election of officers was proceeded with.

Dr. McDONALD, of Hamilton, was elected President, and Dr. LOGAN, of Ottawa, Vice-President.

Dr. McDONALD thanked the Council for the honor conferred on him. He had thought that some other member of the profession might be selected. However, he would attempt to justify the honor.

It was moved by Dr. C. V. BERRYMAN, seconded by Dr. M. LAVELL,—“That the following gentlemen be a Committee to appoint Standing Committees:—Drs. Aikins, Geikie, D. Clarke, W. Clarke, McDonald, Vernon, Irwin, Berryman.”—*Carried.*

The Council adjourned for half an hour, to allow of the drafting of the Standing Committees.

### STANDING COMMITTEES.

REGISTRATION—Drs. Bethune, Henwood, Lynn, Vernon, and Spragge.

RULES AND REGULATIONS—Hon. Dr. Brouse, Drs. W. Clarke, Edwards, Husband, and D. Clarke.

FINANCE—Drs. Hyde, Henwood, Irwin, Hender-son, and Ross.

PRINTING—Drs. Allison, Herriman, and Morden.

EDUCATION—Drs. Aikins, Berryman, W. Clarke, D. Clarke, Grant, Geikie, McLaughlin, Morden, Brouse, Edwards, and Lavell.

PETITIONS.

A petition was presented by Dr. Cross on behalf of the medical students, praying that they be re-examined.

A petition was also read from Leonard J. McKinnon, for a re-consideration of his case.

Peter H. Bryce's petition for permission to be examined in his second year's papers was read, as was also the petition of W. M. Howe, M.D. The above petitions were referred to the Education Committee.

Petitions from John F. Piper, G. H. Christie, and John McCarrow, for permission to practise, were referred to the Registration Committee.

REPORT OF THE BOARD OF EXAMINERS.

The REGISTRAR read the report of the Board of Examiners relative to the work performed during the recent examinations. The report was particularly severe upon the conduct of the students who acted so disorderly lately, when they attacked the building in which the examiners held their meeting. For the most part it was a defence of the examiners to the charges made against them by the students and others.

On motion of Dr. ALLISON, a Special Committee was appointed, consisting of Drs. McLaughlin, Ross, Henwood, Bethune, Edwards, and the mover, to investigate the matter and report to the Council.

A Committee was appointed to report on the credentials of Dr. Husband, after which the Council adjourned, to meet again at 8 p.m.

The President took the chair at 8 p.m. After the minutes of the afternoon session had been read and approved,

Dr. GEIKIE presented the petition of Dr. Burk, praying for protection to practise until the next examination, which was referred to the Education Committee.

It was moved by Dr. D. CLARKE, seconded by Dr. McLAUGHLIN,—“That an announcement shall be made public to any person or persons, who shall give competent evidence in respect to the recent alleged irregularities in connection with the Council examinations, to present themselves before the Committee appointed to investigate the matter at any time during the sittings of the present Council

up to Friday noon; and no student who will give such evidence shall thereby compromise his position nor affect his interests in any way by so doing.”

—*Carried.*

The Committee appointed to look into the credentials of Dr. Husband, reported that he was duly credited to the Medical Council.

On motion, the Council then adjourned, to meet at 9.30 next morning.

SECOND DAY'S PROCEEDINGS.

The Council resumed at 9.30 a.m. Dr. McDonald presiding.

The petition of F. H. Mewburn to have his examination in the matter of anatomy reconsidered, was read, and referred to the Education Committee.

Moved by Dr. McLAUGHLIN, seconded by Dr. W. CLARKE,—“That the name of Dr. Allison be substituted for that of Dr. Henwood on the Finance Committee, and that Dr. Henwood be added to the Printing Committee.”—*Carried.*

Dr. ALLISON moved and Dr. McLAUGHLIN seconded,—“That leave be given to bring in a by-law to amend the election by law of 1870, and that the by-law be read for the first time.”—*Carried.*

Dr. ALLISON stated that the by-law was for the better election of territorial representatives to the Council.

The by-law was read a second time and referred to the Committee of the Whole. It was then read a third time and passed.

Dr. BERRYMAN then moved, seconded by Dr. SPRAGGE,—“That the sympathy of the Council be conveyed to Mrs. Campbell on the death of our late President. We also would like to place on record the good services and constant action and intelligent administration of our affairs during his administration, and that a copy of the resolution be duly engrossed and furnished to the widow of our late President.”

The Chairman read a letter addressed to the Council that he had received from a Committee of the Women's Christian Temperance Union, containing extracts from the opinions of eminent physicians, and petitioning the Council to consider the use of alcoholic liquors as a medicine.

Dr. ALLISON did not think that the matter concerned them as a Medical Council, and, with all

due respect for the ladies, he moved that it be laid on the table.

Moved in amendment by Dr. LAVELL, and seconded by Dr. AIKINS,—“That the communication be received and referred to a Committee consisting of Drs. Clarke, McLaughlin, and Logan, to report to this Council.”—*Carried.*

After some routine business, the Council adjourned till 2 p.m.

The Council assembled at 2 p.m., and went into Committee of the Whole to consider the report of the Executive Committee of their proceedings during the past year. It was dealt with clause by clause. That which referred to the protest of students of Trinity Medical School against a by-law of the Council, insisting that the students shall give evidence of having attended 75 per cent. of the lectures delivered, before they can be admitted to examination, excited some discussion.

Dr. GEIKIE stated that the students of Trinity School objected to be held by a resolution not observed by other schools as regulated by the Council. Several professors considered it derogatory to their position to be compelled to call the roll every day in order to see who were present. This school would be willing to abide by regulations of the Council, provided that all the schools were dealt with alike.

The clause was passed without any action being taken upon the protest.

Dr. W. CLARKE gave an account of the visit of the deputation to Ottawa for the purpose of soliciting the repeal of the British Registration Act. Sir John A. Macdonald had received the deputation and promised to get the Act repealed, so far as it concerned Canadian students. His Excellency the Governor-General also received the deputation, and sympathising with the profession, promised to make the necessary representations to the Imperial Government to have the Act repealed. If that were not done, great injustice would continue to be done to the profession here, as Canadian students might go to Britain, pass the examinations, return and compel registration. The position of the medical profession in Canada would be endangered if that were allowed. Sir John promised that the Canadian profession should have a copy of the Act.

The report was adopted.

The report of the Building Committee was read by the Registrar, and adopted.

The Treasurer, Dr. Aikins, read his report, as follows :—

*Receipts*—Balance in bank from last year's meeting, \$8,423.81; Dr. Pyne, registration fees, \$1,442.64; professional examinations, \$5,447; matriculation examinations, \$1,090; interest allowed by bank, \$165.56; miscellaneous, \$45.80. Total receipts, \$17,414.81.

*Expenditure*—Expenses in connection with last meeting of Council, \$1,265.38; accounts ordered to be paid at last meeting of Council, \$1,050.47; Executive Committee meeting, \$638.70; on account of church building, Bay and Richmond-sts., Toronto, together with legal services and insurance in connection therewith, \$8,997.05; matriculation examiners and expenses of matriculation examination, \$417.75; officers' salaries, \$750; miscellaneous expenses, \$636.70. Balance in Treasurer's hands, \$3,658.76.

The report was received and adopted.

The Council adjourned, to meet again in the evening.

The proceedings were resumed at 8 p.m., Dr. McDonald, President, in the chair.

The accounts for the extra charges of the Examiners were then presented, and referred to the Finance Committee.

The Council adjourned, to meet again at 10 o'clock to-morrow.

#### THIRD DAY'S PROCEEDINGS.

The Council met at 10 a.m. The minutes of the previous session were read and approved.

Dr. ALLISON moved, seconded by Dr. HYDE,—“That it is deemed expedient in future that no member of this Council shall be nominated to the Board of Examiners; but that all the examiners shall be appointed from among the members of the profession outside the Council.”

Dr. McLAUGHLIN moved in amendment, seconded by Dr. BETHUNE,—“That the Council will always endeavor to select from among the registered practitioners of Ontario the best available examiners.”

A discussion ensued in which several members took part. It was contended that the main motion reflected upon the members of the Council, and in their opinion such reflection should not be cast upon the integrity of that body.

The amendment was then carried.

## THE ONTARIO MEDICAL ACT.

Dr. HENWOOD moved, seconded by Dr. HYDE,—"That the Ontario Legislature at its next meeting be petitioned to so amend the Ontario Medical Act, as to enable each of the territorial divisions to return two representatives to this Council, instead of one as at present."

Dr. LAVELL claimed that the schools should have proper representation, and said that they would never relinquish that claim. He contended that as teachers they had some knowledge of the requirements of the profession. He would strenuously oppose any encroachment on the rights of the teachers of the colleges. They were doing all they could to meet the exactions of the Council.

Dr. BERRYMAN considered it inexpedient and dangerous to carry out Dr. Henwood's motion. It would swamp the Universities and the homœopaths. If they obtained an Act for such a change the Universities would combine, and the repeal of it would be inevitable.

Mayor BEATY at this point entered the chamber, and was well received by the Council.

Dr. D. CLARKE spoke to the motion. He favored an increase, but not so large a one as that proposed by Dr. Henwood.

By request the yeas and nays were taken:—For, 10; against, 11.

The following are the names of those who voted on Dr. Henwood's motion:—Yeas, Allison, W. Clarke, Edwards, Geikie, Henwood, Herriman, Hyde, Irwin, Spragge, Grant. Nays, Berryman, Bethune, D. Clarke, Henderson, Lavell, Logan, McDonald, McLaughlin, Morden, Ross, Vernon.

The Council adjourned until 2.30 p.m. A number of the members of the Council and a few friends were invited by the Mayor to lunch at the U. E. Club.

The Council resumed at 2.30. Dr. Grant, who arrived during the forenoon, took his seat at the Council board. Hon. Dr. Brouse also arrived and took his seat.

## THE TREASURER.

Dr. GEIKIE, moved, seconded by Dr. MORDEN,—"That hereafter the fees for the matriculation examination be paid in Toronto or Kingston, to the registrar of the college, a duplicate receipt being given in every case where a fee is received, one copy being sent to the treasurer as his voucher, and one to the candidate."—*Lost.*

Dr. BERRYMAN moved, seconded by Dr. GEIKIE,—"That no permanent position or paid office shall be occupied by any member who is in any way engaged in teaching in any university or teaching body of medicine; the meaning of the aforesaid resolution being, that it alludes to the Treasurer or Registrar of the said body of the College of Physicians and Surgeons of Ontario."

Dr. BERRYMAN said he had nothing to say against the conduct of the treasurer, but he thought it would be better to have the duties of the office performed by a person who occupied a neutral position, without having a special interest in any college.

Dr. GEIKIE and several other members spoke to the same effect.

The motion was then put and lost by a vote of 11 to 7.

A motion was carried to allow the medical prosecutor to make a statement to the Council.

Mr. SMITH, the detective, made a statement as to work done by him, and as to the difficulties under which he had to labor from time to time in the prosecution of quacks, and the expense to which he had invariably been put in such prosecutions. He said that he would perform the duties of prosecutor for \$1000, and if the total of the fines amounted to less than that sum he would do so for what he could get.

Dr. HYDE asked Mr. Smith whether he had received all the fines that had been exacted from offenders through his prosecution.

Mr. SMITH replied that he had not.

Dr. W. CLARKE moved, seconded by Dr. MORDEN,—"That the case of William Smith be referred to a Special Committee."

Dr. HYDE moved in amendment, seconded by Dr. D. CLARKE,—"That the case be sent to the Registration Committee."

The amendment was carried.

