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## Original Communications.

### ANNUAL ADDRESS BEFORE THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

By WM. H. HINGSTON, M.D., L.R.C.S.E., &c., &c., President.  
Read before the Society, 16th Oct., 1874.

GENTLEMEN,—Another year has glided down the stream of time, adding its record of usefulness, or otherwise, to those which preceded it in the short life history of the Medico-Chirurgical Society of Montreal.

Were the success of a society to be measured by the attendance of its members, I might feel disposed (while cavilling at their lukewarmness) to hazard the prophecy that, instead of strengthening with its years, the society presents, already, some of the signs of a decline, which hung, seemingly, from the beginning. Yet the year just ended has been as prolific in work—though the attendance, notwithstanding the increased membership, has not been greater—as any which preceded it; while numerous have been the kindly offices rendered, though not registered in the well-kept archives of our very efficient secretary. Among the recorded are the following, sufficient, I feel assured, to satisfy the desires of moderate ambition.

As the chief part of the business of the Society is reading and discussing papers at the regular meetings, I shall allude to it first. The papers read during the past year have been numerous and valuable. Most, if not all of them, have been already published in the medical journals of the country; and some have elicited flattering comments from the medical press *outré pays*.

To take them in order:

*Dr. Trenholme* contributed a paper on "Ovariectomy,"—an operation which, in Canada, bids fair to equal, in a low ratio of mortality, the success obtained by our transatlantic brethren.

*Dr. Hingston* one on "Stone in the Bladder."

*Dr. Kennedy* read a paper on Embolism of the left middle Cerebral Artery, with mitral disease, unique in many respects—there being no aphasia—but a heart murmur, distinct at first, finally disappearing, and post mortem appearances really indicating disease.

*Dr. Bell* added to the catalogue of epilepsy a case occurring in the puerperal state, in a person twenty-seven years of age, who had had the first attack of epilepsy when fourteen years of age; but who, for five years previous to the occurrence of pregnancy, had no attack; the puerperal state, however, induc-

ing the return of the disease, which persisted with greater or less severity till time of, and after delivery.

*Dr. Reddy* contributed a paper on Acute Desquamative Nephritis occurring in gestation, in which labor was induced at about the sixth month, with recovery of the mother.

*Dr. Simpson* read one on dry gangrene of the leg, during acute mania, necessitating amputation of the leg near the knee; the case favoring the belief that the mania and the dry gangrene resulted from the same pathological states—embolism of cerebral artery or arteries, and of the vessels of the leg.

*Dr. Brown* submitted to the Society, along with the morbid specimen, a case of cystic degeneration of the kidney, with fungoid growth in the bladder, in which death took place by convulsions.

*Drs. F. W. Campbell* and *Kennedy* gave details of several cases of membranous croup, in some of which tracheotomy had been performed, without, however, saving life.

*Dr. Ross*, a case of syphilitic disease of the larynx where the patient was moribund, but where recovery took place after laryngotomy.

*Dr. Gardner* read a paper on subinvolution of the uterus, and its local treatment by nitric acid.

And, lastly, *Dr. Trenholme*, who gave the details of that bold and successful operation, extirpation of the whole uterus with its appendages.

Besides these papers—many of them of considerable value—particulars of cases were submitted to the Society from time to time, with specimens more or less interesting. Among the former I shall mention *Dr. Kennedy's* case of melanotic disease of the liver in a subject who had previously suffered from melanotic disease of the eyeball necessitating its removal, and in which a post mortem afforded an opportunity of verifying the diagnosis—the identity in character of the disease destroying the eye with that causing death elsewhere.

*Dr. Bell's* preparation of the imperfect rectum of an infant—its patency well preserved—was one of the most interesting yet exhibited to the Society. Although not dignified with a paper on the subject, it presented, in its cleanly dissected state, a pathology and an indication to treatment readily understood. Pathological specimens, such as that alluded to, impress themselves with force upon the mind, and are sometimes of really more value than the details of more successful cases; besides giving evidence of candor which we should ever be ready to appreciate.

During the year now ended, the long discussed

question of fees has received a solution. The tariff adopted in 1845 was, it was felt, no longer suited to the vastly increased, and still rapidly increasing rate or cost of living. A tariff more in keeping with the new circumstances has been adopted, not binding 'tis true upon, but suggestive rather to, the members of the profession, to proportion their charges to the importance of, and trouble in, the case, and to the circumstances of the patient; yet leaving them free to exercise, each in his own way, that tender regard for the interests of others, which characterizes the members of our calling. Let no one indulge the calumny that those efforts have been directed with a view to an earlier future of ease or comfort, or hope of pleasure, where difficulties and dangers and abnegations are the chief allurements that act on the true physician and kindle his inner genial life with a flame, as Carlyle says, that burns up all lower considerations.

Nor will those aspirations be clouded or repressed by the quasi commercial measure subsequently adopted. It has long been observed that many persons of extravagant, luxurious, or indolent habits, or of dishonest propensities, while most exacting with their medical attendant—demanding his services at hours to suit their convenience, not his—are accustomed to deny the usual honorarium. The secretary, early in the present year, was ordered by the Society to keep a book in which should be inscribed the names of persons who *habitually* act in this manner. I have not seen the register, gentlemen, nor am I aware what names, if any, are there inscribed; but of this I am sure, that, speaking with a knowledge which a personal acquaintance with every member of this Society gives me, a due regard will ever be paid to those amenities which the members of our profession so well understand: and that the penalty will only be suffered to strike, if strike it should, those grosser forms of habitual dishonesty and deceit.

The year terminates with eight additions to the list of membership; and one departure for other fields of usefulness.

The Angel of death has hovered near and seemed, betimes, threatening to swoop upon some who are endeared to us. Still his hand has been stayed, and for the first time since the re-organization of this Society there is no death to record.

Taking a retrospective glance at the labors of the year just ended, I cannot perceive any signs of more than usual activity. The attendance at the meetings is not large. To what is it due? Is it that members, fatigued with the labors of the day, seek in the

evening that *dolce far niente*, so welcome to the weary? Or is it, as has been suggested that, fatigued with each other, as Tully says: "qui aut tempus quid postulet non videt, aut plura loquitur, aut se ostentat, aut eorum, quibuscum est, rationem non habet is ineptus esse dicitur?" Or, is it that the novelty is over, "est natura hominum."—Pliny might have written medicorum—"novitatis avida."

It is usual on occasions of this kind to take a rapid survey of the advances made in the several departments of the healing art; but that has been done in medicine so recently by my immediate predecessor in the presidential chair, and in surgery by myself in New Brunswick, that I prefer glancing at certain phases of modern thought, indicated by the writings of those who assume to be its creators. And I crave your indulgence while endeavoring to follow the principal among them through a few, and a few only, of their mental gyrations and gymnics.

First, let me observe, gentlemen, that the objects of scientific thought may be, as claimed by a great modern luminary, "the passionless, emotionless laws of *external* nature withdrawn from the region of the feelings, and pursued by the cold, dry light of the intellect alone," but the *subject*, man, carries with him into all his works, a heart, humble or proud—an eye, clear or jaundiced—an intellect warped or unprejudiced; and thus the moral and the emotional soon become associated with the intellectual, if they were ever, for a moment, separated: The contemplation of nature, and his own relation to her, is somewhat calculated to produce in the philosopher a kind of spiritual exaltation. Religious feeling (or an inward emotion akin to it) and philosophy cannot be kept apart (why should they?) but overflow, the one into the other.

Of late years, certain men of science, craving for public notice, would seem to have departed from that passionless, emotionless contemplation of nature's laws, and, instead of methodically arranging and digesting that which is known, or may be known, seem, by the aid of their imagination, to have endeavored to furnish explanations of untranslatable phenomena, and that, too, in a phraseology as difficult to be understood as, nay, more difficult than, the phenomena themselves; and with a boldness that may challenge admiration, if not imitation. The true function of the natural philosopher is the consideration, the elucidation, of facts. But facts seem no longer to satisfy the mind, and thus we are made to travel from fact to principle, or to conjecture, or to supposition—away, perhaps, from the fact, to the mind's appreciation of that fact; and fact or re-

ality may be lost in the accidents which accompany, or qualify, or with which we may choose to clothe it. The fact is known to one; the hypotheses are dealt with by many who may not even know, or may have forgotten, the fact; for there is a quickness, as Count Rumford says, "in inventing reasons to save a theory from destruction, but a slowness to enquire whether those reasons are not merely the fine spun fancies of the brain." Much of so-called modern science would seem to be largely mixed with that egotism. Its leading maxim, says the erudite Dr. Marshall, appears to be this, that "whatever you believe, if you believe anything, you should, at all events, believe nothing that was ever believed by any body else;" while "unresolved questions of science, which cannot be weighed in the balance of experimentalists, must be dismissed to the regions of the unknowable."

At no period of the earth's history, I firmly believe, was there ever displayed so much mental conceit as at present. Wendell Phillips, in this city one evening last winter, styled it, as you may recollect, the arrogance of the nineteenth century. Especially is this mental arrogance observable among those who regard natural knowledge, as Mr. Huxley says, "as a sort of fairy godmother, ready to furnish her pets with shoes of swiftness, swords of sharpness, and Aladdin's lamp, so that they may have telegraphs to Saturn, and see the other side of the moon, and thank God they are better than their be-nighted ancestors." Is that conceit well founded? Humboldt thought not, and in his *Cosmos* ridicules, to use his own words, the "superficial omniscience," the "pretended conquests," the "superficial half-knowledge" of our age. How much more cause for this complaint would he have, had his life been prolonged till now, when system quickly usurps system, and when we become, without knowing it, blind followers of one system, and blindly hostile to other systems, without, perhaps, being quite logical in either course. Fortunately, for true science, the crowd of confiding worshippers, who fall down before the new idols (whether the name, let us say, of a Darwin, a Tyndall, a Huxley, a Hubboch, or a Spencer, be engraved on the pedestal)" are constantly shifting from one idol to another and the cry: "Vive le Roi" (of science be it understood,) awaits not the announcement: "Le Roi est mort."

The first-named—Darwin—whose work on the "Origin of species" has effected "as complete a revolution in biological science as the Principia did in astronomy;" because, as its eulogist says, "it con-

tains an essentially new creative thought," is the head and front of this crusade. Yet, the equally learned Mons. Flourens, and with him the whole school of French physiologists, with some reason ridicule both his doctrine and his language. M. Vial—no mean authority in science—ridicules "les gasconades de Monsieur Darwin et le Darwinisme." Monsieur de Quatrefages denies to Darwin's theory what ever it may be worth—the merit of originality; and asserts that it was put forth by Monsieur Naudin prior to its publication in England. Professor Owen—and I mention the name with profound respect and admiration, as that of one who displays a wide knowledge of the laws and relations of things—says of Darwin's hypothetical transmuting influences: "past experience of the chance aims of human fancy, unchecked and unguided by observed facts, shows how widely they have ever glanced away from the gold centre of truth." But a newer name—that of Mr. Huxley—and a newer philosophy—Huxleyism doctrine of the protoplasm, receive their share of worshippers. A newer philosophy still—that of Mr. Herbert Spencer—that "great system of scientific thought," as it is termed—the "most original and most important mental undertaking of the age" as the reviewer has it. A system which differs from *all* predecessors—says the book-seller—in being solidly based on the science of observation and induction; (Simeon-like, how grateful we should be!) in representing the order and course of nature, says another; in bringing nature and man, life, mind and society under one great law of action, says a third; a system whose author is styled by Masson "the one who has formed to himself the largest *new* (everything must be new, or it wont do) scheme of a systematic philosophy;" "one of the acutest metaphysicians of modern times," according to Stuart Mill; "one of our deepest thinkers," according to Joseph Hooker. I might multiply at pleasure, these adulatory effusions. Surely, gentlemen, we might now say with the old song: "if there's peace (intellectual, of course) to be found in this world, a heart that is humble might hope for it here." But while the philosophy of evolution has its admirers, and they are not a few, it fully satisfies not many beyond those who admire it for its ingenuity, and for its beauty and elegance of style. Alas! the physiological units are the theme of ridicule by the Comtists and others, while Darwin—the great Darwin—object of Huxley's veneration, disputes the terrain with Spencer. The osmosis of the former will not be allowed to yield to the physiological units of the latter; and the world of scientists is lodged

in opposing camps—compared to which, Woolseley's camp, and that of the king of the Ashantees, are friendly to each other. On both sides we perceive dogmatism—and “dogmatism in matters of science,” says Creation's Testimony, “is the more intolerable, seeing that the so-called demonstrations of one age have sometimes been the butt and ridicule of succeeding generations.” Is it not true that much of what we, who are still among the quick, hold to be most firm in science, receives rude shocks from time to time. Dalton's theory of atoms—the very base and groundwork of our chemical fabric—is overthrown, or attempted to be overthrown, by speculations touching electric conduction and the *nature* of matter; and *that* overthrown, would entail the subversion of all ordinary scientific ideas regarding the nature and relation of matter and force. The whole science of physiology has undergone remarkable changes since many of those now listening to me first acquired a partial knowledge of its principles; while in chemistry, the whole nomenclature is changed. (But those changes in chemical and in physiological science partake, no doubt, of the general evolution of things.) If we are in doubt whether the fibrin of the blood is highly developed albumen, itself formed from the food we eat; or, whether it is albumen which has already served its purpose in the economy, matters little, for we are brought into contact with a protoplasm by Mr. Huxley; with physiological units by Mr. Spencer; with osmosis by Mr. Darwin; with the dynamic principle of the universe; and these embrace all that is known in the *natural* world; while Mr. Buckle completes the *moral* view by his nice and easy balancing of the virtues and vices. Beyond these, it is scarcely necessary to go for an elucidation of everything that formerly *appeared* hidden to all their and our predecessors. How measure our gratitude!