Dr. D. CLARKE submitted the report of the committee appointed to consider the petition of the Ladies' Temperance Union, praying that the College of Physicians and Surgeons should do all in its power to discountenance the use of spirituous liquors unless strictly as a medicine. The report, while expressing sympathy with the ladies in their good work, stated that it was not competent for the Council of the College of Physicians and Surgeons to express an opinion upon the subject.

Dr. AIKINS stated, as a matter of privilege, that of the fees for 170 matriculants paid in at the Treasurer's office, he (Dr. Aikins) had only received the fees from three. This explanation was given to show that he did not use the influence of his position as Registrar to induce students to go to any school in particular.

The Council adjourned, to meet at 8 p.m.

The President took the chair at 8 p.m.

Dr. HENWOOD moved,—“That the Legislature be applied to at its next session, to so amend the Ontario Medical Act as to increase the territorial representatives by five.”

Dr. ALLISON thought that the Colleges should not evince opposition to the motion, and that it would be better to agree with the territorial representatives.

Dr. LAVELL was not able to see wherein the Schools had placed themselves in opposition to the profession. He said that the existence of the Council was owing to the Schools. The Schools had elevated the character of the profession. He was not afraid, nor were the professors (although such had been suggested) that by an increase of territorial representatives their rights would be encroached upon. He said that when the Schools had conceded everything the professors had conceded nothing. He opposed the motion on account of increased expenditure, and because he thought the increase of members would decrease the efficiency of the Council.

Dr. HENWOOD said that the School men had gradually assumed control of the affairs of the Council, and the profession generally were dissatisfied with that state of things. He thought that amongst additional members they might find some whom they could place confidence in and from whom they could obtain advice.

Dr. McLAUGHLIN considered that the statement as to the Council being controlled by School men was not true. He said that the most influential spirits of the Council had been territorial representatives. He thought that if the increase were asked for, both the Homœopaths and the School men would seek an increase.

Dr. LOGAN thought the Council would not be benefitted by an increase.

Dr. AIKINS stated how the Medical Board had been established. He thought it wrong for the School men to be charged with arrogance and assumption.

Dr. HERRIMAN said that as a territorial representative he did not oppose the Schools, but rather came to sustain them.

Dr. GRANT said that the representation of the homœopaths was one in seven; that of the profession, 12 in 1800. He thought, therefore, that the rural districts were not adequately represented. He considered that the school men were not seeking their own interests. He was sure that the influence of the territorial men had assisted the school men in elevating the profession.

Drs. BERRYMAN and ROSS also spoke to the resolution.

On being put to a vote the resolution was lost. Yeas, 9; Nays, 12.

A letter inviting the Council to visit the Hospital, received from Dr. O'Reilly, was read, and it was resolved that the Council do accept the invitation.

The Council then adjourned till 10 a.m. tomorrow.

#### FOURTH DAY'S PROCEEDINGS.

The Council met at 10 a.m., all the members being present excepting Dr. Lynn, of Ottawa. Dr. Macdonald, the President, occupied the chair.

After the reading and passing of the minutes,

Dr. W. CLARKE moved, seconded by Dr. LOGAN,

That the memorial of the Belleville Medical Society be adopted, and the tariff of fees as recommended by them be legalized by this Council. Carried.

Moved by Dr. SPRAGGE, seconded by Dr. W. CLARKE,

That the by-law requiring students to present themselves for examination before the Council in each year be amended, and that a by-law requiring students to pass a primary and final examination be substituted.

The motion was deferred till after the report of the Education Committee was received.

Dr. GEIKIE moved that in all cases of unsuccessful candidates whose examination fees have exceeded \$10, the Treasurer shall be and is hereby directed to return the amount paid, less the sum of \$10, this amount to be retained for expenses.

The motion was carried, and referred to the Finance Committee, which reported against the proposition.

The Council then went into Committee of the Whole to consider By-laws 1 and 2 relating to the registration of graduates, Dr. Herriman in the chair.

DR. CLARKE showed that the by-laws introduced were intended to operate in favour of the students of this country by making a general registration fee of \$400, and granting a rebate of \$350 to Canadian graduates.

The By-law was read a second and third time and passed.

A By-law was also passed to sanction the printed register.

On motion the following gentlemen were appointed on the Executive Committee. Drs. W. Clark, D. Clarke, Ross, Husband, and the President and Vice-President.

The Council adjourned at noon, and several of the members proceeded in carriages to visit the General Hospital. After carefully inspecting the various wards of the institution, and expressing themselves well satisfied with its appointments, the visitors partook of luncheon with Dr. O'Reilly, the resident surgeon.

The Council resumed business at 2 o'clock, the President presiding.

DR. GEIKIE moved, seconded by DR. HUSBAND,—"That the Executive Committee of the Council be and is hereby directed to apply to the Legislature for a grant in aid of the Council, setting forth in the said application the claims this Council has on the Legislature, and upon the people at large; claims far greater than can be urged by many bodies, however good, which receive public aid; and that such aid is necessary to assist in the establishment of a public medical library and museum, and to enable the Council to do all in its power to maintain and elevate medical education in Ontario."—Carried.

Dr. Pyne was re-appointed Registrar, and Dr. Thos. Aikins, Treasurer, for the current year.

The following by-law was introduced by Dr. D. Clarke:—

"It is expedient that provision should be made by by-law for fixing the day upon which the Registrar is to summon the members to meet for the transaction of business.

"Be it therefore and it is hereby enacted that the Registrar shall summon the members-elect to meet on the second Tuesday of July, 1880, for the transaction of business and organizing the Council in Toronto."

The by-law was read a second and third time and passed.

After some routine business, the Council adjourned to meet at 8 p.m.

The Council met shortly after 8 o'clock.

The Council went into Committee of the Whole on the report of the Finance Committee, Dr. Logan in the chair.

The report recommended the payment of \$100 each and travelling expenses to the examiners, as in former years, and in view of the increased work the sum of \$75 extra be paid to each, and \$100 to the Chairman of the Board.

The report, after some slight amendments, was adopted.

Dr. Bethune read the report of the Registration Committee, which was adopted.

The report of the Special Committee to enquire into the report of the Board of Examiners relative to the disturbance among the students, was read by Dr. Bethune, Chairman. The report set forth that the Committee had made all possible enquiries; that one cause of dissatisfaction arose among rejected students, that a few were intoxicated and became unruly, and that the accommodation was not sufficient for so large a number of students. The report also further states that nothing was adduced to lead the Committee to believe that any of the examiners were intoxicated, although at times naturally excited; and that the examinations were conducted in an impartial manner. The Committee recommend that only a limited number of students be admitted at a time for their oral examination. The report was adopted.

#### PRIMARY AND FINAL EXAMINATIONS.

Upon the report of the Educational Committee being considered in Committee of the Whole, it was resolved, on motion of Dr. BETHUNE, seconded by Dr. WM. CLARKE,—“That in future students shall be subjected to a primary and a final examination, and that the term of study shall be four sessions.”—Carried.

The report was referred back to the Committee for amendments, and the Council adjourned until 9 a.m., to-morrow.

#### FIFTH DAY'S PROCEEDINGS.

The council met at 9 a.m. The minutes of the previous meeting having been read and approved

It was moved by Dr. AIKINS, seconded by Dr. LAVELL, “That the thanks of the Council are hereby given to the matriculation and professional

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examiners for the great thoroughness of their recent examinations."—Carried.

Moved by Dr. AIKINS, seconded by Dr. LAVELL, "That the Executive Committee is requested to prepare and publish, with all reasonable despatch, a new annual announcement, and send a copy thereof to each registered practitioner in Ontario, and to send also to the same a printed copy of the questions given at the last matriculation and professional examinations, and also a copy of the register."

Dr. ARKINS moved, seconded by Dr. LAVELL, "That the Executive Committee are requested to make a thorough collection of all annual fees due by the members of the profession to this Council, making use of such means as may be necessary to effect the very earliest collection of the same."—Carried.

Moved by Dr. CLARKE seconded by Dr. BERRYMAN, "That the thanks of this Council are tendered to Robert McKim, of University College, for the efficient manner in which he has served the College at its written examinations for several years past."—Carried.

The recommendation of the Education Committee to make the examinations primary and final, instead of annual, as at present, caused a lengthy discussion; but it was ultimately adopted, with some slight modification as to those who have already passed their primary.

A vote of thanks was passed to the Mayor and Council of Toronto for the use of the City Hall, and also to the Corporation of Kingston for a similar courtesy.

The following are the names the Board of Examiners appointed for the current year: Dr. Robertson, Medicine; Dr. Thorburn, Midwifery; Dr. Sullivan, Anatomy; Dr. Stevenson (Strathroy), Materia Medica; Dr. Poole (Lindsay), Physiology; Dr. Malloch, Surgery; Dr. C. T. Campbell; Med. Jurisprudence; Dr. D. Clark, Chemistry; Dr. Adams, Toronto, Homœopathic examiner.

The Finance Report, which was read and adopted, recommended that the assessment be as heretofore, viz., \$1 on each registered practitioner; that examiners be paid \$100 and travelling expenses for their session; also, that the examiner in anatomy receive an additional fee of \$50.

Moved by Dr. W. CLARKE, seconded by Dr. LOGAN, "That the Council feel great pleasure in expressing their thanks to our President for his urbanity of manner and the kindness which he has extended to the members during the past session."

Dr. Macdonald briefly returned thanks, and the Council adjourned at 2 p.m., to meet again on the call of the President.

## Selected Articles.

### POST PARTUM HEMORRHAGE INDEPENDENT OF THE PLACENTAL SITE.

Dr. Richard B. Maury, of Memphis, Tenn., reports the following interesting cases of extra-uterine post partum hemorrhage in the Transactions of the Tennessee Medical Society.

Leishman, in his admirable system of Midwifery, recognizes but three causes of hemorrhage after delivery, to-wit: Uterine Inertia, Fibroid Growths, and Inversion of the Uterus.

According to the same author, "the object which, before all others, we have in view, is to promote uterine contraction, and if we fail in this we fail utterly." This is the substance of all obstetrical teaching upon the subject of post partum hemorrhage. The etiology and the treatment both refer exclusively to the placental site as the source of the hemorrhage.

There is, however, a class of cases to which this treatment is not applicable, and a form of post partum hemorrhage against which it is of no avail. This hemorrhage does not come from the cavity of the uterus, and it is entirely independent of the placental site, but it is not for that reason less serious at times than the usual form. It is, really, an extra-uterine hemorrhage. In January, 1878, I reported to the Shelby County Medical Society two cases of this form of hemorrhage. In the present communication I propose to bring forward all my own observations, and also the reported observations I have been able to find by others.

In bringing the subject fully before the Society, I would enumerate, in addition to the placental site, the following sources of serious and occasionally even fatal hemorrhage.

1. Lacerations of the cervix uteri, not involving the body or extending beyond the cervico-vaginal junction.

2. Lacerations of the walls of the vagina, or rupture of dilated veins at some portion of the vaginal walls.

3. Lacerations of the perineum.

4. Lacerations of the orifice of the vagina, especially in the neighborhood of the clitoris and vestibule.

While every well-informed gentlemen present knows that such injuries to the parturient canal are exceedingly common, and while some may have witnessed serious hemorrhage from these sources, I do not think it is generally understood by the profession that a woman may die after the birth of her child from loss of blood, except it come from the uterine cavity. If, then, the physician approaches the lying-in woman impressed with the idea that the only source of dangerous hemorrhage is the cavity of the uterus, and that his main and



indeed only reliance is firm uterine contraction, he may lose his patient by an over-sight.

With a view of showing that the sources of hemorrhage just mentioned are real, and that the dangers therefrom are not merely theoretical, the following clinical evidence is offered :

1. Under the head of Hemorrhage from Laceration of the Cervix, a case which happened in my own practice in August, 1877, is presented and given here in the words of my report before the Shelby County Society.

"The patient had a rapid labor, and the child was born as far as the hips before my arrival. Having removed the child and administered two drachms of Squibb's Extract of Ergot, I attempted to expel the placenta by the method known as Crede's. There was no hemorrhage at all, and I was disposed to give the uterus full time to empty itself. After continuing the usual manipulations for fifteen minutes without success, one finger was passed into the vagina to see if the placenta could be reached. I found that it could not, and at the same time discovered a very marked laceration of the cervix on the left side. Pressure was continued over the uterus for fifteen minutes longer, and efforts made to induce it to throw off the after-birth. The patient meanwhile was quiet and comfortable, and there was no hemorrhage. The uterus was firmly contracted, but all efforts to expel the placenta failed. At the expiration of thirty-five minutes from the delivery of the child, the patient's position was changed so as to bring the hips to the edge of the bed. Passing the hand into the vagina, and two fingers into the womb, I reached the insertion of the cord, and hooking the fingers into the placenta at this point, dragged it down so that a portion of its edge came without the os. While I was doing this the patient made a violent effort to expel it, lifting her hips entirely from the bed. Hooking my fingers now into the edge of the placenta, it was easily removed, the patient again exerting herself more violently than before. The uterus was now firmly contracted, but blood flowed freely from the vagina in a continuous stream. It was bright red blood. The perineum was uninjured, the vagina was not torn, and it was clear to me that the lacerated cervix was the source of the hemorrhage. The laceration, moderate at first, had been increased by the violent explosive efforts of the patient, when the circular fibres of the cervix were in a state of contraction, so that one or more arteries were involved in the rent. Grasping the uterine body in the left hand, so as to steady it and insure its firm and continuous contraction, I passed pieces of ice into the vagina in contact with the cervix. Giving this plan a fair trial and finding it accomplished nothing, and seeing that the stream of blood continued unabated, and the patient was rapidly growing pale and faint, I passed a wad of old linen up into the anterior cul

*de sac* of the vagina, and by bimanual pressure brought the torn edges of the cervix in contact and kept them firmly compressed. In a few minutes the hemorrhage was checked, and in a little while it ceased. The pressure was kept up for an hour, and the compress, after the lapse of an hour, was removed from the vagina.

If the source of the hemorrhage had not been discovered here, the case would soon have terminated fatally. As it was, the patient was blanched, greatly depressed, and made a narrow escape from death. The pulse ran up to 140 per minute, and was exceedingly feeble. Within forty-eight hours febrile symptoms appeared and lasted for ten days, in consequence of a cellulitis on the left side, induced doubtless by the laceration."

This patient ultimately made a good recovery. The occurrence of the laceration was proved by an examination made in March, 1878.

II. In illustration of the second sub-division of my subject—Laceration of the walls of the vagina, or rupture of dilated veins at some portion of the vaginal wall, the following case is presented :

Four years ago I was asked to attend, in her approaching confinement, a lady who suffered from enormously dilated veins of the right leg and thigh, and corresponding *labium majus*. Upon examination, I found that the varix of the labium extended along the right vaginal wall quite to the cervix uteri. The formation of a thrombus in the labium during labor seemed very probable, from the greatly enlarged condition of the veins, and preparations for this accident were accordingly made.

Labor came on in due time, the child was soon born, and in a few minutes the placenta followed. The uterus contracted firmly and steadfastly, but very free, continued and rupturing hemorrhage occurred. I examined for a rupture of the labium but could discover none. Examination of the vaginal walls by touch was unsatisfactory in the extreme. Speculum examination under the circumstances was impossible.

The vagina was packed with ice, but the hemorrhage continued unabated. Compresses of cotton, saturated with iron, were then applied against the vaginal walls. These checked the flow, and in little less than an hour it was completely controlled. During all this time the womb was firmly contracted.

There can be no reasonable doubt that this hemorrhage came from the rupture of dilated veins in the vaginal wall, and as every preparation had been made against hemorrhage beforehand, no serious results ensued.

But it must be remembered that a dilated condition of the veins of the walls of the vagina is sometimes found in women who have no varices of the labium or other external parts. In proof of this, the following evidence is adduced :

In November, 1877, Dr. Paul Budin, of Paris,

in a communication made to the Obstetrical Society of London, pointed out that profuse and even fatal hemorrhage may take place from the vagina after parturition, and that the patient's risk is much increased if this be mistaken for *post partum* hemorrhage.

Dr. Budin reported three cases, and stated, that while lesions about the clitoris and perineum were easy to detect, that the bursting of distended veins in the walls of the vagina was less easy to diagnose.

III. In illustration of the dangers of hemorrhage which may arise from laceration of the perineum, I will report a fatal case which happened under my own observation eight years ago. The patient, a primipara, twenty-seven years of age, after a tedious labor, was delivered by her attending physician, with the forceps. As sometimes happens in the most skillful hands, a laceration occurred through the sphincter and into the rectum. The placenta was expelled almost simultaneously with the child. During the delivery, I was at the patient's side, with my hand upon the womb. As the child was expelled, I followed it down with gentle pressure, and this pressure was continued after the expulsion of the placenta. The uterus was unusually small and well contracted. Its contraction was continuous, as I well know, for I did not leave the patient's side, nor remove my hand from the abdomen. Imagine, then, my astonishment, after a little while, to see her face blanched, and to feel my knee, which was resting on the bed, wet with blood. She said nothing, for she had not fully recovered from the chloroform. The physician in charge at once used ice in the vagina, and the current of blood was, in a little while, stopped, but not until the patient was pulseless. All attempts to rally her failed. In two hours she was dead from loss of blood.

In this case, special attention was drawn to the persistently contracted state of the womb. It was observed and remarked upon, not only by the two physicians in attendance at the time of the delivery, but by two others who had been called in during our efforts to revive the patient. This firmly contracted state of the organ continued up to the last moments of her existence.

I was perfectly satisfied that the hemorrhage could not have come from the cavity of the womb, for its contraction was as firm and complete as it is ever observed to be after labor. The perineal laceration was a bad one, extending fully two inches up the rectum. This was the source of the bleeding, which went on without our knowledge for fifteen or twenty minutes after the delivery of the placenta, while the patient was still under the influence of chloroform.

Before the occurrence of this case, I had never suspected that such a hemorrhage could come from such a source.

Examining the recorded experience of others upon this subject I find very little. Obstetrical text-books say nothing, or almost nothing. In the Transactions of the New York Academy of Medicine for 1861, there is a paper by Dr. B. Fordyce Barker on "Anesthetics in Labor." Speaking of a laceration of the perineum which happened in one of his forceps cases, while under the influence of chloroform, Dr. Barker says: "I may be pardoned for mentioning one extraordinary incident connected with this case. The patient came near dying from hemorrhage, but not from the uterus, but from the lacerated vessels of the perineum." In Dr. Barker's work on "The Puerperal Diseases," published in 1874, in the chapter on "Lacerations of the Perineum," there is a report of four cases occurring in Bellevue Hospital, in all of which the laceration was accompanied by troublesome hemorrhage. In two of these cases the hemorrhage was serious, amounting to a quart in one case, and to two quarts in the other.

In Dr. Barnes' work on Obstetrical Operations, under head of Secondary Puerperal Hemorrhages, it is stated that "laceration of the perineum may become a source of secondary bleeding." It is not intimated by this author that hemorrhage from this source may be fatal or even dangerous. Had I then known it might be so, we would not have rested in the blissful feeling of security that all was right because the uterus was well contracted.

IV. The fourth and last source mentioned from which hemorrhage may arise after the birth of the child, is the vaginal orifice. This orifice, anatomically speaking, and the obstetrical perineum have no connection. "They are distinct parts, removed from one another by the structures forming the fossa navicularis," to use the words of Dr. Matthews Duncan, who brought the subject very clearly before the Edinburgh Obstetrical Society in 1876. According to this writer, the vaginal orifice may be described as embracing those structures which lie external to the urethral orifice in front, the insertion of the hymen posteriorly, and the nymphæ laterally.

The lacerations of the vaginal orifice, according to Dr. Duncan, are inevitable in the primipara, and the lacerations of the anterior portion of this orifice often produce hemorrhage, which is occasionally, but rarely, even fatal, especially if the tear extends to the clitoris.

At a meeting of the London Obstetrical Society, in Nov. 1877, Dr. Edis, of the Middlesex Hospital, reported a case of hemorrhage, which continued for eight hours after delivery. The patient was blanched, and the obstetric resident, having administered ergot in vain, was at a loss what to do. Upon examination, a rent an inch long was found under the clitoris, and an artery spouting. He failed to arrest the hemorrhage by torsion, because of the bruising of the tissues. He then plugged

with perchloride of iron, and applied pressure by means of T bandage which was kept in place thirty-six hours, a catheter being left in the urethra.

In answer to a question about the sloughing which perchloride of iron might produce, Dr. Edis replied that it was a question of saving life, the sloughing which followed was trifling in amount.

1st. While giving special prominence to the rule to secure firm and continued contraction of the uterus in all labors, the obstetric practitioner should always have before him the possibility of serious hemorrhage, *post partum*, from sources outside the uterine cavity.

2d. Whenever a free and continuous hemorrhage arises after the delivery of the placenta, with the uterus so firmly contracted as to forbid the introduction of the hand into its cavity, it may safely be assumed that the source of the bleeding is not the uterine cavity, but one of the four points enumerated in this paper.

3d. The precise point of hemorrhage should be ascertained by speculum examination, if practicable; but as such a procedure is often utterly impossible under the circumstances which attend *post partum* hemorrhage in private practice, the chief reliance of the physician should be styptics and pressure to the cervix and vaginal walls; and, in the meantime, close watch should be kept upon the womb, to make sure that its contraction is permanent.

#### INJECTION OF CARBOLIC ACID IN PILES.

The following is from Dr. Weir's report on surgical procedures read before the Therapeutical Society (*New York Medical Journal*).

The application of nitric acid to the surface of the pile, as suggested by Houston, and lately revived by Bilroth and used by the latter surgeon to a wider extent than in previous times, is sometimes quite painful, and, when resorted to injudiciously or too freely and too frequently, even dangerous. The use of ergot in the bowel as an enema is only a temporary and imperfect relief; hence the desire to be possessed of some means to help in the management of such cases, and the acceptance of the report of two intelligent friends who informed me that they had been cured of hæmorrhoids at the hands of a certain irregular practitioner by the painless injection of carbolic acid into the substance of the protruded parts.

Believing that the painless nature of the little operations, for they were repeated three times respectively, to which they were subjected, was due to the weakness of the solution used, and also knowing that the employment of stronger solutions had, in the experience of Western surgeons, been followed at times by unpleasant inflammatory results, and occasionally by dangerous consequences,

I determined to resort to the use of such a weak solution in the next case that presented itself to me. Therefore, in the spring of 1877 I resorted to it with success in a single large venous hæmorrhoid, injecting a 1 to 20 solution, with a few drops of glycerine in the mixture, by inserting the point of a fine hypodermic needle into the centre of the tumor, and forcing in gently some ten or twelve drops of the fluid, until the pile was slightly distended. A trifling smarting followed, which passed off in less than three minutes. The patient went about his business the same day, had a little tenderness at the next day's evacuation of the bowels, and ten days afterward, the pile having shrunk one half, a second injection was made, which completed the cure.