Of the first and greatest—Darwinism—where it will lead to, and where it will stop, if it ever does stop, are matters of conjecture. M. Cauret, a disciple of Moquin Tandon, a disciple of Darwin, says: “man is a mammifer of the order primates, constructed for the erect position, and separated from the anthropomorphic apes by characters of often less importance than those which separate the anthropomorphic from the inferior apes.” Very flattering, indeed, to the apes! He smiles at the attempt of Geoffrey St. Hilaire to erect a human kingdom on physical qualities, as the final limit of the admiration of man for man—“le dernier terme de l'admiration de l'homme pour l'homme.” The *British and Foreign Medico-Chirurgical Review*, for October, 1870—

from which I quote—remarks that “the school of philosophers who believe that they can persuade mankind that they are nothing more than developed monkeys must have an admiration for their own abilities which cannot possibly be surpassed, although the fact of their holding the belief testifies to the very low estimate they must have formed of the thinking faculties of other people.”

Dr. Bastian endeavors to prove the *spontaneous* origin of life. He *thinks* he produces from *dead* matter, and from the centre of certain crystals (the neutral ammonia tartrate for instance) certain spores and filaments which have a considerable resemblance to those of true organic matter! No doubt, from something having a *resemblance* to true organic matter, healthy living organisms will, in the course of time, be produced, and *when* produced, and handed over to Darwin, mounting with him “through the various spires of forms” they will go on from one gradation to another, from the *resemblance* to, organic matter, till man, to the highly developed monkey appears upon the scene! The fact, he says, that animals “with such distinct and specific organs, and of different sexes too, should arise in this definite manner from the reproductive products of a plant will, doubtless, seem to flavor more of fable than of fact.” And in this we may safely agree with him. Life, with him, arises by what he styles archebiosis. But, says the Reviewer, who seems to imply a doubt in Bastian's veracity, it is necessary that all his experiments, amounting to more than a thousand, should be repeated by some one “who takes no share in the polemics of the day.”

Winwood Reade, not to be outdone by Bastian, seizes man before he is ushered into this sinful world, (Liebig waited till the baby was born before he dissected it) and thus deals with him: “At last the hour of birth approaches; coiled within the dark womb he sits, the image of an ape; a caricature and a prophecy of the man that is to be. He is born, and for sometime he walks only on all fours; he utters only inarticulate sounds, and even in his boyhood his fondness for climbing trees would seem to be a relic of the old arboreal life. Since, therefore, every man has been, himself, in such a state that the most experienced observer could not, with the aid of the best microscopes, have declared whether he was going to be man or plant, man or animalcule, man or mollusc, man or lobster, man or fish, man or reptile, man or bird, man or quadruped, man or monkey” (still harping on the monkey) “why should it appear strange that the whole race had also its animalcule and its reptile days. But, whether it appears strange

or not, the public must endeavor to accustom its mind to the fact which is now firmly established, and will never be overthrown." So says Mr. Reade, whose knowledge of anatomy is more imaginative than accurate, and who, while treating of anatomy and physiology, zoology and anthropology, displayed so large an amount of conceit, and so profound a depth of ignorance. "We trust," says the Reviewer, "the future martyrdom of man will not consist in having to read through many works like the present."

All those I have mentioned point to the conclusion that the first man and woman were descended from some lower form of animal, through insensible and indefinite gradations, going back to a first living monad. "But, for the supposed first monad," well says Dr. Melia, "the origin of the long series of vertebrata (from which, in the hypothesis illustrated by Dr. Darwin, were all supposed to come forth at last) must have had its origin from some other efficient cause extraneous to the series of the said transformations. This efficient cause, if it be supposed to be derived from some other previous being or beings, must lead us at last to a first cause or efficient principle, *out of* the series, and independent of it, in order to avoid the absurdity of admitting that there are effects without their cause."

Mr. Herbert Spencer, author of, among many other books, a work which sets forth the general truths of biology, as illustrative of, and as interpreted by the laws of evolution, and author of the newest, and, therefore, the best philosophy, (I am wrong, there are other newer, *ergo*, better ones,) endeavors to make us familiar with the origin of serial, lateral, and vertical homologies, (I have some difficulty in following Mr. Spencer, and in not getting away from myself,) and with regard to organic nature proclaims the principle that the present state of any body is the immediate result of all the forces that have ever acted upon it, directly or indirectly, and that it therefore contains within itself "all the essentials of its history." Mr. Spencer extends this to the *moral* world, where, he claims, for every immoral act, word or thought, each man, during this life, receives minute and *exact*, (the wonder is he did not say *sufficient*,) retribution.\* "If the bad were so heavily handicapped," says the able Reviewer "the morality

of the human race could never have made a progress so very halting and interrupted." Mr. Spencer holds that "animals have a mental as well as a physical development, and that there is also a progress of knowledge, of religion, of the arts and sciences, of institutions, manners, governments and civilization itself," and that the laws of evolution account for this progress. Yet, no well-informed person can be ignorant of the fact, that the arts have, during the last 3000 years been making spasmodic efforts to be what they once were; that modern institutions of learning do *not* surpass those of Athens or of Alexandria; that our modern manners are *not* more polite or refined than those of the ancient Greeks; (Mr. Lecky says that the intellectual superiority of modern times is purchased by the sacrifice of something of dignity and elevation of human character. So says Mr. Lecky, one of the most recent, *ergo* one of the best authorities;) that governments are claimed to be good only by those who support them, and very bad by those opposed to them; that in our progress toward civilization, to quote Mr. Lecky again "it is impossible to deny that we have lost something,"\* while, in religion, some are so bold as to believe, however it may be perceptible otherwise to Mr. Spencer, there is no law of evolution *visibly*, advancing and developing the divine laws made known through a Moses, thousands of years ago; or, at a later period, through a Christ.

Mr. Ruskin, in his "Queen of the Air," say (of course this is from his own point of view): "We ourselves, fretted here in our narrow days, know less perhaps, in very deed, than the ancient heathen, what manner of spirit we are of, or what manner of spirit we ignorantly worship." And this with a full knowledge, no doubt, of the doctrine of evolution.

This law of evolution, as presented to us, is not limited to the physical history of plants or of animals. Oh, no! It carries us through the crystalline and non-crystalline rocks to the very nucleus of this earth—for geologists tell us the earth has had its career of evolution. If, in old dusky time, the mastodon gamboled and the ichthyosaurus and the plesiosaurus disported themselves, they knew not why, it was by virtue of a law which remained to be discovered several thousand years after they had given place to flora of sweeter odour, and to fauna of more graceful form. And if man appeared upon the scene at all, and it is generally admitted that he did, at some time or another—although the date is not accurately settled—it was by virtue of the same law

\* Mr. Lecky says, "There are men whose whole lives are spent in willing one thing and desiring the opposite. In such cases as these virtue clearly involves a sacrifice of happiness; for the suffering caused by resisting natural tendencies is much greater than would ensue from their moderate gratification.

\* See European Morals, p. 153.

which evolved him, *remotely* from a colloid, *immediately* from an ourang-outang! But the law of evolution is too far reaching to be confined in its operations to this earth. It pervades the planetary system; and astronomers, says a writer, hold that the solar system has gone through the same process. It not only regulates the actions of forces and of matter, it controls development, waste, and repair. If everything was claimed to be *osmosis* by Darwin, and *osmosis* everything, one greater than Darwin—Herbert Spencer—may equally well say, and does say, evolution is everything, everything is evolution. And the latter has an advantage over the former in having his serried hosts of physiological units to support him.

If the law of evolution pervades and controls everything, it is also claimed to pervade that which gives *life* to every thing. It would appear as if that which was intended, by the Great Giver Himself, ever to remain occult, is that which, of late years, has been the most determinedly investigated. And with what result? The chemist, before he became familiar with the law of osmosis, might have sought for life in his crucible, and in his alembic; the physiologist, before he had heard of protoplasm and the law of evolution, might have hoped to find it at the end of his knife; and some fancied they had discovered its seat, if it had its seat anywhere. But, somehow or other, they were too slow in their manipulations, for life always managed, by a tour de passe passe, to slip away just before it could be reached. Explorers could not see it, but they saw where it had been—not the immaterial essence, but the material casing, fresh and warm and recently vacated, which, of course, was all the same thing! This is a digression.

But, as if the Great Giver of life had no right to conceal from us, who enjoy it, a knowledge of that principle, we must thrust aside the veil that conceals from us that vivifying influence, and life, or, at least all that we shall ever know of its essence, stands revealed; and here it is, dished up by advanced biologists, psychologists, evolutionists and philosophers. What is life? says Lewes: "A series of definite and successive changes, both of structure and composition, which take place within an individual without destroying its identity." Now this must appear very plain. "It is," says Richeraud, "a collection of phenomena which succeed each other during a limited time in an organized body." (That is equally plain.) "It is," says de Blainville, "the two-fold internal movement of composition and decomposition, at once general and continuous." (That

quite equals in clearness either of the other two.) "Une harmonie entre l'être vivant et le milieu correspondent caractérisent évidemment la condition fondamentale de la vie," says Comte. (Plain without being very plain.) Mr. Spencer, who rejects all other definitions, to have his own, perhaps, rejected in turn, says it is the co-ordination of actions, "and co-ordination is the specific character of vitality." But Mr. Spencer has modified his views; and his formula, as further amended, reads thus: "Life is a definite combination of heterogeneous changes both simultaneous and successive." If a philosopher has a right to *make* a formula, he has a right to amend it, and even this amended formula requires still further amendments, for Mr. Spencer admits; "This ultimate formula is, after all, but proximately correct." Probably; and he would have been quite correct if he had said with Foderé—"life?—the greatest, the most difficult question he can ask after that of God Himself." But ask the religious philosopher, learned or unlearned, who meditates on this life in its bearing to the life hereafter—ask the bird of the forest on the nest of its birth; the insect pursuing the object of its love; the little fish gamboling in the stream; or the greater ones ploughing the depths of the ocean; and from high in the heavens and from the depths of the earth, and from the waters under the earth, will come the answer, as plain as it can be made by a Huxley or a Spencer—it is the breath of God Himself.