A second case occurred shortly after this in an elderly lady of sixty, who had several large piles protruding from the anus, and which at times bled quite freely. In August, 1877, two of these were injected with a solution of 1 to 10 (made by mistake of this greater strength), with the glycerine added as before. A little sharper smarting followed, with an increased soreness the next day. August 14th, the previously injected piles had very decidedly shrunk. Two more were injected in the same way by a 1 to 20 solution, and again, on the 23rd, a remaining pile and a portion of one of the first attacked were injected for the third time. The protrusions steadily shrunk, and she soon thereafter left the hospital cured. She was seen several months later, and only one or two shriveled tabs marked the remains of the hæmorrhoids.

The injection of weak carbolic solutions is, however, I think, a means that can be safely employed in completely internal hæmorrhoids, or those that are more or less continuously protruding from the anus. In the last two cases, a solution of 1 to 30, without any glycerine, was used, and it appeared to answer as well as the 1 to 20 solution. It is, in addition, a strength that admits of perfect solution of the acid; any cloudiness of the fluid or appearance of undissolved globules of the acid should cause its rejection. Care should also be taken not to insert the needle too close to the base of the pile.

It is conceded that the number of cases presented is too few to enable any opinion to be pronounced upon the plan proposed, and they are brought forward mainly in the hope that a further test of the use of carbolic acid in the treatment of hæmorrhoids may be had, and a judgment of its merits obtained, separate from that given respecting the use of the stronger or concentrated solutions of the same substance.

Prof. Roberts Bartholow, of the Medical College of Ohio, has been elected to the vacant chair of materia medica and therapeutics in the faculty of the Jefferson Medical College of Philadelphia.

## HYSTERICAL MANIA.

The following is by Dr. Broom, in the *Brit. Med. Journal*, Feb. '78:—Hysteria, in its many and varied forms, is one of those reflex nervous phenomena—or, according to Aitkin, “a complex morbid condition of all the cerebral functions”—which the practitioner is generally quick in recognizing when it occurs under ordinary circumstances, and presents the usual diagnostic symptoms, but when it assumes exceptional phases and latent forms, such as simulating other diseases, he may either suspect, or doubt, or even altogether fail to recognize, the existence of the real malady; under which the patient may be suffering.

Without going into the subject of the theory of reflex action, of cause and effect, or of the various delusions under which some of the subjects of this disease occasionally suffer—with all of which my fellow practitioners are accustomed to deal—I shall at once proceed to give a general outline of a fairly typical case which came under my care a few years ago; the heading or general title indicates the disease it chiefly simulated.

My patient was a lady of about twenty years, bilio-nervous temperament, and slight *physique*. So far as I could ascertain, her general health had been good up to the time of attack. The immediate or exciting cause was the sudden death of a near and dear relative. When I was called in to see the case, I was informed that about three weeks had elapsed since the attack commenced, during which time she had been attended by three other practitioners, all of whom pronounced her to be of unsound mind, and recommended her being removed to an asylum for a time; the chief difficulty about the treatment of her case being her obstinate determination to take neither medicine nor food, as well as her having to be almost constantly restrained from committing acts of violence, indelicacy, and immorality. I found her being forcibly held by three or four attendants; and when I approached and spoke to her, she kicked and spat at me, and refused either to answer questions or obey commands. Her expression was wild and vacant, her pulse weak and quickened; the temperature, defecation, and micturition were normal, but the last menstruation was deficient.

Having obtained full permission to treat her as I thought best, and knowing how opposed all her relations and friends were to having her taken into an asylum, as well as her own opposition to taking anything *per os*, I determined upon treating her case solely *per rectum* and skin, till it became preferable *per viam naturalem*. Accordingly, I had her placed and held down upon the bed, while I administered a proportionately large dose of the hydrate of chloral, bromide of potassium, and aromatic spirit of ammonia, in milk; this was repeated night and morning, alternating the milk with strong

essence of beef, for four or five days; and on or about the third day, I painted over nearly the whole of the dorso-lumbo-sacral regions with the ordinary blistering liquid of the *British Pharmacopœia* keeping the surface irritable for some days by applying savine ointment. The vesication was perfect, the amount of serum abundant, and the subsequent counter-irritation considerable. The daily dressings and enemata soon became distasteful to her in many ways; and on or about the fifth or sixth day, I found her quieter, more rational, and not offering much opposition to swallowing food and medicine. After this she made rapid progress, took food naturally and willingly; the vesicated spinal surface was allowed to heal; and she was considered convalescent about the ninth or tenth day. Subsequently, she took walks daily, became courteous and affectionate towards those around her, was sent away on a visit to some relatives at a distance, returned home in about a month, and continued to be in even better health than before the attack.

Now the maxim to be deduced from this case, as representing a class, is just this; that whenever we are called upon to treat a patient who refuses to allow the remedies to be administered in the ordinary way, and that without reasonable cause or excuse, the practitioner should seek to devise an extraordinary way, provided it be likely to aid or accomplish early convalescence; and further that, when the patient is of the gentler sex, and between the periods of puberty and climacteric, and the symptoms are not clearly referable to any other disease, hysteria in some form should be always suspected and sought for.

## MEMBRANOUS LARYNGITIS.

The following cases are reported in the *Brit. Med. Journal*, April 5, 1879:—

CASE I.—Under the care of Dr. Eustace Smith. Elizabeth C., a well-nourished child four years old, was admitted on September 25th, 1878, with distinctly stridulous breathing, and well-marked recession of the walls of the chest and cyanosis. There was distinct false membrane on the pharynx and one tonsil, while the glands under the jaw were enlarged. The child was restless, and struggled for her breath. Four days previously, she had become a little hoarse; two days later, breathing became stridulous, and it became urgent shortly before admission. Chloroform being given, the trachea was opened above the thyroid, the incision extending into the cricoid, the wound was dilated, and then a thick piece of membrane, one-and-a-half inches long, and presenting a cast of the trachea, was expelled. The trachea was then cleanse with a feather passed through the wound and from the glottis. A large silver tube was inserted, and the

child was placed in a steam-tent, the steam being impregnated with carbolic acid; subsequently, solution of thymol was substituted. The tracheal tube was frequently cleaned with a feather dipped in solution of bi-carbonate of soda (ten grains to an ounce), while at intervals the spray of the same solution was inhaled, with the object of partially dissolving the diphtheritic membrane and aiding its expulsion. There was no albuminuria; the lungs were almost clear, and remained so; the temperature varied from 100 to 102 deg. Fahr. A mixture of iron and quinine was ordered, with half a teaspoonful of brandy every two hours.

The next day, the child was quite comfortable, and took food well. Much viscid mucous and some membrane were expelled through the tube, which was frequently cleaned.

September 28th.—Vesicles appeared around the wound, and resulted in distinct white patches of membrane. Considerable inflammatory œdema of the neck and upper part of the sternum followed; this was painted with a solution of liquor ferri perchloridi, and subsequently a mixture of liquor plumbi subacetatis and milk was applied, and the swelling subsided.

October 4th.—The tube was removed for a time, and she could breathe freely. Convalescence proceeded favorably, and she was discharged in good health on December 1st.

CASE II.—Under the care of Dr. H. Donkin. Theodore R., a rather fat child, two and a quarter years old, was admitted on September 25th, 1878. He was struggling for breath; the face was flushed, and expressed great distress; there was a frequent croupy cough; the fauces were inflamed, and the tonsils swollen, presenting distinct white patches of membrane. Inspiration was prolonged, with stridor and recession of the chest; respiratory sounds were feeble over both bases, with impaired resonance on percussion. Temperature 100 deg. Fahr.; pulse 128, weak. He had been attacked with hoarseness of voice on September 19th, and respiration became gradually more embarrassed till his admission. Smells from the drains had been noticed at home. Chloroform being administered, tracheotomy was performed with incision of the cricoid cartilage, and the same precautions as in Case I. A large cast of the trachea was extracted from the wound; immediate relief followed, and the patient was placed in a steam-tent. The after-treatment was conducted as in the preceding case. The urine contained one-sixth of albumen.

During the next few days, he had some violent fits of coughing after the soda-spray, with expulsion of membrane; one piece was one-and-a-half inches long, and appeared to have come from the bifurcation of the trachea.

September 28th.—Coarse rales were heard over both lungs; the edge of the wound was covered with white diphtheritic exudation; membranes and

some blood-stained mucus were discharged from the wound. This continued occasionally till October 9th.

October 11th.—There was no albuminuria. He could breathe without the tube during the day, but dyspnoea came on during sleep, necessitating the continued use of the tube. There seemed to be some paralysis of the laryngeal muscles; this was only temporary, and did not extend to other parts. He regained strength, and was dismissed Jan. 8th.

REMARKS.—These cases were treated on the principles advocated by Mr. R. W. Parker in his paper, read at a recent meeting of the Royal Medical and Chirurgical Society. Each case appeared to be one of well-pronounced diphtheria, and their recovery may seem some encouragement to the early performance of tracheotomy, combined with careful after-treatment.

CASE III.—Under the care of Dr. H. Donkin. Mary R., aged three months, was admitted on September 30th, 1878. She was a fairly well-nourished child, with marked laryngeal stridor, and the aspect of great distress; the lips were bluish; there was considerable œdema and redness of the submaxillary region, due in part to the previous application of sinapisms. No membrane was seen on the fauces, but the examination could not be satisfactorily made. She had suffered from cough for three weeks, but the urgent symptoms were of only twelve hours' duration. There was no history of bad hygienic conditions. Chloroform being administered, the high operation was performed; some little difficulty was experienced in performing the operation, but there was not much bleeding. Some shreds of membrane were removed, and a large silver tube was inserted.

October 1st.—The child seemed relieved and better; pulse small and rapid; temperature 105 deg. Fahr., with signs of pneumonia over both bases. The tube was changed, some membrane was extracted, and there was a free discharge of mucous from the wound; there was no lividity. Death occurred suddenly at 2 p.m.

Necropsy.—False membrane was found behind the posterior nares, none on the tonsils; small shreds could be peeled off the laryngeal mucous membrane; none was found in the trachea, but its mucous membrane was reddened. At the bifurcation of the trachea, and in each bronchus, were patches of membrane extending into the secondary tubes. Both lungs were partially pneumonic. The right side of the heart was distended with firm clot, extending through the tricuspid orifice.

REMARKS.—The age of the child, and the occurrence of pneumonia, left but little hope of a successful issue. Improvement occurred after the operation, and the sudden death appears to have been due to clotting on the right side of the heart, illustrating the danger of delay in performing the operation.

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## UTERINE POLYPI AND FIBROIDS.

Dr. Caldwell, in the *Chicago Med. Journal*, gives the following notes from Berlin:—

I saw Prof. Langenbeck operate on a woman for the removal of a uterine fibroid polypus that had descended into the vagina and filled this organ so completely that the evacuation of both the rectum and bladder was completely obstructed.

The growth was so large that he was unable to pass the écraseur over the entire mass to its cervical attachment, and hence he had to pass the chain of the instrument around its lower segment, and remove it in three separate portions.

The last was so large that he had to extract it with a pair of obstetrical forceps. He said: "Whether these growths be solid, soft or cystic, there are only three modes of removing them that I recognise as proper to adopt, and these are, the knife or scissors, the écraseur and the galvano-cautery. When they are attached high up in the uterus, I do not like the galvano-cautery, for the reason that you can never be really certain what you are burning, and you may destroy tissues that will lead to disastrous consequences."

The use of the ligature for the removal of these foreign bodies he especially condemned. In the early years of his professional life, he had seen two patients die of septicæmia following the removal of a uterine polypus in this manner.

We must remember, in all our operations upon the uterus, that although we have to do with an organ that will tolerate a good deal of mechanical violence, that we have also to do with a mucous surface that will the most rapidly absorb effete matter of any tissue in the entire body; and that when a polypus is ligated it soon becomes a putrid mass, from which the whole economy may become rapidly contaminated. The twisting off of polypi he also considers a bad practice, and has seen at least one case where the extensive laceration of the mucous surface of the womb attending the operation resulted in a mentritis from which the patient died.

Prof. Schröder had in his wards at the Charité this winter some interesting cases to illustrate his management of different forms of uterine fibroids. In our treatment of these cases, he says, we should remember one fundamental rule, which is, that in the history of every such case there usually comes a time when the morbid growth will cease to increase in size, begin perhaps to undergo a retrograde metamorphosis, and become in time entirely innocuous as far as the well-being of our patient is concerned. Directly opposed to this are the facts connected with the history of most cases of ovarian cysts. Their tendency is ever to increase in size, and their removal will sooner or later be imperatively demanded. Keeping these facts in view, we seize upon the most appropriate

time for our operative interference. In the management of a case of uterine fibroid, he says, investigate your case accurately as to this fact. Is its attachment situated upon the lining membrane of the body of the womb, or upon the cervix uteri. If it have its origin from the body of the womb, you are to consider it as a *noli me tangere*, unless it be the direct cause of symptoms that are likely to prove dangerous to the life of the woman. On the other hand, if it spring from the cervix uteri, you may operate on it in almost any way with comparative safety.

To arrest the hæmorrhages that accompany these cases, he swabs out the inner surface of the womb with either the tincture of iodine or a solution of one of the astringent salts of iron.

A question in which I have been greatly interested, and upon which I have interviewed everybody, is the value of the hypodermic injection of ergotone in the treatment of uterine fibroids.

Prof. Schröder says that he has often seen cases greatly benefitted by this treatment, but has never seen a case entirely cured by it. By its use the hæmorrhage will often cease, and the tumor become greatly lessened in size. To test the remedy he says you must use at least one hundred injections. He makes them into the cellular tissue of the abdominal walls, and repeats them as often as every alternate day. As so protracted a use of an agent that is often very painful, taxes to the utmost the patience of both physician and patient, few carry it out thoroughly.

Braun, of Vienna, makes these injections into the outer aspect of the thigh, where they are better borne. He uses also Bourbellow's ergotone, and none other, as he says you never have an abscess follow its use. Its name, I believe, is derived from a Swiss chemist who manufactures it.

Dr. Routh, of Dorset House Hospital for Women and Children, in London, is the greatest enthusiast of any I have met in Europe as regards the efficacy of his treatment of intra-uterine fibroids. His plan is to first puncture the tumor by passing a sharp pointed instrument into it about the size of a number six English catheter. The depth to which he makes this puncture will depend upon the size of the tumor, but will usually be to about one-half of the thickness of the growth. After making his puncture, he introduces into the hole thus made a wire of nearly the same size, heated to a red heat. He claims that in this way you can excite an inflammatory change in the body of the fibroid that will lead to its absorption, and that too without any of the dangers of a septic process following the procedure, which would be likely to occur if you attempted to accomplish the same object in any other way. He says that he has never failed to benefit a case that he has treated in this manner.

### MONO-BROMIDE OF CAMPHOR IN INSANITY.

Dr. Mann, late Medical Superintendent New York State Emigrant Insane Asylum, (*Detroit Lancet*) has been using this-remedy in mental diseases, more especially in cases of hysterical mania in women, with the happiest results. From a long experience with its use, it has proved to be an excellent sedative of the cerebral system, and also, at times, as an hypnotic. In cases of dipsomania it has proved a very valuable adjunct to the other treatment pursued, quieting the restlessness and excessive nervousness much better than any of the other bromides. It diminishes the number of pulsations of the heart, and lowers the temperature of the body. With the exception of cases of dipsomania, the writer has used it with more success with females than with males. In one very violent case of hysterical insanity, with nymphomania, in a young unmarried lady of twenty years, a most satisfactory cure was obtained from the use of the mono-bromide of camphor, in doses of 4 grains, in capsules, three times a day, with warm baths, and the use of the constant current as central galvanization. Another case—a young lady of twenty-two years was admitted, with acute mania of very violent type, from no assignable cause. Upon her admission, the tongue was furred; the bowels constipated; head hot; pupils widely dilated. She had hallucination of sight and hearing, and delusions relating to her lover. She destroyed everything within her reach, and evinced great muscular strength, which rendered her a formidable patient to deal with. She was put in warm baths, and chloral and morphine were administered, but she did not sleep; all ordinary treatment proving unavailing, and a general hyperæsthesia, inducing the patient to tear her clothes off, it was determined, as an experiment, to put the patient on the mono-bromide of camphor. The doses employed were at first two grains, three times a day, and subsequently four grains, three times a day, all other medicine being, for the time, abandoned. After the first few doses, the temperature and the frequency of the pulse were lessened, and the pupils were reduced to their normal size. The patient soon began to sleep and eat, and the hyperæsthesia of the body disappeared, so that she stopped tearing her clothes off. The intense muscular restlessness, which had previously characterized her, also disappeared. The mental faculties improved, and at the expiration of thirteen weeks she was discharged, perfectly well, and has remained so up to the present time. In this case, the remedy was persisted in for over two months. In some cases where the mono-bromide of camphor has been used, Fothergill's solution of hydro-bromic acid has been used in connection with it, and always with the best result.

### COMPLIMENTARY DINNER TO PROF. GROSS.

Professor S. D. Gross having completed the fiftieth year of his professional career, a complimentary dinner was given to him by his colleagues at the St. George's Hotel, on Thursday, April 10th. A large number of invitations were issued, and the profession in different parts of the country was represented.

In reply to the toast of our honored guest he said:

"In taking a retrospect of my life I have no regrets. I console myself with the belief that I have not lived wholly in vain, and that, while much remains undone that might and should have been done, it might be reasonable to suppose that at least some of the seed which I have sown have produced good fruit. It is not given to every man to be a Harvey, a Hunter, a Jenner, a Bichat, a Morton, a Paget, or a Virchow. 'By the grace of God,' says St. Paul, 'I am what I am.' No man can rise superior to himself. What is fame? Is it a phantom, or is it a reality? Alas! too often the former, too seldom the latter. Few medical works, however meritorious, outlive their authors, and no sooner does a teacher retire from the field of his labor—than his pupils worship other gods. Happy, thrice happy, is he who in the evening of his life, as he reviews his past conduct, can say to himself, 'I have been true to my profession. I have been ambitious of its glory; I have done nothing to tarnish its escutcheon.' As I look back through the dark vista of half a century, what memories crowd upon my mind! Kingdoms have crumbled to pieces; new dynasties have sprung up; the world has been drenched in blood by contending armies; millions of human beings have been swept away by pestilence and famine; civilization, commerce, the arts and sciences, religion, and education have found new homes; the uttermost parts of the globe have been explored by intrepid navigators and adventurous travelers; time and space have been annihilated by the telegraph; and the employment of steam and the application of machinery have changed the occupations of man, and thrown upon us a surplus population which the wisest statesmen know not how to dispose of. The art and the science of medicine have been completely revolutionized and enriched to an extent which fifty years ago would have baffled the wildest conceptions. During these vast changes, so pregnant in beneficence to mankind, America has not been idle. If she had contributed nothing more to the stock of human happiness than anaesthetics the world would owe her an everlasting debt of gratitude. The fanciful and mischievous speculations which characterized medicine in the days of my youth have been replaced by sober facts, founded upon more carefully conducted observa-

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tions and more rational deductions. In preventive medicine a new field has been opened, which, if properly explored and cultivated, as it seems destined to be, will add millions of years to the life of the human race. Oh for a glance at the profession a century hence, when man, enlightened and refined by education, and redeemed from the thralldom of ignorance and superstition, shall reflect more perfectly than he now does, the image of his Maker!

AN OBSTETRIC WARNING.—I publish the following cases as a warning to brother professionals engaged in midwifery practice: In September, 1878, I was sent for to a woman who had been in labor with her first child for four days. A friend was staying with me who was going to attend to my work during my three week's holiday, and we went together to see the case. We found the woman frightfully exhausted, with a small fluttering pulse, and a child, that had been dead at least a week, presenting normally, but the head tightly impacted at the outlet of the pelvis. All pains had left her for many hours, and the stench from the fœtus was horrible. We gave ergot, and delivered her with forceps without much difficulty. The child was decomposed, and the placenta also, but not so far advanced. My friend told me on my return home (I left the next day) that the woman never rallied, but died with pyæmic symptoms. Five weeks after this case I had occasion to use the same forceps on a woman with her second child. (I had delivered her with forceps as a primipara.) She had a rigor on the seventh day, and died of puerperal peritonitis. Undoubtedly we ought to have thought of disinfecting the forceps, and I would suggest that they should always be so cleansed after every case in which they are used.—*British Medical Journal*.

PARAPLEGIA, WITH GREAT MUSCULAR RIGIDITY (ERB'S SPASTIC PARALYSIS?)—The *Glasgow Med. Journal* of February, '79, contains the following.—D. M., aged 10, admitted 6th August, 1878, has suffered from loss of power in the lower limbs since the preceding January. The boy has evidently a very decided strumous taint, as is evidenced by cicatrices and scrofulous sores on various parts of the body, especially about the jaw and right elbow joint; the latter has been excised. The paralysis seems to have been developed rather suddenly, patient having staggered and fallen while on the street; he continued to move in an imperfect manner for a few days, and then lost almost all control over the movements of his legs in walking. Sensation seems to have been deficient in the legs at an early period of the disease, to the extent that he could endure to be beaten with a rod or pricked with a pin without any evidence of pain being thereby elicited. He had never any pains in the limbs, and so far as can

be got from him, there has never been any sensation at all similar to formication or tingling. The upper limbs are entirely free from anything abnormal. On admission, the patient was totally unable to stand or even to walk, but, at the same time, he could move, especially the right leg, and to a less extent the left, pretty freely in bed. With this paralysis there was a very marked degree of muscular rigidity, the sural muscles were contracted, and the toes pointed downwards; the muscles of the hip and knee were also rigid. Patient sometimes lay with his legs straight, and then there was resistance to flexion at the knee, sometimes he lay with them flexed, and in that case extension was resisted. There was considerable dulling of sensation, he allowed pricking with a needle and pinching without the least wincing. This dulling of sensation involved the trunk to about the level of the nipples. Reflex action was variable. At times tickling of the soles, or pricking, produced no effect, at other times a very distinct contraction. Tendon reflex movements were very marked. A symptom mentioned by Erb was very distinctly observed; when either foot was lifted up by pressure against the ball of the foot, patient being in a sitting posture with the legs hanging down, there was frequently, but not invariably, a remarkable tremor of the limb, due, apparently to sudden contraction of the sural muscles acting on the tendo Achillis, and possibly also of the extensors.

His urine was almost constantly passed, more or less, in bed; and it was quite usual, on his being lifted, for him to let it pass away on the floor. In fact, it required attention to keep him moderately clean and free from bed sores.

The distinctly strumous condition of the patient seemed the guide to treatment, in this case; accordingly, he was put on cod liver oil and compound syrup of the phosphates, and with exceedingly good results. His condition slowly improved, the sensibility in the affected parts gradually returned, he regained to a great extent, the power of his legs, was able to move about quite freely, and had so far control of himself as to be able to carry about one of the ward chairs. There remained, however, a slight dragging of the right leg. The rigidity of the muscles was gone, and the tremor above referred to could not be observed.