Of course, this is old fashioned, and everything must be recent, everything must be new, even in science. Yes! everything must be new! and when we read, at the breakfast table, of great and important researches which have led to the promulgation of new theories, and the erection of new systems, we are cheered with a hope that our evening reading may make us acquainted with still newer theories, or newer systems; or, perhaps, bring back to us, unscathed, those we were as yet somewhat sorry to relinquish. A learned professor publishes "a series of important researches" which promise to throw much light on, let us say, the constitution and changes of organic matter; and upon this, new systems are created, which, to believe the man of systems, have a foundation in science which had been wanting in previous systems. When Professor Graham, some time ago, showed that solid substances exist under two forms of aggregation—the colloid (or jelly-like) and the crystalloid—what a bouleversement there was in camps scientific. And having discovered these conditions, and invented the names, he received

credit as if he had invented the things themselves. And when it was ascertained that the colloid is a dynamical state of matter, and the crystalloidal the statical condition, enthusiasm knew no bounds. Mr. Spencer sat down and re-wrote his first chapter on the Data of Biology, interweaving three very pretty sections. The laws of capillary, and of endosmotic, and of exosmotic action, which we had firmly believed in from our school days, received a rude shock at his hands. I don't know if they will survive it, and osmosis, the pet of student life, is degraded from its lofty position; and, from a first principle, becomes merely an ally to another power. (Rather hard this on osmosis!) The changes that must, or ought to take place in organic matter, and which must or ought to be explained, are still further accounted for by the addition of heat—(that heat which is no longer heat, but a raised state of molecular vibration,) and by light (which is no longer light, but “a certain class of ethereal undulations) transformed into “certain molecular re-arrangements, of an unstable kind.” (It gets easier as we get on.) One might now expect a clear conception of the way in which the “raised state of molecular vibration” and those certain states of ethereal undulations (I may here remark the ethereal undulations still feel uncomfortable, as they are looked upon with considerable suspicion and distrust—but let us give them a shelter) would produce all the constantly varying phases of organic life; but, after exciting our hopes and fancies, we are thrust back, by Spencer, who almost *created* them, into our former ignorance; and instead of the elucidation of the phenomena, as we had expected, we are only made partially familiar with the phenomena themselves.\*

The law of evolution carries us to the holiest and forbidden ground. “Though by the laws of thinking,” says Spencer, “we are rigorously prevented from forming a *conception* of that incomprehensible Omnipotent power by which we are acted upon in all phenomena, yet we are, by the laws of thought, equally prevented from ridding ourselves of the consciousness of this power.” But the new philosophy comes to our aid, and by the law of evolution we may see through the vast diversity of nature “a oneness of order and method, which necessitates but one

philosophy of being, the same principles being found to regulate the course of celestial movement, terrestrial changes, and the phenomena of life, mind and society.” “The one conception” he says “which reaches outward through boundless space, and back through illimitable time, resolving the deepest questions, *which predicts the glorious possibilities of the future* (the *Italics* are mine) and reveals the august method by which the Divine Power works evermore—this one, this all elucidative conception, is expressed by the term *evolution*.” (Illustration ix). And thus, Gentlemen, we are made to travel by pleasant and easy stages from the protoplasmic something—not yet in being—through multiplex gradations, to the Great Being Himself, who, we are still old-fashioned enough to believe, holds the whole world, and all it contains, philosophists and all, in the hollow of His hand; and while we are journeying, Spencer and Darwin, explaining—explaining everything, modifying everything—and rejecting everything that cannot be explained or modified. Given, now, the existence of anything in the long scale of being, and through successive gradations it is quickly connected with the colloidal mass on the one side, and with the *immensities*—to borrow a Carlyleism—on the other; thus making serious the Byronian paradox: nought is everything, and everything is nought. To what does all this tend? To reduce everything to the visible and material. Why, education, according to Mr. Huxley, is only “the instruction of the intellect in the law of nature;” no more. If man has a soul, which is only a hypothesis; our highest wisdom, says a pungent writer, since it can neither be felt, weighed or measured, is to take no notice of it. If people will have religion, as they will have measles, scarlatina, or small-pox, let it be, says the same writer, for the most part of the silent sort, at the altar of the unknown and unknowable—who will, no doubt, if he exists at all, be quite content with that limited amount of languid recognition.” Science is progressive, gentlemen, but this is retrograde. We require not a Buddhist to tell us, for a *modern* philosopher tells us that “man will never be in a proper condition to make the best of this life, while his hopes and his thoughts are fixed upon one to come.” Strauss, whose death was heralded a few months ago, says the idea of a future world is the last enemy which speculative criticism has to oppose, and, if possible, to overcome.” So wrote the living Strauss. If we could but join the end of our existence to the beginning, or re-unite the two extremities of the circle of life, they would then

\* The ethereal undulations and molecular vibrations in psychological science are now regarded by many as the means of conveying mental consciousness by “brain waves.” Si près de toi si loin pourtant;” but the consciousness itself is not wave.



go on a circuit in the same way as the perpetual revolution of the planets; and our life's winters would be followed without cessation, by new springs." But Strauss, like others, is dead—and, perhaps, judged, unless Spenser steps in and claims that he had already had during life "adequate punishment."

It is made a reproach now-a-days by certain scientists to divert attention from the "law of nature to unscientific questions about death and judgment—those "unintelligent disturbers of the public peace." This tendency of science so-called to invade a province where it has no right to enter, has received a passing rebuke from the learned President of the British Association in his inaugural address two years ago. Dr. Carpenter said:—"When science, passing beyond its limits, assumes to take the place of theology, and sets up its own conception of the order of nature as a sufficient account of its cause, it is invading a province of thought to which it has no claim, and not unreasonably provokes the hostility of those who ought to be its best friends." I hope, gentlemen, it is not necessary to say that whatever may be thought of the doings of certain advanced scientists, we have, as physicians should have, a deep love of science, and especially of natural science—a love which our few occasional leisure moments do not enable us adequately to gratify. But while the study of the laws of nature is one of the most refreshing and one of the most invigorating, we do not claim for it, as Mr. Huxley does, that it suffices to form a rule of life, to satisfy the yearnings of the soul; or even to fully appease the hunger of a healthy intellect.\*

Why do I introduce these extracts? To diminish the love of the study of natural science? No! Such an attempt would be a wicked one any where, and an useless and a most ungracious one beneath the ægis of a society especially devoted to the advancement of the most important department of science. The sciences generally, and especially the natural sciences, besides being essential to the proper study of our profession are of vast use in disciplining the mind; in

\* Mr. Spencer, in his *Essay on Physical, Moral, and Intellectual Education* says that the key to history is to be found *only* in Science, and that, without an acquaintance with the general truths of Biology and Psychology, rational interpretation of social phenomena is impossible? p. 70. While on the other hand the *Pall Mall Gazette* which has cropped up into an authority on *doubtful* questions, says:—"The teachings of natural science even if they were carried out on a really satisfactory system, can never fill the place of letters."

improving the faculty of accurate observation, of the classification of facts, of the co-ordination of classes or groups, and of the management of topics in their various orders of importance in the mind.

This is not the period to take from, but rather to support the claims of all the sciences. Physical science and natural history have much advanced within the past few years, it is true—may they continue steadily to advance,—yet, according to Sir C. Lyell, for some reason or another, as far as regards the educational system in Great Britain, they have been deprived of the proper position which they once held. I stop to ask if the fault lies not, in some measure, with those who, assuming to teach science, endeavour to inculcate what is beyond their province to teach or to inculcate, perhaps to understand. Never should science have been tortured by a Spencer or a Tyndall into becoming a rule of faith or a guide in morals, especially when, according to the former, "every addition to its surface does but bring us into wider contact with surrounding nescience."

The nature of my subject has necessarily kept me, since the beginning of this address, on the threshold of theological science. I do not enter that domain, further than to follow, perhaps rashly, those who have rashly entered there. Should the material or natural permeate, or be permeated by, the immaterial or supernatural? A philosopher, if he be logical, must admit the latter; for one is limited by the accidents of its being, while the other is not. But there is no, there should be no, there can be no antagonism between religion and true science. What is science, but a higher development of *common* knowledge, "an organized mass of facts ever growing, and ever being more completely purified from errors;" while religion should every where be present as a weft running through the warp (Spence 20). But science cannot make belief, no more than religion can take cognizance of special scientific doctrines (First Principles, 23.) One is in the actual, the other in the spiritual order. (See p. 66 First Principles.)

If I have been severe on some of those gentlemen, whose names have occurred in the course of my remarks, no strictures of mine are to be supposed to extend of their characters, for while differing with Mr. Lecky in much that he has written, I may agree with him in this: "It is both possible and very common for the reasoning to be very defective, without any corresponding imperfection in the disposition of the man," unless, indeed, the tendency be immoral. But what has that to do, may be asked, with us, physicians, whose consciences may or may not have been formed

during the course of professional study or practice ; and in whom the moral sentiments do not flow from but long precede, all ethical systems, as claimed by Mr. Lecky ? Everything ; for never was materialism more general in the ranks of the profession, introduced by scientists on its outskirts than at present. Beginning in Germany, at the bidding of a French infidel, it has spread over that country, and back to that which gave him birth ; and now it is more openly proclaimed in France than ever it was since the time of Broussais. But a few months ago, a teacher of clinics at the Hotel Dieu in Paris, when treating a painful malady, which gave no hope of relief, said to the students, in presence of the patient, (I quote from "La Revue Canadienne") :

"Dans ces conditions, la vie devient insupportable, et on ne peut qu'en souhaiter la fin. Néanmoins, nous ne pouvons pas, nous, médecins, travailler a l'abrégé, ce n'est pas notre rôle, mais la malade, c'est différent, et, quoiqu'en puisse dire la liturgie (sic) je soutiens qu'il a le droit de ce tuer !"

Can it be wondered that many of the enthusiastic among his youthful auditors should respond, with the cry of "vive le materialisme." That it is the belief of many in the profession in England, that the functions of life—sensation, thought ; or the disturbance of those functions—disease and death—arise out of the modifications of matter, may be gathered from what has, from time to time, appeared in the periodical press of that country. It has been asserted by advanced scientists, more than once, that "prayer is never heard !"

O star-eyed science ! hast thou wandered there  
To waft us home the message of despair ?

They are prepared, moreover, to furnish statistics in support of that doctrine ! Some of the brightest luminaries in our profession have seriously recommended the separation of the patients in the wards of the several metropolitan hospitals, so that certain wards should be the counterparts of the others, quo ad the nature and gravity of the disease, and quo ad the treatment ; and that one set of cases should have the advantages of prayer, while the other half should be deprived of all spiritual assistance. Of course Mr. Huxley would superintend the operations, and with some subtle meter, yet to be discovered, measure the force, the zeal, the earnestness, the amount and quality of the supplications ; while Mr. Tyndall would be

actively engaged in preventing even the faintest aspiration from ascending in favor of the prayerless set and with some antidote "cleanse the bosom of that perilous stuff ;" (why not—a la Tyndall—call it prayer germs ?) which would interfere with his calculations.

This disposition to evolve matter, life, being, God Himself, out of nonentity, (though Bently quaintly taught that "nothing cannot bring its no self out of nonentity into something")—and to regard the Creator, as John Stuart Mill does, as of "limited power, and perhaps limited intelligence also," has not extended—and may it never extend—to this beautiful land of lake and forest. We have not yet permitted the archplagiarist, Tyndall—a respectable authority, I grant, on heat, and light, and water, and, perhaps, on "germinating disease seeds"—to guide us into regions beyond the ken of even his own intellect, stupendous as he conceives it to be ; nor a Stuart Mill to rob us of a warm living *belief* "with regard to the government of the universe by a Divine Being," and substitute for it a cold, faint, languid *hope*—unless it be a hope founded on belief, that

"Eternal Hope ! when yonder spheres sublime  
Pealed their first notes to sound the march of Time,  
Thy joyous youth began—but not to fade.—  
When all the sister planets have decayed ;  
When rapt in fire the realms of ether glow  
And heaven's last thunder shakes the world below ;  
Thou undismayed shalt o'er the ruins smile,  
And light thy torch at nature's funeral pile !"

Gentlemen.—I have been unconsciously betrayed into addressing you at greater length than I intended, and in vacating the presidential chair which, with my successor, will not be a vacuum, I thank you most sincerely for your kind partiality in elevating me to the honorable position of presiding over so learned and respectable a body, and for the uniform courtesy exhibited towards me. And I fervently hope you, Gentlemen, members of the Medico Chirurgical Society of Montreal, will long continue in your career of usefulness.

The late Dr. Fletcher was preaching an evening sermon to a crowded audience in Edinburgh, when a note was handed up to him to intimate that if Dr. So-and-so was in church he was urgently wanted. Having read the note, and seeing the doctor move off he immediately added, with great fervor, "And may the Lord have mercy on his patient."

*Report of a case of arrested development and deformity.* By J. T. WEBB, M.D., Montreal.

On the 25th of March I was sent for to confine Mrs. H., in labor with her 12th child. Not being at home at the time, I did not reach my patient's house until two hours after, and then found Dr. Finnie in attendance. Labour was just completed, and there had been slight difficulty in removing the placenta, owing to irregular contractions: beyond this there was nothing peculiar. The child was a female, and appeared strong and healthy. On examination, there was observed to be a tumor about the size of half an orange, very red in color, and situated at the lower part of the abdomen. This proved to be the bladder, wanting in its anterior wall and showing very distinctly the opening of the ureters. The whole forming that condition known as epispadias. The protrusion diminished in size for some days, but the slightest pressure would induce straining and evacuation of the bowels. At first, the mucous membrane of the bladder was very red and tender, with spots of ulceration; but, owing to the eversion, it became dry, and at the end of the fifth week had the appearance of skin. The right knee was normal, the motion being reversed so that the leg could be flexed forward but not backward, so that it resembled an elbow joint.

On the back was a spina bifida, situated between the eighth dorsal and third lumbar vertebra, being about two and a half inches in diameter. The tumor was soft, with a depression in its summit, in the centre of which was a small orifice, through which the spinal fluid oozed out. The slightest pressure on this caused twitching of the muscles of the lower extremity, and made the child cry. About the sixth week the child had an attack of bronchitis; a week after, convulsions set in, these continued until the end of the eighth week, when death relieved it of its sufferings.

*Post mortem.*—Bladder.—There is entire absence of the anterior wall of the bladder and upper part of the urethra; the vulva gapes widely, but the parts below the urethra were normal. The posterior wall of bladder protrudes from pressure of intestines behind, and its surface is raw from friction of the clothes. The pubic bones are undeveloped.

Knee Joint.—Bones normal. Anterior crucial ligament shortened so as to prevent flexion backwards. The ligamentum posticum lengthened and allows of undue extension. The condition appears to be due to a malposition of the leg in utero, causing it to be bent forward.

Spinal column.—The tumor projects nearly an inch from the back. On dissection, the opening in its centre is found continuous with the spinal canal. The deformity commenced with the eighth dorsal vertebra, the body of which is expanded latterly and its spinous process rudimentary. Passing downwards the bodies of the lumbar vertebra are twice their natural size, and the spinal canal twice its natural width. The lamina and spinous process of the first and second lumbar vertebra are wanting, and an opening exists surrounded by a fibrous ring, which is derived from the dura mater of the cord. The spinous process of the third and fourth lumbar is also wanting, and the space left between the ends of the laminae are closed by a strong membrane. In the spinal canal there projects backwards from the body of the third lumbar a strong bony process, which is connected with the fibrous covering between the lamina; this divides the canal, which is very broad at this part, into two equal portions. At this point the spinal cord is divided into two parts, which pass on either side of the projection and becomes again united below. The nerves pass off in the usual way, through the intervertebral foramina and do not show any abnormal displacement, not being implicated in the sac. At the point of division of the cord above the projection there is a small body resembling in color and section the pineal gland of the brain. No signs of inflammation of the cord are observed.

617 Craig Street,  
December 1874. }

## Correspondence.

*To the Editor of the Medical Record.*

SIR,—May I trouble you with the following, taken from an editorial in the *Canada Medical Journal* for May, 1870 :

“The druggists and apothecaries of this part of the Dominion are as a class reliable, trustworthy, and thoroughly conversant with their profession.”

I believe the Editor of the *Record* was then editor of the *Canada Medical Journal*. Can it be possible that the druggists of Montreal have deteriorated so rapidly, as to merit the severe things written against them in the October number of the *Record*?

Very truly yours,

HENRY R. GRAY.

Montreal, Dec. 12 1874.

The Editor of the *Medical Record* was co-editor of the *Canada Medical Journal* in 1870, and, although not the writer of the article from which the extract is taken, he fully and cordially endorses every word of it. There are exceptions, however, to all rules, and, although the Editor of the *Record*, knows well the high standing of the great body of the chemists and druggists of Montreal, he has to admit that they are not free from black sheep. He, however, sincerely hopes that this session of Parliament will not pass without their being incorporated, and thus enable them to deal with those who transgress. The article in the October number of the *Record* was not written by the Editor, who was then in Europe.—*Ed. Record.*

### Progress of Medical Science.

#### VACCINATION;—THE COMPARATIVE MERITS OF LYMPH AND THE DRY CRUST.

(By JOHN MORRISON, M.D., Baltimore.)

As the public journals announce a new outbreak of small-pox in the city of New York, and as its appearance there is generally a fore-runner of an epidemic throughout the country, it would be well to consider all the causes that lead to its development and the best means to prevent its dissemination.

Our experience of small-pox epidemics is that the German and Irish, vaccinated in the European mode, are principally the sufferers, and though there is a great deal of careless vaccination practised in the United States, we suffer greatly less than the people of Europe from invasions of small-pox.

The great difference that exists in the views and practise of the profession in this country and Europe in regard to the proper plan of vaccination has not heretofore been a subject of investigation, nor has it excited the interest which, in our judgment, it justly merits. It is time that this matter should receive the attention of the profession; and our European brethren, in view of the dreadful epidemic which has for the past three or four years ravaged the continent, would do well to make it a subject of inquiry, and see if there be not some defects in their present system of vaccination which may be remedied.

At the outset, it may be premised as a fixed fact that a true vaccination is a certain preventive of variola, and that an outbreak of small-pox can only spring from defective or imperfect vaccination. No medical man of education and experience doubts this proposition. This being admitted, it becomes our duty to see that the fullest extent of protection is secured to the community by the employment of the best and surest means of vaccination.

There are three forms of vaccination at present employed: first, animal vaccination; that is, with virus taken directly from the heifer. Second, human vaccination, as practised in Europe, in the

form of fresh lymph taken from the vaccine vesicle, at an early stage of its development. Third, human vaccination, as practised in the United States; that is with virus taken from the dry pustule or crust.

As it is our purpose in this paper to discuss only the question of vaccination by liquid lymph and the dry crust, we shall say nothing in regard to animal vaccination. The thorough examination of its merits and demerits, brought about by the late epidemic of small-pox in Europe, has given every one an opportunity of judging of its efficacy or usefulness, (we may, however, remark, *en passant*, that in this country it has gained no new adherents). The two forms of human vaccination, then, are only to be compared and discussed. Our own experience favors the employment of the dry crust, as practised in the United States, for reasons to be adduced.

It is not generally known that there is a very marked difference in the character of the disease produced by the two forms of vaccination, so marked as at once to enforce the most earnest enquiry. The stages of the vaccination are entirely different in the two modes, and the growth of the vesicle and the period of maturation are entirely dissimilar. In vaccination with liquid lymph, the vesicle begins to form on the third or fourth day, and the areola on the fifth or sixth day; in vaccination with the crust the vesicle does not commence to form before the seventh or eighth day, and the only evidence to be discovered before that time of the virus having taken is a few small inflammatory points, which make their appearance about the fifth, sixth or seventh day. (The later these points begin to show, the better and more effective is the vaccination). A careful observation of two vesicles produced by the two methods of inoculation will demonstrate that the pustule produced from the dry crust possesses different elements of action, and yields different physiological results. In vaccination with the dry crust, the vesicle does not begin to form, as already stated, before the seventh or eighth day, when constitutional symptoms first become manifest. These symptoms are more general and better marked, though the local irritation is not greater than in vaccination by lymph. The true characteristic areolar test is always to be discovered when the crust is used, but in the case of lymph, particularly when it is taken from the arm at a very early stage, it is not always to be found, a starved, over-inflamed vesicle taking its place. The maturation, too, of the vesicle is different. In vaccination by lymph, the pustule desiccates and falls off about the fourteenth or fifteenth day, or earlier; whereas with the crust this does not usually take place before the twentieth or twenty-first day, and then frequently the crust has to be removed by the operator. The cicatrix, too, is different in the two forms, and this is important, for its distinctive marks are always held as a guide to and test of a true vaccination. When the crust is used, we have a deep, cup-like, foveated, indented cicatrix; when lymph is employed, the indentation is superficial, and the other test marks frequently wanting.

Having thus stated the difference observ.ble in

the two forms of vaccination, we now proceed to give the reasons for our preference for the dry crust.

1. In vaccination with the crust, particularly if done by scarification, failures are infrequent; indeed exceptional; whereas with lymph they are exceedingly common, as any one who has read the English medical journals for the past five years cannot have failed to discover.

2. Lymph virus deteriorates more readily and is not so easily kept as the crust. Dry lymph, when used from tubes or points, almost invariably fails. There can be no doubt about the deterioration of lymph. Dr. Short, the Superintendent of the Madras Presidency, in an article in the "Madras Journal of Medical Science," says that this fact is evidenced by the more rapid course of the vesicles and the occurrence of extensive local irritation.

3. Lymph taken from the arm at an early stage of the vaccine disease, before fever has set in or constitutional symptoms have fully manifested themselves, does not contain those morbid elements necessary to protect the system from variola; whereas in the dry crust these elements are found in an active and concentrated form. If this view be correct, it affords an explanation of the European system of vaccination. In England they take lymph from the arm before the areola commences to form, indeed frequently as early as the fourth or fifth day. Doctor De Hoyal, in a communication to the "Lancet," says the earlier the better: and in the instructions published by the Lords of Her Majesty's Privy Council for the guidance of the profession, we find the following clauses: "7. Take lymph on the day week after vaccination, at the stage when the vesicles are fully formed and plump; but when there is no perceptible commencement of areola." Clause "8. Consider that your lymph ought to be changed, if your cases, at the usual time of inspection on the day week after vaccination, have not, as a rule, their vesicles entirely free from areola." Here then the old-fashioned, much-prized areola test, to which Jenner himself attached so much importance, is not only ignored but condemned, and a vesicle selected concerning the character of which there can be no certainty. In Paris, the employment of lymph furnished by M. Lanoix, during the late epidemic, proved almost an absolute failure, and even pure animal lymph was unsuccessful in twelve of thirteen cases vaccinated by Doctor C. Paul, at Hospital Beaujon.

4. Sequelæ of an unpleasant character frequently follow lymph vaccination; whereas with the crust they are exceptional. In three thousand cases of vaccination by the crust in our own practise, only one single case of local irritation of an unpleasant character occurred. This point is not sufficiently regarded. Evidences of an unhealthy condition of the vaccinefer's system can be readily detected by a careful examination of the growth and maturation of the pustule; but where lymph is taken from the arm at an early day, no such evidences can possibly be diagnosed.

5. Vaccination by lymph does not protect the

patient, but necessitates a re vaccination; whereas a true vaccination by the crust affords thorough protection. In a late number of the "the editor says, that re-vaccination is urgently necessary; and Mr. Marson reports that in 751 cases admitted to the small-pox hospital, 618 or 82 per cent. were in vaccinated persons. We are convinced that no such result could follow in this country. A genuine vaccination here, in our judgment, affords as much protection as variola itself.

The reasons that have been urged against the employment of the crust are very trivial. The theory that blood may be taken up and constitutional diseases propagated by its use, as suggested by Doctor Anstie, is entirely groundless, as is also his view in regard to the danger of pus.

Doctor Blane's arguments in favor of animal vaccination and the reasons he urges for the use of lymph from the heifer, in preference to human lymph, do not apply to the crust. None of the evils he attributes to human vaccination are to be found in the American mode; but as animal vaccination itself has been in some degree a failure, and has, at times, some unpleasant consequences attendant upon its use, we cannot accept it in lieu of the crust, which has proved so generally serviceable in this country. It may possess advantages over human lymph, but the crust is superior to both.