"DRUNK OR DYING" is a phrase often appearing in English journals, and under it are detailed cases in which persons in one state have been treated as if in the other. Recently, in our own city, we have learned of a case in which a man was incarcerated in jail for drunkenness, while a *post mortem* examination, held a day or two afterwards, demonstrated a purulent meningitis. To diagnose such cases Dr. McEwen, of Glasgow, gives the following rule: "Any insensible person who,



having been left undisturbed for from ten to thirty minutes, has contracted pupils which dilate when he is shaken, without any return to consciousness, and then contract again, is suffering from alcoholic coma."—*Detroit Lancet*.

ICE IN CROUP.—Dr. J. N. Norris, (*Med. and Surg., Reporter, Phila.*) strongly recommends the use of ice in the treatment of pseudo-membranous or true croup in children, and also in acute laryngitis of the adult :

"I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

"Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared beforehand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittingly applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

"The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, verat. virid., tart. antim., etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease. When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

"Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnoea. It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135.

tenderness over the *pomum Adami*, complete aphonia, painful deglutition, every movement of the tongue accompanied with pain. Ice in bladders was unremittingly applied to the front of the neck for four days and nights; cal., tart. antim., verat. virid., etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically ice."

OZENA—NEW METHOD OF TREATMENT.—A German writer, Gottstein, considers the origin of ozena as due to a process of atrophy in the mucous membrane of the part, analogous to that in the pharynx, described as rareficient dry catarrh of the pharynx (pharyngitis sicca) by Wendt in Ziemssen's Cyclopaedia, and he believes that ozena is "a constant symptom of that stage of chronic rhinitis, in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of the mucous glands, a diminution and alteration of the secretion takes place in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition." The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wad tompon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose. It does not give rise to any troublesome symptoms, the patients feeling, on the contrary, soon very much relieved by it. One side ought to be occluded only at the time, and the other within the next twenty-four hours, whilst the first remains free during that time. The author has obtained excellent results on fifteen patients thus treated within a very short time.—(*London Medical Record*) *Lea's Abstract*.

SUBERINE FOR CHAPPED NIPPLES.—The treatment recommended by M. Brochard, (*L'Union Medicale du Canada, (Chicago Med. Journal)*), for fissured nipples is so simple that it deserves to be popularized. When chaps exist on the nipples, whatever their extent, the nipple should be washed with pure water, and then dried and dusted with suberine, which, as is known, is impalpable cork powder. The author has used it for several years, and prefers it to lycopodium for infants, because it contains tannin, and besides is much cheaper. Over the suberine is placed a piece of gold-beater's skin, cut star-shaped, in the centre of which several punctures are made with a fine needle. Every time the child is suckled, the suberine is washed off with water, and the gold-beater's skin replaced, the child drawing the milk through it without giving pain. When the child is done, the suberine is again applied as before, and so on.

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# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, JUNE 1, 1879.

## THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council which was held in Toronto on the 13th and following days, was in some respects an improvement on those of former years. This year the members instead of hurrying through their work with almost indecent haste, and leaving a large amount of unfinished business to be dealt with by the ubiquitous executive committee, wisely remained in session part of Saturday and finished up their business before leaving. This we regard as a step in the right direction, and one which we have no doubt will be duly appreciated by the profession at large. The Council cannot afford to have its most important business transacted by the few gentlemen who constitute the executive committee, however experienced and respectable these gentlemen may be, without losing much in the estimation of the profession and the public.

The two most important topics of discussion were, the increase of territorial representatives on the council board, and the discontinuance of the system of annual examinations in favor of a *primary* and *final* examination as in former times. In regard to the former question we have already, in the last issue, expressed our opinion, and we have now only to congratulate Dr. Henwood, the mover of the resolution, upon the success which he has achieved. Though defeated by a small majority he has won a moral victory, and the question of increased territorial representation only remains to be carried in the Legislature. He was opposed, as we predicted, by the school-men and the Homoeopaths who stood shoulder to shoulder in the interest of the monopolists, and against the claims of the general profession. Of course we must in all

fairness except the representative of Trinity Medical School, Dr. Geikie, who fought valiantly in the interests of the territorial men. The yeas and nays on this vote will be found among the proceedings in another column. The increase of the territorial representation, is the only means by which the ring which now rules the council can be broken up. The territorial men have no interests to subservise but the general good of the profession, and will not be easily led into any intrigues for the carrying out of the wishes of any particular individual or class.

The return to the primary and final instead of the annual examinations was, especially under the present circumstances, most judicious. The complicated nature of the work, the large number of students to be examined, the low state of the finances, and the increasing dissatisfaction on all sides, rendered this step almost imperatively necessary. We believe it is the duty of all colleges to hold annual examinations for testing the progress of the students in training, from year to year, but to insist upon annual examinations before the licensing board was but to increase the expense of the examinations without in any way benefiting those who presented themselves. As no very high standard was exacted, and no competition encouraged, it was simply offering the students an easy way of squeezing through with a few subjects each year. The only strong argument in favor of the annual examinations was, that the dread of the examination at the end of each term kept the student at his work, and prevented him from idling his time. We believe, however, that no amount of terrorism of this kind will have any effect upon a student who is disposed to idle away his time, but on the other hand it fosters a system of cramming up a certain amount of work each year, sufficient to enable the candidate to squeeze through the examination hall.

In the matter of the appointment of the examining board, Dr. Allison, with characteristic faithfulness to principle, again brought forward his motion relative to the appointment of examiners from among the registered practitioners outside the council, which was defeated. The Dr. has, however, succeeded in forcing upon the council the principle involved, so as to secure the object he had in view, as the members of the board, with one solitary exception, have been appointed this year

from gentlemen outside the council. Dr. Allison, and those who supported him, deserve the thanks of the profession for the determined stand they have taken in this matter.

Another subject of considerable importance brought up at the late meeting, was embodied in the resolution proposed by Dr. Berryman, and seconded by Dr. Geikie, that no permanent officer of the council should be connected with any of the schools, and had special reference to the Treasurer. Dr. Aikins has held the position of treasurer of the council since its inauguration, and has performed the duties of his office, so far as the council is concerned, most efficiently; but it is justly maintained that it gives the school which he represents, an undue advantage, by bringing him, as treasurer, in communication with the whole body of medical students at all periods of their study, from their entrance until the completion of their course, and affords him, or any other school man who might fill the office, abundant opportunity of unduly influencing them, (especially recent matriculants), in the selection of the school at which they are to receive their professional education.

There was not a full meeting of the Council when the resolution was proposed, but the vote recorded, shows pretty clearly the feeling of the council in regard to the matter. Dr. Aikins, after the vote was taken, rose to a question of privilege and stated that of 170 matriculants who had paid their fees at the treasurer's office, he had only received the fees from three. This explanation is, however, very far from satisfactory, for if the fees are not paid to Dr. Aikins they are paid to his son, who is a student of the Toronto School of Medicine, and is not responsible to the council for the use he may make of the position in which he is placed.

#### THE AMERICAN MEDICAL ASSOCIATION.

The thirteenth annual meeting of the American Medical Association was held at Atlanta, Ga., on the 6th ult. and three following days, under the Presidency of Dr. Parvin. The meeting was not as largely attended as on some former occasions, but it lacked nothing in the interest generally manifested, the character of the papers read, or the outcome of the social element. The President

delivered an eloquent annual address appropriate to the occasion. He spoke of Atlanta, Ga., as being almost entirely exempt from malaria, tuberculosis, or yellow fever. He also alluded to the progress recently made in sanitary science, and the value of an enlightened and thorough system of internal sanitary regulation, and a properly regulated system of quarantine in preventing the occurrence of epidemics, such as the yellow fever scourge.

Dr. Seguin, of New York, presented the report on the metric system, which was adopted, and a resolution was carried declaring that the association shall adopt this system. Dr. T. F. Rochester of Buffalo, chairman of the section on medicine, read an able and exhaustive paper on "Yellow Fever." It was one of the best, if not the best paper read at the meeting. A very able paper on "Sanitary Science," by Dr. J. S. Billings was next read by Dr. Woodward, in the absence of the author from illness.

Dr. N. S. Davis of Chicago moved that the code of ethics be amended prohibiting any physician from teaching or encouraging any student of an irregular or exclusive system of medicine. This motion occasioned considerable discussion. Dr. Dunster of Ann Arbor made a most eloquent and able speech in opposition to the amendment. Several members also spoke to the resolution, which was finally tabled till next year. Dr. Chaille of New Orleans read an interesting paper on "State medicine," in which he recommended among other things that the Central Board of Health should be centered in the American Medical Association. Dr. Gunn of Chicago, chairman of the section on surgery, read an able dissertation on "Pus" which was well received by the association. A considerable amount of interesting and valuable work was done in the various sections, and many excellent papers were read and discussed, which we have not space to particularize. Dr. H. Hutchins and Dr. W. Brodie were appointed delegates to the Canadian Medical Association.

Dr. Sayre was elected President for the ensuing year, and New York appointed as the place of next meeting, on the first Tuesday in June, 1880.

#### ANÆSTHESIA FROM IODOFORM.

The following peculiar case is translated from *Le Practicien*, 17th March, 1879. M. M. *Æt* 25, was affected with a suspicious ulceration of the

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penis, for which had been prescribed one gramme (15 grains) of iodoform finely powdered, a little to be used as a topical application. The next day early in the evening, as he had not been seen since the previous day, his friends decided on forcing an entrance into his room, where they found him stretched on his bed in a profound sleep. As he did not reply to repeated calls, he was roughly shaken, and after a time they succeeded in awakening him. On perceiving that he should be disturbed so early in the morning. At last after they had explained to him his mistake, on reflecting on what could be the possible cause of so unnaturally prolonged a sleep, he perceived his box of iodoform on his bed, forgotten since the dressing of the previous day, the contents of which had evaporated around him. He had committed no excess the day previous, went to bed at the ordinary time and remembered nothing since then. During the day, the inmates had knocked loudly at his door frequently, but he had heard nothing. Two hours after awakening, following a hearty meal the necessity for which he experienced immediately, his clothes and breath exhaled a very strong odour of iodoform; but beyond a slight giddiness he experienced no inconvenience. This fact is interesting and worthy of note on account especially of the weak dose of iodoform, which, absorbed in minute quantities by the pulmonary mucous membrane produced complete anæsthesia for twenty-four hours, although during the lapse of that time the air of the apartment was largely renewed by an open window. Up to the present, the experiments made on the inhalation of iodoform on different animals have resulted only in a transitory anæsthesia accompanied by exhilarating effects, resembling the symptoms produced by protoxide of nitrogen, but never a profound and long continued sleep.

#### DEATH FROM SALICYLIC ACID.

Dr. Empis publishes a case, in *La Gaceta Medica*, Lima which is perhaps instructive, in our appreciation of the eulogies lavished by Professor Gee on the above new panacea. The patient was a man of 46 years of age in good condition, who was attacked on 21st June, 1877, with a tibio-

tarsal pain. On the 23rd there was general fever; general fatigue; heart free, pulse 96. Quinia sulph 0.80 gramme was administered. 24th. The right foot and shoulder painful; pulse 100; heart free. 25th. Left foot, swelling gone; right foot and shoulder swollen and painful; pulse 100; heart free; tongue salty. 26th. Rheumatism continues its course; pulse 100; great night agitation. 27th. Salicylic acid 7 grammes in ten powders, to be taken in panada. The effect, Dr. Empis says, was marvellous. The pains were calmed with the 5th powder. 28th. The pains of the joints have ceased; deafness and aural commotions; no fever; abundant perspiration; extreme debility; slight puffing systolic sound. Ordered 5 grammes of salicylic acid in divided doses. 29th. Patient is well; medicine suspended. At a quarter past four next morning, the patient wished to take a drink. Whilst he was doing so, he was taken with a violent pain in the stomach, and fell down on the pillow, and in a moment was dead.