The history of the late epidemic of small-pox in Baltimore confirms the truth of these views. \* \*

One word in conclusion, in regard to the number of punctures or vesicles necessary to protect the patient. In Europe, as we have already seen, three or four are usually made, but with us, one is found to be sufficient. From it we get all the constitutional effect necessary without any undue local irritation. Jenner and his followers made but one puncture, and we are content to abide by the decision and practise of the early fathers.—*Toronto Sanitary Journal.*

#### EXTRACTION OF A WATERLOO BULLET WHICH HAD REMAINED IMBEDDED IN THE PALM OF THE HAND FOR UPWARDS OF FIFTY-NINE YEARS.

By HENRY HARLAND, M.D., Wadhurst, Sussex.

James Jenner, aged 83, fought at Waterloo, on June 18th, 1815, in the 44th Foot. In the thickest of the action, near Quatre Bras, whilst he was discharging his musket, a French bullet struck his forefinger. It passed through the proximal phalanx to the barrel of his musket, which it indented, and thence through the fleshy part of the ball of the thumb, down to the trapezium, against the palmar surface of which it became imbedded, and which probably arrested its further progress. Jenner immediately sought surgical aid; the wound was probed several times, but, as the bullet could not be detected, no attempt at extraction was made; he was never afterwards fit for duty. The wound remained open two years, and then healed, leaving so much induration in the palm as to render it very difficult for him to grasp his agricultural tools, and quite impossible to close the hand.

I first became acquainted with the patient twenty-five years ago. He has constantly worked as a gardener or agricultural labourer since his discharge from the army in 1816, excepting at those times when the hand has been unusually painful. About forty years ago, he was laid up three months, in consequence of irritation and lymphatic inflammation, induced by the bullet, and was frequently at other times incapacitated for several days at a time. About three months ago, when working on very hard ground, the hand became painful and swollen. An abscess formed and opened on the dorsal surface of the hand, midway between the metacarpo-phalangeal joints of the thumb and forefinger. I passed down a probe, and felt the bullet distinctly in the situation before-mentioned. After enlarging the opening sufficiently, I had very little difficulty in dislodging and extracting the bullet with the scoop. It was blackened, and slightly flattened on one side, probably from its first striking the barrel of the musket. The patient told me that the English at that time used the ounce and spherical bullets, but that the French bullets were smaller. This weighed six drachms and five grains. The wound is rapidly healing; but considerable time must elapse before it is completely closed, in consequence of the depth of the sinus, which is kept open by being filled with lint, soaked in dilute-carbolic acid.

The interest of the case consists in the fact of a leaden bullet remaining deeply imbedded upwards of fifty-nine years without producing more inconvenience. I think it highly probable that, during the patient's work on very hard ground, the bullet may have become dislodged from its long resting place, either by concussion of the tool against the ground, or by some pressure directly applied to the palm, and that the abscess resulted from its sudden and probably violent displacement.—*British Medical Journal*.

#### GENERAL REMARKS ON THE INTERNAL ADMINISTRATION OF FREE PHOSPHORUS.

By J. ASHBURTON THOMPSON, L.R.C.P.

The author commenced with some literary and clinical prefatory remarks, giving the grounds on which his observations were founded. The former resulted from a perusal of nearly every note published on the subject during two hundred years, the latter from the administration of phosphorus in every kind of formula to many hundred individuals during the last nineteen months. The following propositions were submitted for discussion. The action of phosphorus varies strictly according to the form and dose in which it is given, thus, a stimulant, a tonic, or a poisonous action may be elicited at will. The stimulant power may be enhanced by an adjuvant. The choice of adjuvants is limited, the best being ether. The dose to be given for this purpose must not fall below one-twelfth of a grain, nor be repeated at any definite interval; but the quantity may be advanced to one-eighth of a grain, and is to be repeated as the occasion demands. The objects for

which it is proper to employ phosphorus as a stimulant were described as being: preparation for unusual mental or bodily exertion; relief from the effects of such exertions, as a remedy for the typhoid state, especially in the specific fevers. From the use of a stimulant dose in calling forth the rash in the exanthemata, and its diaphoretic powers, an analogy was drawn between the power of a stimulant dose of phosphorus and a violent purgative (croton-oil) to remove an uncomplicated acute attack of trifacial neuralgia occurring in an otherwise healthy subject. The formulæ appropriate to the kind of stimulation desired in special cases were referred to and exhibited. The tonic power of phosphorus was considered. The mode of administration and the dose to be given for this purpose were described. The dose was fixed at one-hundredth to one-twenty-fifth of a grain. The dose must be carefully regulated within the prescribed limits, since phosphorus is appropriate as a tonic in cases in which its stimulant action would be disastrous. The special powers of phosphorus as a tonic were described as being: to renovate exhausted nerve-function; and to reconstruct altered nerve matter. The facts from which these powers were inferred were detailed. The aprodisiac power of phosphorus was not evinced under ordinary circumstances, but only if either the patient's sexual power were in abeyance, or if the dose given was excessive. Sexual excitement was therefore one of the signs, if not of poisoning, at least that the dose in use was excessive.—*British Medical Journal*.

#### THE TREATMENT OF CORNS AND BUNIONS.

In a lecture reported in the *Medical Press and Circular*, Mr. Ormsby, F.R.C.S., said on this subject:—

The treatment of these two affections agrees very much in at once removing the tight boots and undue pressure, and soft pliable leather shoes recommended, applying simple cold-water dressings to the painful bunion; in the inflammatory stage, if suppuration occurs in its cavity, it should be cut into by early incision. To prevent undue pressure various methods have been suggested from time to time; a round piece of leather or condensed piece of wool having an adhesive side next the skin, and a round hole cut out of its centre to receive the corn or bunion, and this then applied round the periphery of the swelling; this, no doubt, is a very useful plan, but act, as it may do, most efficaciously for a time, it is only palliative, and does not effect a permanent cure. The topical application of nitrate of silver produces a hardened black portion of epidermis over its summit; this, after a time, gets detached, and you can peel it off, and when this is removed touch it again with the nitrate of silver, and so on until all traces of the callosity disappear. I have over and over again tried this plan, and it has seldom failed in my hands, but it must be persisted in. Chiropractors, a class of people who think themselves very

clever, profess to take a "corn out by the roots," a most unscientific observation, to say the least of it, and in reality all they do is, by a patient and gentle paring process, remove a great part of the thickened cuticle, and recommend a well-fitting boot, and simply by removing the cause often effects a cure. You must also bear in mind that a very loose boot is nearly as bad as a very tight one. Glacial acetic acid is also recommended to be applied after the callosity has been well softened by keeping the feet in warm water for a short time. When the callosity occurs in the sole of the foot and a circumscribed enlargement is seen, if directions are given to a bootmaker, he can make an allowance in the sole and form a slight depression, so as to prevent undue pressure to the foot; in fact, boots of any dimensions and shape can be made by an intelligent bootmaker to suit any deformity occurring in the toes or feet. Well-made boots prevent much annoyance and deformity, while badly-made and ill-adapted boots are a very frequent cause of deformity, corns, bunions, limping, etc. Another distortion often seen is what is called *Hammer-Toe*; it is caused generally by wearing boots of insufficient length, and the toes are bent up and considerably flexed to accommodate themselves to their cramped position; after a time the flexor tendons become permanently contracted, and the toes assume a form not unlike the appearance of a hammer, hence the name; the great, second, and last toes are most often affected.

*Treatment.*—To recommend longer boots, and allow the toes space to travel forward. Tenotomy of the contracted flexor tendons may be resorted to, and a spring-pad attached to a sole of leather or other light material, and the toes bent forcibly down and bandaged to this sole, which may have slits in it corresponding to the interdigital spaces, which facilitate the bandage passing between the toes and keep them permanently extended.

#### TREATMENT OF INVERTED TOE-NAILS.

BY DR. W. HUKILL,  
Of West Liberty, Virginia.

Every practitioner, probably, is acquainted with this affection. Every one knows, also, that the various plans of treatment generally pursued are very unsatisfactory. The purpose of this article, however, is to recommend a mode of treatment that has been employed by the writer for about four years, which has been highly satisfactory. It is, simply, to apply the muriated tincture of iron to the nail and the surrounding ulcerated and granulated surface, once or twice a day, with a camel's hair pencil. As a general rule, to apply it once a day, at bed-time, will be sufficient. The ulcerated surface heals with astonishing rapidity, and the nail assumes its normal appearance, making a complete cure

in most cases in a few weeks. Since I commenced using this remedy, I have done nothing else in such cases. Paring and cutting the corners of the nail usually does more harm than good. I need not attempt to speak of the *modus operandi* of the remedy, the object being, merely, to recommend a trial of it to others.—*Philadelphia Medical Reporter.*

#### DIET IN DYSPEPSIA.

In a lecture translated in the *London Medical Times and Gazette*, Prof. Leube discusses the best form of diet for dyspeptic patients, and insists on the maxim that "for a sick stomach there is no better diet than rest." However, it is not necessary to adopt such a maxim literally in most cases of dyspepsia, involving, as it does, the exclusive use of enemata; ordinarily, we may content ourselves by giving "easily digestible" food by the mouth. The relative digestibility of different foods has occupied the attention of many observers, without even yet being satisfactorily understood. We want still to know more of the relative share which is taken by the different parts of the alimentary canal in the process of digestion. It is not at all desirable that a dyspeptic patient should have food ordered for him which is only digestible by the stomach. Foods which by their consistence and form mechanically irritate it do not cause so much harm to it as foods on which the gastric juice can act easily, and which therefore remain long in it. Individual constitution and the nature of the particular disease must be also considered in deciding on forms of diet.

It is probable that young veal, chicken, pigeon, boiled fish, and underdone beef are the most suitable foods for most patients, of course, with the exception of milk and eggs, which are the most digestible of all. Meat should be underdressed, not only because it becomes tough by much cooking, but because Fick has recently shown that the same gastric juice digests cooked meat three times as slowly as raw. Eggs should be taken soft boiled, and not raw, for Leube has found by experiments on himself that their albumen is more easily digested when cooked than raw; and Fick has also shown that there is at any rate no advantage in the uncooked form over the cooked, so far as digestibility is concerned. Fat sauces must be abstained from, because they shield other food from the action of the gastric juice. The only vegetables which Leube allows are asparagus, young peas, and carrots, and mashed potatoes. Bread he gives stale. He usually forbids all alcoholic liquors.

#### UMBILICAL HERNIA IN INFANTS.

A "Country Doctor" writes to the *London Medical Times and Gazette*:—

Speediness in the care of the above, combined with simplicity in the means employed, is, I hold, the great desideratum. What more simple than

strips of plaster applied crosswise, or, as I have done during the last ten years, to apply a small pad of lint and one broad strip of adhesive plaster? No case has failed; no soreness have I ever seen, "so far as my memory serves me."

#### LARGE CALCULUS.

The following account of a calculus of gigantic magnitude is copied from the preface, by a Mr. Gouge, to an old book of sermons by the Rev. Nicholas Byfield, Isleworth, who lived in the time of Queen Elizabeth and James I. The book was published, after his death, by the editor, Mr. Gouge, to whom we are indebted for the details of this remarkable case, and is dated 1623.

"It appears that he carried a torturing stone in his bladder fifteen years together and upward. I have heard it credibly reported that, fifteen years before his death, he was by a skilfull chirurgeon searched; and that, upon that search, there was a stone found to bee in his bladder; whereupon he used such meanes as were prescribed to him for his case, and found such help thereby, as he thought; that either the chirurgeon which searcht him was deceived; or that the meanes which he used had dissolved the stone. But time which manifesteth all things, shewed, that neither his chirurgeon was deceived, nor yet his stone dissolved; for, it continued to grow bigger and bigger, till at length it came to bee of an incredible greatness. After his death, hee was opened, and the stone taken out; and being weighed, found to be 33 ounces and more in weight; and in measure about the edge, fifteen inches and a halfe; about the length, above 13 inches; about the breadth, almost thirteen inches; it was of a solid substance; to look upon, like to a flint. There are many eie-witnesses besides who can iustifie the truth hearof. A wonderfull work of God it was, that he should be able to carry such a stone in his bladder, and withall to doo the things which he did."—J. M. WINN.—*Brit. Med. Jour.*, April 11, '74.