The "Bulletin de Therapeutique of the 15th July," says in a note, is it not probable that a *post mortem* would have thrown valuable light on the above case, and might have shown that the cause of death was ascribable to a different agency from that of the action of the salicylic acid? The sudden cessation of life would seem to point to this interpretation.

TORONTO UNIVERSITY EXAMINATIONS.—The following gentlemen have successfully passed their professional examinations in this University:

For M. D.—C. K. Clarke, J. E. Langstaff, S. Lett.

For M. B.—J. D. Anderson, G. S. Armstrong, F. Black, D. H. Bowlby, W. W. Bremner, D. C. Buchner, F. Burt, J. W. Caughlin, W. F. Chappell, T. Chisholm, R. E. Clapp, J. R. Dryden, W. B. Duck, A. J. Geikie, D. Gould, C. J. Hamilton, J. G. Head, J. G. Hyde, T. A. Kido, W. Lehman, J. W. Lesslie, R. P. Mills, H. G. Mackidd, J. McCarroll, A. McDiarmid, J. J. McIlhargey, P. McLean, J. A. McKinnon, G. W. McNamara, D. A. Nelles, T. J. Park, E. Prouse, G. G. Rowe, B. Spencer, J. W. Sharpe, F. W. Shaw, F. C. Stevenson, E. Sullivan, J. H. Todd, H. C. Van Norman.

Primary.—W. H. Aikins, W. Beatty, †G. S. Beck, F. Bentley, L. Bentley, †M. Brownlee, J. C.

Burt, J. F. Cattermole, C. W. Chafee, G. H. Clemens, L. B. Clemens, R. Cotton, J. Ellis, †W. C. Gilpin, †W. Gunn, †G. W. Haken, W. E. Hamill, F. W. Howirt, †J. H.; Hunter, H. C. Jones, F. B. Lundy, W. C. Machell, \*P. May, Hamilton Meikle, J. McBride, †C. L. McCracken, G. L. Milne, †L. J. Munro, J. H. McNaughton, †N. J. McKechnie, †N. McPhatter, †D. A. McTavish, J. E. Shaw, J. M. Shaw, H. W. Smith, A. Soper, L. M. Sweetnam, T. H. Stark, G. B. Thompson, W. J. Tracy, E. D. Vandervoort, †G. J. Walsh, †H. Watt, W. L. Witherspoon.

\*To take physiology over. †To take Materia Medica over. ‡To take botany over.

First Year.—\*J. F. Bell, S. G. Cleland, T. J. Duncan, W. F. Eastwood, A. H. Ferguson, Jas. Ferrier, \*R. W. Fisher, \*W. Hanbridge, †H. P. Jackson, W. H. Johnson, F. D. Kent, E. D. Knill, J. Lafferty, †J. G. Mennie, T. M. Milroy, †D. W. Montgomery, T. E. McMahan, W. H. Oliphant, A. C. Panton, †S. R. Rogers, †D. Rose, R. A. Wallace, †F. E. Woolverton.

\*To take anatomy over. †To take chemistry and natural philosophy over. ‡To take botany over. §To take zoology over.

Honors.—University Gold Medal—F. Burt. First Silver Medal—R. P. Mills; second do, W. F. Chappell. Starr Gold Medal—F. Burt.

Scholarships—First year, R. A. Wallace; 2nd do, J. H. Duncan; 3rd do, W. J. Cross.

VICTORIA UNIVERSITY.—The following gentlemen received the degree of M. D. at the recent convocation of this University: R. W. B. Smith, Rev. John Mccarroll, John S. King, E. C. Lalonde, L. DeGrandpre, R. B. Chagnon, J. R. St. Jacques, J. A. Leblanc, L. I. Pratte, J. O. A. Laurendeau, J. L. Germain, S. Desjardins, L. G. E. Boucher, A. A. Toucher, A. Plante, L. Z. Normandin, J. A. Provost, R. W. Forte, W. E. Aubin, S. Alain, Z. Falcon, R. P. E. Marie, G. A. Lacerte, J. N. Bergeron, L. A. Masse, M. G. Lafontaine, E. C. Jenigor, F. X. R. Lafleche, E. T. Gaudet, G. L. Laforest, J. H. Ward, E. E. Duquette, J. A. M. Elie, J. A. Lafortune, E. Bellemare, L. Z. Auclair, C. Cote, A. T. Cote (DeLaval), G. A. Thyernay, O. Goyer, A. F. Fleury, L. A. Olivier, L. Fortier, L. B. Durocher (DeLaval), M. E. LeMaitre, L. J. A. Anger, J. E. V. Mathieu, P. O. Renaud, Z. Laroche, M. J. Girouard, C. J. S. Gouthier, A. J. H. De-

Grandpre, M. J. E. Iegris, M. A. Guestin, A. A. Lefavre, L. DeG. Rother, G. E. Letourneau, G. N. Malo.

THE BRITISH MEDICAL ASSOCIATION.—The next annual meeting of the British Medical Association will be held in Cork, Ireland, on the 5th of August and following days, under the presidency of Dr. Denis O'Connor, Prof. of Practice of Medicine, Queen's College, Cork. The address in Medicine will be delivered by Dr. Hudson, of Dublin; in Surgery by Mr. Savory; and in Public Medicine by Dr. Fergus, of Glasgow. The Presidents of sections will be as follows:—Dr. Andrew Clark, in medicine; Dr. Tanner, of Cork, in surgery; Dr. Kidd, of Dublin, in obstetric medicine; Dr. Grimshaw, of Dublin, in public medicine; Dr. Power, in physiology; and Dr. Eames, of Cork, in psychology.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.—The following gentlemen passed the final examination of the Board, but as they did not matriculate till 1876, their names were not previously announced. The Council has decided to grant them the license:—G. T. Armstrong, J. D. Anderson, D. A. Bowlby, W. B. Duck, G. H. Groves, J. G. Hyde, D. Lowry, P. D. McLean, J. McFadden, A. J. McCammon, G. Newlands, T. J. Parke, F. H. Stevenson, and B. Spencer.

The following candidates successfully passed the recent matriculation examination:—L. D. Ross, A. D. Watson, J. D. Dusty, W. K. Ross, R. M. Stevenson, C. Lapp, E. J. Forbes, W. H. McDonald, G. A. Sibley, J. E. Jenner, W. H. Taylor, J. Baugh, W. A. Hawley, J. G. Sutherland, F. P. Drake, A. D. Smith, A. L. Brown, J. A. Meldrum, W. Taylor, A. Shaver, H. H. Graham, F. A. Sawers, W. J. Young, W. A. Ross, A. Hawke, F. S. Keele, J. Quirk, Miss A. Stowe, Miss E. Smith.

TRINITY COLLEGE MEDICAL EXAMINATIONS.—The following gentlemen successfully passed for the degree of M.B., at the recent examinations:—R. P. Mills, J. A. McKinnon, W. B. Duck, J. W. Caughlin, J. J. McIlhargey, J. T. Kidd, C. O'Gorman, J. W. Sharpe, E. M. Thuresson, J. D. Anderson, G. O'Reilly, E. Prouse, A. J. Geikie, R. E. Eccles, D. Lowrey, A. C. Graham.

INTERNATIONAL MEDICAL CONGRESS.—The sixth session of the International Medical Congress

of Medical Sciences will be held this year at Amsterdam from the 7th to the 16th of September. Prof. Donders will preside.

**HONORS TO CANADIANS.**—W. J. Mickle, M.B., Toronto University, Grove Hall, Bow, London, and A. M. Baines, M.D., Trinity Medical College, Toronto, have successfully passed the examination before the Royal College of Physicians, London, and were admitted members of the college on the 24th of April.

Charles Sheard, M.D., Trinity College, Toronto, successfully passed the examination of the Royal College of Surgeons, Eng., and was admitted a member of that body on the 23rd of April. G. H. Cowan, M.D., Toronto, has passed the primary examination of the Royal College of Surgeons.

**TROMMER'S EXTRACT OF MALT.**—There are few remedies which have within the past few years come into more general use, than extract of malt. It has now come to be not only the great substitute for cod liver oil, where this remedy cannot be tolerated, but also a most important adjunct in the treatment of all cases of tuberculosis. Almost all the authorities both at home and abroad recommend its remedial qualities. The administration of extract of malt is applicable to a greater number of cases than cod liver oil. Extract of malt is officinal in the German Pharmacopœia, and by German medical writers it is placed in the front rank as a remedy possessing in the highest degree, nutritive and restorative, combined with sedative, tonic and alterative virtues. It is not only valuable in the treatment of phthisis but also in all feeble and exhausted states of the constitution. In Ziemssen's Cyclopædia of Medicine, vol. xvi., it is recommended in the highest terms in the treatment of phthisis and other wasting diseases. We can also speak from experience in regard to its efficacy, having used it in practice more or less frequently during the past two years. It is easily borne by the weakest stomach, and when continued for some time produces a marked improvement in the condition of the patient, where the disease is not too far advanced, accompanied with an increase in the weight. It may be used either in the form of the simple extract, or combined with cod liver oil with which it forms an agreeable emulsion, iron, hypophosphites, iodides, quinine, pepsin, &c., &c.

**DEATH FROM CHLOROFORM.**—A death from the administration of chloroform occurred recently in this city. The patient had received an injury resulting in dislocation of the ankle joint, accompanied with fracture of the lower end of the tibia. Chloroform was administered to facilitate reduction, and while the attendants were in the act of adjusting the parts, stertorous breathing was observed, and almost immediately afterwards respiration entirely ceased, and could not be restored. No organic lesion was discoverable at the *post mortem* to account for the sudden death.

**LACTOPEPTINE.**—We again draw the attention of the profession to the merits of this new preparation. We have used it in practice since its introduction and have been greatly pleased with the results. Its formula shows it to be a strictly scientific preparation, and one which cannot fail to take a prominent rank among the pharmaceutical preparations of the day. In the treatment of marasmus, dyspepsia, cholera infantum, vomiting of pregnancy, diarrhoea, &c., it is especially indicated, and rarely ever fails to give satisfaction. We have no hesitation in recommending it.

**BISHOP'S MEDICAL COLLEGE, MONTREAL.**—The 8th annual convocation of Bishop's University, was held on the 10th of April, when the following gentlemen received the degree of M. D., C. M.: D. D. Gaherty (Wood gold medallist), G. W. Nelson (prize for best final), G. G. Gale, G. O. Germon, R. E. C. Lepron, C. Marshall, J. T. Jenkins, C. F. D. Comeau, M. M. Kannon.

**CORONERS.**—Charles Battersby, M.D., C.M., of Port Dover, to be an Associate Coroner for the county of Norfolk. T. T. Beveridge, M.D., to be a Coroner for the county of Victoria, N.B. W. Besset and F. Gaudet, M.D., to be Coroners for the county of Westmoreland, N.B. W. Taylor, M.D., to be a Coroner for the county of Gloucester, N.B.

**APPOINTMENT OF HEALTH OFFICERS.**—The following gentlemen have been appointed as members of the Board of Health for King's County, N. B., by order of Council: E. A. Vail, M.D., B. McMonagle, M.D., J. N. Burnet, M.D., J. H. Ryan, M.D., G. Johnson, M.D., J. Gray, M.D., and Alfred Markham; Geo. H. Wallace, Secretary.

**APPOINTMENTS.**—Dr. E. W. Jenks, of Detroit,

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has been appointed to the chair of Medical and Surgical Diseases of Women, and Clinical Gynecology in the Chicago Medical College. He will take up his residence in Chicago shortly.

Dr. Brouse has been appointed a member of the Senate of the Dominion Government.

Dr. U. Ogden has been appointed as the representative of the medical graduates on the Senate of Victoria College.

The death of Charles Murchison, M.D., L.L.D., of St. Thomas' Hospital, on the 23rd of April, in his 49th year, is announced in our exchanges. The cause of death was aortic incompetence.

To the Editor of the CANADA LANCET.

SIR,—I would like to ask if you know anything of one Dr. Budd. He claims to be an English graduate, and to have been a surgeon in the British army and on the G. T. Railway of Canada, and while in the employ of the latter was stationed in the neighborhood of Port Huron.

He came to this village and made arrangements to rent a house, paying or offering to pay a much higher rate of rent than the house was bringing, and by other acts of open-handedness made the people believe he was something beyond the common. He even went so far as to offer to buy out my practice. This show lasted for two or three days, and at the end of that time, he left. He went out for a walk in the morning, saying he would be back for dinner. This occurred three weeks ago, and since then nothing has been seen or heard of him. It is needless to add he forgot to pay his board bill.

If he is a legally registered practitioner he is certainly a disgrace to the profession, and if he is a quack, tramp, or an impostor he ought to be exposed. He pretends to have been registered at the late examination.

Yours, &c.,

GEORGE RIDDELL.

Coldsprings, May 24th, 1879.

[We know nothing of the person referred to above. He is not a legally qualified medical man, and his name does not appear among those who passed at the recent examination.—ED. LANCET.]

## Reports of Societies.

### HAMILTON MEDICO-CHIRURGICAL SOCIETY.

At the last regular meeting of this Society, held at the Royal Hotel, Dr. McKelcan, President, occupied the chair, and after routine Dr. Griffin read a short but interesting paper on a case of *Cardiac Thrombosis*, and represented the heart with the *thrombus in situ*. The paper gave rise to some very suggestive remarks from the members present.

Dr. T. W. Mills, resident physician of the City Hospital, presented six specimens of the following pathological conditions:—(1.) Three specimens of chronic inflammation of the bladder, the cause of one being a stricture of twelve years' standing, and of the other two, enlarged prostate in old men. In one of the latter cases the walls of the bladder were  $\frac{3}{4}$  of an inch thick; ureters and pelvis of kidneys involved in each case. (2.) Case of antracosis of the lung. (3.) Diphtheritis of the larynx (fatal issue from closure of the glottis) in a case of erysipelas of the head and neck. (4.) Cancer of the pylorus, with secondary nodules in the liver. After brief explanations of the pathological history in each case, the doctor further illustrated the subject by microscopic sections of several of the organs presented.

## Books and Pamphlets.

NAVAL HYGIENE, by Joseph Wilson, M.D., Medical Director U.S. Navy. Philadelphia: Lindsay and Blakiston. Toronto: Willing & Williamson.

It may be affirmed safely, because much observation and the inherent nature of things, the necessary relation of cause and effect, bear testimony to its truth, that if abundance of wholesome food, pure water, ample clothing, cleanliness, and efficient ventilation, as they now prevail in the American, British, and European navies, had in the time of Anson and Cook been the rule, the tremendous mortality resulting from scurvy, which frequently more than half depopulated the ships, would have been avoided. In 1779, in the British Navy, there was one death in every eight men employed, annually. In 1811 it was one in 32, in the present day one in 72. This wonderful improvement is the sole result of a careful attention to hygienic rules including specially a fresh meat allowance and a liberal supply of lemon juice. The statistical re-

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ports on the health of the British Navy do not entirely accord with the views of Dr. Logan in his review of the medical aspects of the Pacific coast of South America. Compared with the climate of the British and American (N) ports, it appears, drawing conclusions according to prevalent hypothesis and accepted dogmata, to have almost everything against it. Most of it is within the tropics. A great portion of its shores is still in a state of nature: all of it is teeming with vegetable and animal productions growing or decomposing rapidly. Rain falls in torrents at intervals in many places, and evaporation, atmospheric heat being intense, proceeds rapidly. High winds are rare, calms are common. Yet with all these apparent elements of disease and destruction, the mortality of the squadrons employed there from 1830 to 1836 was less than in the force employed in England during the same period. Compared with other tropical positions, particularly the coast of Africa and the West Indies, nothing appears in its favor; compared with the latter, something in the natural condition of the soil and its superabundant products appears against it, yet its mortality is not one-third part so great. These things and others of similar import, show the imperfect knowledge on the subject of climate as affecting health, and that much must be unlearned as well as learned, before anything deserving the name of knowledge shall be obtained on this very interesting subject. Dr. J. Wilson's work of 260 pages includes remarks on outfit, drainage, clothing, food, arrangement of meals, purifying and preserving water, superiority of tea, coffee and other drinks, over alcohol; zoology and botany of Mexico and the West Indies; ventilation, special hygiene, and other subjects, the nature and multifarious character of which preclude in our short space anything approaching to an analytical review. We would recommend the work to such of our new graduates as may contemplate spending a few years as surgeons to vessels.

**HEALTH AND HOW TO PROMOTE IT**, by Richard McSherry, M.D. New York: Appleton & Co. Toronto: Willing & Williamson.

**HEALTH PRIMERS.** No. 1, Exercise and Training; No. 2, Alcohol; No. 3, The House and its Surroundings; No. 4, Premature Death, its Promotion or Prevention. Reprinted by D. Appleton & Co., New York. Toronto: Willing & Williamson.

Dr. McSherry's work, and the Health Primers

sent to us for notice should, if sufficiently circulated and read, suffice for the enforcement of strict hygienic rules. That the greater number of the ailments to which mankind are subject are entailed upon them by their ignorance, carelessness, and apathy, is an observation familiar to every reflecting practitioner of medicine. How large a proportion of the patients whom he daily visits might, by the simplest hygienic precautions, have altogether avoided the maladies they are suffering under, or have rendered their duration less prolonged, and their character less grave. If there is one axiom more indisputable than another in medical experience, it is that where filth and dirt prevail, that where the neglected habitations of a crowded and squalid population exist, there will be especially found the ravages of epidemic disease to prevail. This is moreover no barren fact, for the position that these physical conditions do generate or propagate epidemic disease, is scarcely less easy of demonstration than that they are for the most part removable. The object of the works now under review is to point out the injurious operation of these circumstances, and the most feasible plans for removing them, and counteracting their influence on the well-being of society.

M. Mallet and Dr. Chadwick bear testimony that we should not estimate the strength of a people by its mere numerical condition, that it does not depend on the absolute number of its population, but on the relative number of those who are of the age and strength for labour. It is proved that the real and productive value of the population of Geneva has increased in a much greater ratio than the increase in its absolute numbers. The absolute number has only doubled in three centuries, but the value of the population has more than doubled upon the purely numerical increase of the population. In other words a population of 27,000 in which the probability of life is 40 years for each individual is more than twice as strong for the purposes of production as a population of 27,000 in which the probability or value of life is only 20 years for each individual. Dr. McSherry's work consists of eight chapters:—Hygiene the better part of medicine; four divisions of human life—adult, mature and declining age; race, temperaments, idiosyncrasies, inheritance, habits, constitution; air we breathe, ozone, malaria, animal emanations, water, clothing, exercise, food, alcohol—use and abuse, &c., &c.



These works are intended more for the general reader than the practitioner, and with laudable taste are accordingly not overloaded with professional disquisitions; technical terms are carefully avoided; no arbitrary dogmas find place, and they have the great merit of being free from the empiricism of recommending sanitary precautions as the only infallible guides, not only when disease prevails to a comparatively trifling extent, but when the vigilant attention of the physician is demanded. We hope these works may obtain a wide circulation and attentive perusal.

A New Illustrated Work on the Normal and Pathological Histology of the Eye, by A. Alt, M.D., of Trinity Medical School, Toronto.

This work is heartily endorsed by Dr. Knapp, who stands at the head of this branch of the profession. It will be published simultaneously in New York, by Putnam's Sons, and in Weisbaden, Germany. This is the first work on the subject yet published.

MODERN SURGICAL THERAPEUTICS. A COMPENDIUM OF CURRENT FORMULÆ APPROVED DRESSINGS AND SPECIFIC METHODS for the treatment of surgical diseases and injuries. By George H. Napheys, A.M., M.D. Second edition, revised to the most recent date. Philadelphia: D. C. Brinton, M.D. Toronto: Willing & Williamson. Price \$4.00.

The above work, as will be seen from the title page, is a ready reference book for the surgeon. The work is a very popular one, and has had a ready and rapid sale. The practical character of the work commends itself to our special consideration. All the most recent formulæ, new dressings, and improved methods of treatment, including suggestions of the most recent date whether in books or journals are included in the present edition. There is also a companion work on MEDICAL THERAPEUTICS, issued by the same publisher. A similar work on Diseases of Women is also in contemplation.

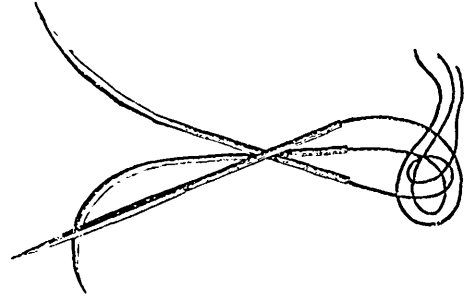
ATLAS OF SKIN DISEASES. By Louis A. Duhring, M.D., Professor of Skin Diseases, Pennsylvania Hospital. Part V. Philadelphia: J. B. Lippincott. Toronto: Willing & Williamson.

Part V contains four beautiful photos. of scabies, herpes zoster, tinea sycosis, and eczema (vesiculosum). Each number continues to improve. The drawing and coloring in the present number are even better than those which have preceded, and are sufficiently large to enable the smallest details to be shown with distinctness and fidelity. These photos are considered

by many to be more natural and truthful than any that have as yet appeared in any atlas. We unhesitatingly recommend this atlas to our readers.

## New Instruments.

### A NEW SURGICAL NEEDLE.



The above cut represents a new needle for the introduction of silver wire sutures, by Mr. Bailey, of Toronto. This needle is so constructed that the silver wire, instead of being passed into the eye as in the ordinary needle, is screwed into the posterior part of the shaft, so that the wire appears as if a continuation of the needle. The wire can be removed at pleasure, or a new one introduced. There is no drag in stitching wounds, as is often the case when the needle is being pulled through the margin of the wound, owing to twists and quirks in the wire. The contrivance is a really good one, and we have no doubt it will sooner or later supersede the old form in the application of wire sutures.

## Births, Marriages & Deaths.

In Arkona, on Monday, May 5th, the wife of Dr. R. G. Brett, of a son.

At St. Stephen, N.B., on the 17th ult., the wife of W. M. Deinstadt, M.D., of a son.

On the 14th ult., Winford York, M.D., of Simcoe, to Eva Rose, daughter of Rev. H. P. Fitch.

On the 16th ult., Frank S. Scovil, Esq., M.R.C.S.E., of St. John, N.B., to Mary Alice, only daughter of John Cate, Esq., of Brighton, N.B.

On the 20th ult., Mr. Isaac Waterman, to Carrie N., eldest daughter of James Cattermole, Esq., M. D., London.

On the 30th of April, A. Alt, M.D., of Toronto, to Helena, second daughter of the late T. W. Houghtaling, of Albion, N.Y.