#### HYPODERMIC INJECTION OF ERGOTIN IN VARICOCELE.

In a case of varicocele which had existed for a long time, Dr. Bertarelli, of Rome, injected a solution of ergotin under the skin of the scrotum. The solution consisted of ergotin, 1 gramme, water, with a little alcohol, 2 grammes. The patient was ordered to maintain absolute repose, and to make local application of cold compresses. The next day the varicosities had disappeared. The success was complete after another injection, which was attended by but slight local reaction.

Dr. Cittaglia had cured another case of varicocele by the same treatment. By the eighteenth day nearly all the varicosities had disappeared; and there was nothing but a slight induration of the corresponding testical to be observed.—*Alm. di Therapie*, 1874, *Lo Sperimentale*, March, 1874.

#### CHLORHYDRATE OF TRIMETHYLAMIN IN RHEUMATIC FEVER.

A new successful instance of the above has been communicated to the Therapeutic Society of Paris, by Dr. Martineau. When called to the patient he found that the elbow had, since the morning, become red, enlarged, and painful; skin hot; pulse 90. Ten grains of the drug were administered. The next day a great improvement was noted. The pain in the elbow had entirely disappeared, and the pulse had fallen from 90 to 65. No crisis or cardiac complication had occurred. The same treatment had been equally successful in a similar attack a year previously.

#### THE "ESCAPE-BOX."

It is stated in the reports of the different prisons of Paris that five or six thieves die annually in jail from the effects of swallowing this box. It is of polished steel, about three inches long, and contains turnscraws, hammers, silk thread, and every implement necessary for escape. The box is easily swallowed, but sometimes refuses to glide along the intestinal canal as expected, and often causes death. When, however, it does reappear, the thief is in possession of implements with which he can saw through the thickest bars.

*Philadelphia Medical Reporter.*

#### TREATMENT OF HEADACHE.

Dr. Lauder Brunton, in a paper On the Action of Purgative Medicines," recently published in the *Practitioner*, writes: "The administration of a brisk purgative, or small doses of Epsom salts, thrice a day, is a most effectual remedy for frontal headache when combined with constipation; but if the bowels be regular, the morbid processes on which it depends seem to be checked, and the headache removed even more effectually, by nitro-hydrochloric acid or by alkalies, given before meals. If the headache be immediately above the eyebrows, the acid is best; but if it be a little higher up, just where the hair begins, the alkalies appear to me to be the more effectual. At the same time that the headache is removed, the feelings of sleepiness and weariness, which frequently lead the patients to complain that they rise up more tired than they lie down, generally disappear." *Boston Journal of Chemistry*.

*Warts upon the Margin of the Lid.*—Although warts upon the margin of the lid may, in most cases, exist for years without giving any annoyance, yet two cases have lately occurred within a short period in Prof. V. ARLT's private practice, in which a wart that had rapidly grown upon the free margin of the lid, gave rise to an acute catarrh of the conjunctiva, without any direct mechanical irritation of the membrane. Prof. V. Arlt smiled at the suggestion of the patient, that the wart might be the cause of the conjunc-



tivitis. Only after a lengthened treatment with various applications had proved fruitless, did he determine to snip off the wart, when, to his astonishment, he saw the conjunctivitis disappear in a few days. In the second case, which had been under treatment elsewhere for conjunctival catarrh without benefit, he proceeded at once to remove the wart, and obtained a rapid cure of the inflammation. To Arlt this experience was new, and it may be that the observation will be of use to other practitioners.—*Irish Hosp. Gaz.*, July 1, 1874.

#### JABORANDI, A NEW MEDECINE.

A new medicine—with marvellous virtues, according to its sponsors—has been introduced and experimented with at the Hospital Beaujon, Paris. An account of the action and characters of the medicine appears in the "Répertoire de Pharmacie" of March 25, from which we condense the following particulars:—Dr. S. Continho, of Pernambuco, who claims to have discovered the properties of the plant, induced Prof. Gubler to make a trial of it, and the account given by that eminent physician corresponds exactly with the claims put forth by Dr. Continho.

The leaves and little twigs of the plant are broken up, and from four to six drams infused in a cupful of warm water. The infusion may be taken warm or cold, and in about ten minutes after administration the patient breaks out into a violent perspiration, which continues for four or five hours, and which is so thorough as to necessitate several changes of linen. At the same time a most abundant flow of saliva is promoted, so abundant, say M. Gubler, that speech is rendered almost impossible. He asserts that he has known patients eject *more than a livre* in less than two hours. Occasionally the medicine has induced diarrhoea. Its action is more rapid and more thorough if taken warm, and if the patient is well covered up in bed, but its effects are none the less certain under quite contrary conditions.—*Chemist and Druggist*, [Lond.], April 15, 1874.

#### HYDRASTIN IN GONORRHOEA.

As far as internal treatment is concerned, I merely give in the first stage a saline aperient, to be continued three times daily for four or five days, together with the following injection: hydrastin, one drachm; solution of morphia (Magendie's), two drachms; acacia mucilage to four ounces: to be used three times daily. This I have employed when inflammation ran very high, without even the slightest ill effects, and have used it in every stage of gonorrhoea with the most beneficial results when every other treatment, both internally and locally, had failed, including red sandal oil. But there is one remark I wish to make regarding the use

of injections which medical men generally forget, and that is, to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhoea are useless. Hydrastin is used very much in different part of the United States, and very successfully. My last patient was a farmer, who had had a gleet discharge for seventh months. His medical man had quite wearied him out with injections, etc., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well.—*Medical Times*.

#### TREATMENT OF CHRONIC NASAL CATARRH.

Dr. John W. Thrailkill describes an instrument devised by himself for making topical applications of powdered substances to the nasal passages. It consists of a bent glass tube connected by a rubber tube with a glass mouth-piece. The powder is put into the glass tube, which is inserted into the nose to the distance of half an inch or more; the patient then puts the mouth-piece into his mouth, and blows the powder with a quick, strong blast into the nose. This plan has many advantages: the medication is not drawn back into the pharynx, as when it is snuffed in, and it is distributed much more equally through the nasal cavities. A powder consisting of one drachm of calomel to two drachms of sugar of milk has been found highly efficacious in chronic cases of nasal catarrh which had lasted for years and had resisted treatment by douches, washes, etc.—*The American Medical Journal*, August, 1874.

#### TRAUMATIC TETANUS—MORPHIA—RECOVERY.

Dr. R. D. Winsett reports the case of a cavalry officer, æt. 24, who received a wound in the glutei muscles, which was followed in six or seven days by marked tetanic symptoms, with spasms, complete trismus, and opisthotonos. He was ordered every three hours a pill containing one grain each of powdered camphor and assa-fetida, and a half-grain each of extract of belladonna and sulphate of morphia. In addition, he was given a grain of sulphate of morphia every hour, with large quantities of gruel and milkpunch. He continued without much change for eight days, the same treatment being persevered in,—sixteen grains of morphia being given daily. At the end of that time he began to improve, and in a few weeks entirely recovered.—*The Nashville Journal of Medicine and Surgery*, August, 1874.

#### IODINE CAUSTIC.

This is prepared by Rieseberg by dissolving four grammes of iodine in eight grammes of glycerin. It is used in lupus by applying it once every other day, and covering the parts with gutta-percha. This treatment is continued for several weeks.—*Tennessee Pharmacal Gazette*, July, 1874.

## THE ACTION OF PURGATIVE MEDICINES.

*(The Practitioner, May and June, 1874.)*

It is generally believed that most purgatives increase the number of the stools and render them more fluid in a double manner: first, by stimulating the intestine to increased peristaltic action, and, secondly, by inducing a discharge of fluid from its mucous surface. Some purgatives, like aloe, are supposed to act almost entirely, in the former way, others, like bitartrate of potassium, in the latter, while others again, like croton oil, are supposed at the same time to increase the flow of fluid and the peristalsis. Several eminent German authors are inclined to deny that there is any increased flow from the intestinal walls, but regard the quickened peristalsis as almost the only cause of purgation, believing that the liquid stools are produced by the contents of the intestine being hurried along and expelled per anum before there has been time for the absorption of their fluid constituents. Dr. T. Lauder Brunton has lately confirmed the results of Moreau and Vulpian, by repeating their experiments, showing the falsity of this latter theory. The abdomen of an animal being opened, four ligatures were tied tightly around the small intestine, a few inches apart from each other, so as to isolate three portions of intestine. A purgative medicine was then injected into the middle part, the intestine was returned into the abdomen, and the wound sewed up. A few hours afterwards the animal was killed, and on examination the middle portion of intestine, into which the purgative had been injected, was found full of fluid, while the portion on each side was comparatively or entirely empty. Dr. Brunton has shown in this way that croton oil, elaterin, gamboge, and sulphate of magnesium, all cause a copious secretion from the intestine.

Purgatives prove useful in many ways. They hurry the food out of the alimentary canal, and thus lessen the injurious effects of over-eating. By expelling irritating substances from the intestine, they arrest diarrhoea and remove headache and other pains caused either by the abdominal irritation or by the absorption of poisonous matters produced by imperfect digestion and decomposition of food. They relieve biliousness by removing bile, and are most efficient aids in the treatment of chronic poisoning by lead, mercury, or other metals. It is probable that pepsin and pancreatic ferment are absorbed from the intestine and circulate in the blood, where the latter assists in the production of animal heat. They are then secreted anew by the stomach and pancreas, and do their work again. Purgatives lessen their quantity as well as that of the bile; they may thus be useful in fevers, but they injure old and feeble persons, both by diminishing their calorific power and impairing their digestion. They relieve inflammation by lowering the blood-pressure and thus lessening the congestion; and they prove beneficial in dropsies, both by abstracting water from the blood and diminishing congestion in the kidneys.

## GELSEMINUM IN FACIAL NEURALGIA.

*The British Medical Journal, May 2, 1874.)*

Drs. Sawyer and Mackey highly recommend the employment of gelseminum for the purpose of relieving pain, especially in branches of the fifth nerve. The preparation used is a tincture made from two ounces of the coarsely powdered root macerated in a pint of rectified spirit; dose, five to twenty drops. The evidences of the physiological action of the drug are loss of sight, double vision, headache, and paralysis.

## ELEGANT FERRUGINOUS PREPARATION.

(Prof. Goodell.)

The following offers simply the most elegant and efficient ferruginous preparation we know of: Take tincture of the chloride of iron three fluidrachms, dilute phosphoric acid half a fluid ounce, syrup of lemons three fluid ounces; mix. A whitish preparation, pleasant to the taste; to be exhibited in a dose of a dessert to a table-spoonful.

## CARBOLIC INJECTION IN HYDROCELE.

Dr. Levis (*Philadelphia Medical Times*) says: The most popular method for the radical cure of hydrocele is the injection of stimulating fluids into the vaginal tunic, after the withdrawal of the serous effusion by the trocar. Of the various injecting fluids proposed tincture of iodine is most generally employed at the present day; but it often fails to produce the inflammation requisite for the obliteration of the sac, and occasionally induces too much inflammatory action. Dr. Levis prefers carbolic acid for the injecting material, and in a case which he describes, used one drachm of a mixture of equal parts of carbolic acid and glycerine.

The injection of carbolic acid seems, from other cases to which it has been applied, to fulfil the conditions most admirably, producing sufficient inflammatory action to secure adhesion of the walls of the sac, and giving little or no pain to the patient, either at the time of its introduction or subsequently. This freedom from pain is probably due to the local anæsthetic effect of the carbolic acid, for it is well known that, if this article be placed upon the skin, the surface can be scarified with a knife without pain.

## TOOTHACHE.

Dr. Q. C. Smith praises the following most highly (*London Med. Record*): Take of carbolic acid saturated solution chloral hydrate, saturated solution, paregoric, fluid extract of aconite, of each an ounce; of oil of peppermint half an ounce; saturate the pledget of cotton or a piece of sponge, and tightly pack in the cavity.

## IMPORTANCE OF THE PURITY OF CHLORAL HYDRATE.

Dr. Oscar Liebreich has recently published a paper in the *Berliner Klinische Wochenschrift*, in which he calls attention to the important subject of the purity of chloral hydrate, and the effect which its deterioration may produce on the patient to whom it is administered, and on its reputation as a remedy. The case he says, is different from that of such a substance as quinia, the adulteration of which will only reduce, but not pervert, the proper action of the drug. With chloral and other substances prepared by analogous chemical processes, the result of the manufacture may be the formation of compounds which, if administered, produce an altogether different result from that intended. The process of manufacture is one which requires great care; and it seems that it is at least difficult to insure the purity of chloral if made in large quantities. Liebig himself, who discovered it, never attempted to make more than a few grammes at once; and Dr. Liebreich was so convinced, when he brought it into notice as a medicinal agent, that purity was necessary for success, that the first supplies were made under his immediate superintendence. At present it is manufactured in various places, and the result is that in some parts of the continent, notably in Saxony and Switzerland, it has fallen into disrepute. Dr. Liebreich has made a collection of specimens of the drug used in cases where it has failed to produce its proper action, and possesses, he says, some horrible chemical compounds which he would not venture to give to a human being. He prefers the crystallized form of chloral hydrate, as the most stable. It may contain hydrochloric acid: this is no disadvantage if the proportion remain the same; but if it increases it indicates that the formation of dangerous compounds may be going on. Sometimes the hypnotic action is increased: this he attributes to the production of chlorine compounds, which are more readily changed into chloroform than chloral itself is. An acid reaction arising from the formation of trichloroacetic acid does not show that the chloral is unfit for use, though it weakens its action. In pure chloral this action is limited, while impure chloral is liable to the constantly increasing production of acid compounds—not trichloroacetic acid—of a deleterious nature. Dr. Liebreich remarks that the German Pharmacopœia is in error in fixing the boiling point of chloral hydrate at 95 °Cent. (203° F.). This, he says, is correct for anhydrous chloral, but the boiling-point of chloral hydrate is not constant.—*Brit. Med. Jour.*, March 21, 1874.

## DR. O'FLANAGAN, A MODEL ADVERTISEMENT.

An Eastern Journal, not of the regular school, contains a long advertisement of a celebrated physician, from which we take the following passages, commending them to "Dr. Aborn" and such like:

Have yeez pains in yer bones, or a botherin' ache  
In yer jints afther dancin' a jig at a wake?

Have yeez caught a black eye from some loud-  
erin' whack?

Have yeez vertebral twists in the sphine av yer  
back?

Whin yer walkin' the strates are yees likely to  
fall?

Don't whisky sit well on yer shtomach at all?  
Sure it's botherin' nonsense to sit down and wape,  
Whin a bit av a powdher 'ill put yeez to slape;  
Shtate yer symptoms, me darlins, and niveryeez  
doubt,

But as srue as a gun I can shtraighten yeez out,  
Coom thin, ye poor craythurs, and don't yeez  
be scairt!

Have yeez batin' and lumberin' thumps at the  
hairt?

Wid ossification and acceleration,

Wid attenuation and regurgitation,

Wid amaciation and axacervation,

Wid expectoration and wake cercula<sup>tion</sup>,

Wid praecipitation and hapitazation,

Wid praoccupa<sup>tion</sup> and avaporation,

Wid hallycination and acrid sacration,

Wid black aruptation and putrifigation,

Wid great jacititation and cowgulation,

Wid quare titillation and cowl<sup>d</sup> perspiration?

Be me sowi! but I'll bring yer woes to complation;

Unless yer in love—thin ye' re past all salvation.

—*Pacific Journal*, July, '74.

## POWDERED MEAT.

Powdered meat is prepared by Dannecy, *pharmacien en chef* of the hospitals of Bordeaux, by finely chopping the fresh meat, spreading it upon muslin, and drying it rapidly in a current of air. A friable mass is formed, which readily yields a brown, nearly odorless powder, possessing a feeble saline taste, and of which one part represents five parts of fresh meat. It is used and readily taken by patients by adding a tea-spoonful to a cup of beef-tea or soup, or by spreading upon bread. For children it is mixed in certain proportions with the ingredients for biscuits.—*American Practitioner*.

## DEAR, BUT NOT GOOD.

The *Times*, of India, has a story how the Dewan of the Guicowar of Baroda, being ill, sent for a doctor, who desired the Dewan to send him next day a bottle of his urine for examination. The doctor used the Hindustani term *karoova* to express urine, and this term was not understood by the patient; but being desirous of obeying the doctor and sending him what he wanted, the Dewan rummaged the whole town for *karoova*. At last a crafty fellow from Delhi offered to supply it, and sent a bottle, for which he charged fifty rupees. The Dewan tasted the liquid, and pronounced it not nice. However, next morning he sent the bottle to the doctor, saying that it had cost fifty rupees, and a great deal of trouble, and after all, was not nice! The doctor "smole a smile," and then explained the real meaning of *karoova* to the unhappy Dewan.—*London Med. Times and Gazette*.

# THE CANADA MEDICAL RECORD

## A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND.

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### MONTREAL GENERAL HOSPITAL.

Three winters ago the attention of every Governor of the Montreal General Hospital was drawn to the somewhat singular fact that its out-door department was conducted in a manner unlike that of any other Hospital of similar or nearly similar size in any quarter of the world. The singularity consisted in the fact that this department, nominally under the attendance of its staff, was in reality solely looked after by its House Surgeon, who it must be admitted performed the work well, when the multiplicity of his other duties is taken into consideration. It was hoped that the attention of the Governors having being directed to it, and the desire that an out-door staff should be appointed to take charge of this section of Hospital work was so reasonable that it would be put in operation at once. And that it would have been we have no doubt, had the matter been left in the hands of the Governors. The Medical Staff, however, stepped in, and came to an understanding by which they agreed to perform the work themselves, as in years gone by. With the difference, however, instead as of old, attending to the out patients when their in-door work was accomplished, they agreed to attend another three months during the year, for the special purpose of out-door work. It needed not the wisdom of a Solomon to see at a glance that such an arrangement was not calculated to work well for any length of time. That it fell through in a very brief period we know to be a fact, and once more the duty was assigned to the House Surgeon. It was not a graceful act on the part of the Hospital Staff, in this manner to thwart so excellent an improvement, but we believe most firmly that their action did much to show the Governors the advantages which would follow the addition of an out-door staff. In May of the present year, notice of a motion to increase the staff was given by an active Governor of the Institution and a member of the Committee of Management, and by common consent it was understood that this motion should stand

over till the autumn meeting of Governors. During the summer we have reason to know that overtures were made on the part of the Hospital Medical Staff to the introducer of this notice of motion, offering to recommend the appointment of four physicians, as Assistant Physicians, to have charge of the Out-door or Dispensary Department. This was to be done on condition he would accept it and not press his motion for an increase of (what was intended, although not definitely expressed) the in-door staff. The result of this was a compromise on the part of the Governor, who accepted the terms offered him by the Medical Staff. This point having been reached, the staff selected four gentlemen, whom they decided to recommend to the Governors for the appointments. We have in a previous number of the *Record* expressed our very strong disapproval of a similar action on the part of the medical men connected with the General Hospital. We did so then, because we felt it was unfair that any body of medical men should constitute themselves a Board of Censors to judge between their professional brethren as to their capacity or claim for Hospital appointments, and also because such conduct was we firmly believe, not calculated to *promote* that *entente cordiale*, which happily exists to a large extent among us. We confess our inability to see any possible right which an Hospital Medical Board has to suggest, still less recommend who their colleagues shall be. We felt then that the Medical Board were continuing a practice for which in former times there, perhaps, might have been some excuse, but for which none existed now, and we warned them that the new blood that was being infused into the Institution would not always tolerate this interference. And the result has proved that we were right, for when the meeting of the Governors took place early in November, and it was decided, we believe we may say unanimously to nominate an out-door staff, the ticket recommended by the Medical Board was not carried in its entirety, an outsider so to speak, one who ran an independent ticket, polling the second largest number of votes. We look upon this vote as significant, and we trust that the lesson which it teaches will not be lost. Some considerable doubt seemed to exist whether an election could be held, and it was therefore decided to make it provisional, confirming it at the annual meeting in May next. In coming to this decision, we think the Governors committed an error. Many of the Governors were absent because strongly assured that the election could not take place, and some we understand even

left the meeting under a similar impression. Con- tests of every kind are sure for a time to leave behind some unpleasant recollections, but as far as is possible these should be reduced to a *minimum*, and this can only be done by all being assured that the battle has been fairly and honestly fought.

#### INSPECTOR OF ANATOMY.

By the daily papers we see it reported that the Hon. Mr. Ouimet has introduced a measure affecting the inspection of anatomy. What that measure is we are not fully informed, but understand that it is partly for the purpose of appointing the Coroner as Inspector. Some change is absolutely required, for, as the inspection stands at present, the law is completely a dead letter; and that in the face of recent enactments which are probably the most favorable existing in any country, so far as anatomists are concerned. The present Inspector deems it somewhat derogatory to his position to look after the distribution of unclaimed bodies, and therefore has taken no steps to have the law carried out as it should be. At the same time there is an apparent conflict of authority, for unclaimed bodies on which inquests have been held are buried at government expense, the Coroner not deeming the authority of the Inspector to extend over the bodies at his disposal. Many bodies are thus buried which assuredly ought to be supplied for dissection, as there are no friends to mourn their loss or whose feelings would be hurt by such disposal. On the other hand, as such material is absolutely required, graves are rifled to replace these, and when the discovery is made of a corpse having been stolen, the friends of the deceased have their feelings lacerated and are put into trouble thereby. In some cases unclaimed bodies are removed from our public institutions without the Inspector knowing anything of the matter; and, according as the officials of the institution are favorable to one college or another, so is the body disposed of. Even with the favour thus shown to certain colleges, a great scarcity of subjects exists in all, so that they are obliged to depend upon the efforts of students to maintain the supply. The medical schools necessarily then must pay a high rate for this material, and though they let the students have subjects at a reduced rate, and therefore lose much on the transaction, yet this sum is still too high to permit the student to practice on the dead those operations which he will sometimes be required to perform on the living. Even if he

afford the required fees, the scarcity of subjects is such that hardly enough material is obtained to enable him to make the dissections which the law requires before graduation. Probably in no other city is there so much difficulty in obtaining subjects, not because there are none, but because of the luke-warmness of the official who at present holds the appointment; for we feel assured that, if the existing law was carried out, there would be no reason to complain in the matter. We trust, therefore, that whoever is appointed he will be one who will do his duty faithfully and impartially, and we know of no one more competent to fill the post than our present Coroner. The facilities at his command are such that he is enabled to attend to this duty, and, with a full knowledge of the necessities of medical schools, we have no doubt but that he would be able to furnish sufficient bodies for dissection, and thus do away with the present necessity of body-snatching. It is a matter which also concerns the public, for the greater the facilities offered to students, the better surgeons, will we have in our midst.

#### MORTALITY IN THE ASHANTEE WAR.

According to the *Medical Times and Gazette*, the total number killed in battle during the Ashantee war was six—four officers and two men. Eleven others died from wounds received. Fifty-five were severely and one hundred and thirty severely wounded.

#### THE NEW YORK MEDICAL RECORD

We notice that our excellent contemporary, the *New York Medical Record*, is after the 1st of January to appear as a weekly. It has heretofore been issued bi-monthly. We heartily wish it increased prosperity. It is an excellent periodical—containing always much that is interesting and valuable to the profession.

#### MEDICAL FACULTY, VICTORIA COLLEGE, TORONTO.

We are sorry to notice the closing of the Medical School in Toronto, known as the Medical Faculty of Victoria College, Cobourg. The reason for this step, as given by the *Toronto Lancet*, is want of sympathy and assistance from the University. Having once commenced the session, we think the Faculty should have carried it to its termination, and not suddenly terminated the courses, even though equitable arrangements were made for its

students. Its respected Dean, Dr. Canniff, is an able teacher, and we regret his talents—at present, at all events—are lost to the cause of Canadian Medical education.

#### MONTREAL IN 1842.

A correspondent, signing himself D. G., publishes in the *Montreal Gazette* of the 28th of November, some interesting details with regard to Montreal in 1842. Among other items he gives a list of forty-one medical men, who were practising in Montreal in that year. Of this number, all but twelve or thirteen, have passed to their long home. Of those who are still living—we believe eight are still in the city, and all but one actively following their profession. The others are scattered, all but one we think being in Canada. Who would think that thirty-two years would so completely change the Medical aspect of our city.

A LECTURER aptly demonstrated the theory that heat generates motion, by pointing to a boy who had accidentally sat down on a piece of lighted punk.

#### OBITUARY.

Dr. Anderson, of Ormstown, Que, who died on the 11th Nov. after a somewhat lengthened illness, was a man of genial temperament and excellent professional attainments. He had for many years followed his profession in that section of the country and was esteemed and beloved by all who had the pleasure of knowing him well. He was progressive in his ideas and kept well up to the times in Medical literature. He was a subscriber to the *Canada Medical Journal*, during the eight years of its existence, and up to the day of his death took the two journals which were established on its discontinuance.

Dr. Francis E. Anstie, so widely and favorably known to the profession throughout the world for his masterly treatise on neuralgia and his other numerous contributions to medical science, died on Saturday, September 12, after an illness of only three days. His attack is said to have been produced by exposure to sewer-emanation while examining the sanitary defects of a school at Wandsworth. In him the British profession loses one of its brightest ornaments.

#### TO OUR SUBSCRIBERS.

Quite a number of our friends have neglected to forward their subscriptions for volume 2. *Would they kindly do so at once.*

#### OVARIOTOMY.

We learn from our Southern Exchanges that it is proposed to erect a memorial statue in honor of Ephraim McDowell, M.D., of Kentucky—the originator of ovarotomy.

#### MONTREAL GENERAL HOSPITAL OUT-DOOR STAFF.

The Governors of this Institution having decided to place its dispensary or out-door department, under the charge of a special staff—who should have all the privileges of the in-door staff—a provisional election took place early in November. The following medical gentlemen were elected, viz:—Dr. Gilbert P. Girdwood, Professor of Practical Chemistry, McGill University; Dr. George Wilkins, Professor of Pathology and Lecturer on Practical Physiology, Bishop's University; Dr. Thomas Simpson, and Dr. George W. Major.

We congratulate these gentlemen on their appointment, and feel assured that the formation of this new department, which we have long urged, will still further advance the usefulness of this noble charity.

#### SWALLOWING A TOOL-CHEST.

It is reported that in the different prisons of Paris there are five or six deaths every year from the effect of swallowing what is known as an "escape-box." This remarkable box is made for the special accommodation of prisoners. It is of polished steel, about three inches long, and contains turn-screws, hammers, silk thread, and other implements necessary for escape. The box appears to be easily swallowed, but sometimes fails to reappear as intended, and the death of the victim is the result. But, when it does pass the bowels, the lucky prisoner is prepared to cut the thickest iron bars and set himself at liberty.

#### ANÆSTHESIA DURING SLEEP.

Dr. W. R. Cluness reports in the *Pacific Medical and Surgical Journal* of June, 1874, two cases in which chloroform was administered and anæsthesia produced during sleep. One case was that of a girl of eight years, and the other a girl two and half years of age. In each case a surgical operation was performed. Neither of the patients offered the least resistance or showed any signs of consciousness in passing under the influence of the chloroform.

## PERSONAL.

S. R. Ellison (M.D., McGill College, 1873) is in practice at St. Thomas, Ont.

Dr. Robert Costigan (M.D., Bishops College, 1874) has been appointed one of the Attending Physicians to the Indianapolis (Indiana, U. S.) Dispensary.

Dr. A. G. Fenwick, of Three Rivers—one of the Governors of the College of Physicians and Surgeons of Lower Canada, has removed to London, Ontario. He carries with him the good wishes of all with whom he has been associated, during a somewhat lengthened residence at Three Rivers. We believe Dr. Fenwick has been appointed Physician to the Hellmuth College in London, receiving a fair honorarium for his services—with the right of engaging in private practice. We wish our friend every possible success.

Dr. James McGarry (M.D. McGill College, 1858) of Drummondville, Ont., has been appointed Associate Coroner for the County of Welland.

Dr. Archibald McLay, of Bryanston, Ontario, has removed to Iona. Previous to his departure he was the recipient of a magnificent presentation watch, given to him by his friends, whose good wishes he carries with him to his new field of labor.

Drs. Lizars and Hiliary, of Toronto, have entered into a partnership as consulting and operative surgeons.

Dr. Harry Brown (M.D., McGill College, 1873) is in practice at Chicago, Illinois, and doing very well.

Dr. R. F. Godfrey (M.D., Bishop's College, 1873) has gone to England. He is in London, still further prosecuting his studies.

Dr. Henry Harkins (M.D., McGill, 1867) commenced practice in Guelph about two or three months ago, having entered into partnership with Dr. Clark of that place. Dr. H. served for a long time in the Allan Line of Steamships, being at one time the senior medical officer in the service. He was also attached for a short time to the Inman Line. We have no doubt that in his new sphere he will gain the same esteem and confidence which was shown towards him while following the sea.

Dr. Dougan (M.D., McGill, 1867) also served in the Allan Line for some time, afterwards in the African Mail Line for two voyages. Dr. D. has been practicing for about a year in St. Catharines, Ont., and we hear is doing very well.

Dr. William Marsden, of Quebec, has been elected President of the Society for the Prevention of Cruelty to Animals in that city.

## REVIEWS.

*Croup in its relations to Tracheotomy*, by J. SOLIS COHEN, M.D., lecturer on diseases of the throat at the Jefferson Medical College, Philadelphia, Lindsay & Blakiston, 1874; Montreal, Dawson Brothers.

This monograph was read before the Philadelphia County Medical Society in January, 1874, and referred by them to the Medical Society of the State of Pennsylvania, and was by them ordered to be printed in their transactions. We have read it through with much interest, and consider it an able resumé of all that has been written on this very important subject. A large amount of statistical information is given, which is exceedingly valuable in the present feeling of the profession with regard to the propriety of this operation. In Montreal the results of tracheotomy have been very far from satisfactory, but elsewhere it has been different—the most successful operator of the present day being Dr. Buchanan of Glasgow. As the after treatment in cases of tracheotomy is of paramount importance, we copy the following:—

## THE AFTER-TREATMENT OF THE DISEASE AND OF THE SURGICAL WOUND.

A great deal of the success to follow tracheotomy for croup will depend upon the after-treatment the case. It was a want of recognition of the importance of this fact, that rendered success so infrequent previous to 1850 or thereabouts. Great stress has been laid upon this point by all recent writers on the subject. The most valuable work I have seen in this connection is from the pen of Dr. Sanné, of Paris, based upon his year of service (1868) in the Hôpital Sainte-Eugénie, which afforded him many opportunities to operate, and to study the results of operations, and the subsequent course of the disease. During that year 102 cases of croup were received into the wards of M. Barthez, of which 83 were subjected to tracheotomy with a result of 18 recoveries. M. Barthez placed records of other cases at the service of the author, so that his volume is the result of an analysis of 662 cases of croup subjected to tracheotomy. Dr. Sanné has made good use of this material, and has discussed the subject of after-treatment, accidents, and complications with great detail and circumspection. Much that follows has been chiefly derived from his pages, which present partly much the same conclusions as are expressed by most authors; the similarity of argument, and often of language in many articles, indicating a common source, that of the great Parisian tracheotomists.

The operation being completed, and its immediate dangers over, the patient should be replaced in bed and be well covered up. His apartment should be kept at a comfortable heat (70° F. at least), the temperature being regulated by a thermometer.

These precautions are necessary, because more or less well-marked chilliness almost always follows the operation, varying, usually, with the previous degree of dyspnoea and the amount of blood lost in the operation. The external opening should be covered by a bit of stiff gauze, to protect it from extraneous matters, as employed by Andree in the very first operation; best applied above the wound, straddled upon a strip of adhesive plaster. In addition to this Trousseau strongly recommended "covering the neck with a knitted comforter, or a large piece of muslin, so arranged as to compel the child to respire into its folds, and thus inspire air warm and impregnated with the warm vapor furnished by the expiration. In this manner several untoward circumstances are avoided: drying of the cavity of the canula and of the trachea, irritation of the mucous membrane, and the formation of coriaceous crusts, which, becoming detached in complete tubes or fragments of tubes, cause terrific fits of suffocation, and sometimes death by occlusion of the canula." Before Messrs. Trousseau and Paul Guersant had adopted this practise, they lost many of their patients by catarrhal pneumonia; but this accident had become rare since, and they thought it probable that the introduction into the bronchi of a warm and humid air was a very favorable circumstance.

The use of this woollen cravat renders less essential another practice much in vogue for the same purpose of warming and moistening the inspired air; and that is keeping up an evolution of steam from boiling water, so that its vapor can be mingled with the inspiratory current, either by means of some special contrivance for conveying a current of warm vapor of water directly in front of the opening, or by allowing it to be generally diffused in the patient's vicinity. From personal experience of this practise in the medicinal treatment of croup, I would not feel disposed to forego it even with the use of the cravat. It appears to replace, in part, the moisture evaporated or absorbed from the exudative products in their transformation into the semi-solid or membranous form, and thus to keep them in a condition favoring their detachment and expulsion. Some operators keep the temperature of the room about 65° F., others, as Sayre, of New York, as high as 90°. That a high temperature is well borne in croup I have had ample evidence at a temperature of 80° to 85°, with an evolution of steam sufficient to cause the paper to loosen from the walls. Some of the German authors recommend keeping a sponge wrung out of hot water in front of the opening so that the air shall pass through its pores; a plan also recommended by Gerdy and Nélaton.

If the patient does not react well from the chill, warm aromatic drinks should be freely given, and flying sinapisms be applied to various parts of the skin; the evidence being that under these influences the face gradually resumes its normal color, the pulse increases in force, and the respiration becomes quieter so that the vesicular murmur can be heard in all portions of the lungs, except, perhaps, anteriorly, where intervesicular emphysema has taken place. At the

end of a few minutes the child usually sinks into a calm, sweet sleep which lasts sometimes for several hours. In some instances indeed the child goes to sleep on the operating table, within a few minutes after the introduction of the tube.

The essay concludes by summing up the various points which he has discussed, and from them the author believes that the following conclusions may be safely drawn:—

1. That there are no insuperable contra-indications to tracheotomy in croup;
2. That the administration of an anæsthetic for the purpose of controlling the child's movements is admissible in performing the operation; but that it should be used with great caution;
3. That a careful dissection should be made down to the windpipe, and hemorrhage be arrested before incising it, whenever there is at all time to do so;
4. That the incision should be made into the trachea as near the cricoid cartilage as possible, to avoid excessive hemorrhage, and subsequent accidents which might occasion emphysema;
5. That a dilator should be used, or a piece of the trachea be excised, whenever any difficulty is encountered in introducing the tube;
6. That the tube should be dispensed with as soon as possible; or altogether if the case will admit of it;
7. That assiduous attention should be bestowed upon the after treatment, especially that of the wound; and that a skilled attendant should be within a moment's call for the first twenty-four or forty-eight hours immediately following the operation.

*The Breath, and the Diseases which give it a fetid odor, with directions for treatment,* by JOSEPH W. HOWE, M.D., Clinical Professor of Surgery in the University of New York. D. Appleton & Co., New York; Dawson Brothers, Montreal.

This volume, of a little over one hundred pages, will be read with much interest by many members of our profession who in the course of their practice have met with cases of fetid breath which have severely tried their patience and exhausted their *Materia Medica*. Marked changes in the breath have received but little attention from authors of text books—these large and usually comprehensive volumes seldom containing an allusion to their existence. That they form an important item in practice is evident from the numerous cases which are constantly presenting themselves for treatment. The first chapter treats of the Physiology of Repair, Decay and the composition of the inspired and expired air. The second chapter treats of emotion as a cause of



foetid breath. This is the weakest part of the whole volume—the cause really being indigestion, owing to the sudden arrest of the flow of gastric juice in the stomach, the result of sudden emotion—acting through the nervous system. We have never seen any cases such as detailed in this chapter, when, immediately on the emotion occurring, the breath becomes foetid. The remaining five chapters are practical in their bearing, and contain a considerable amount of information. A number of recipes are given, which have been found useful. We notice, however, that he makes no mention of the internal use of creosote and of carbolic acid in cases of foetid breath when there is much flatulence. We have found both of the above drugs extremely useful in such cases—in doses of two drops made into pill with liquorice powder, and taken an hour after each meal.

*A Guide to the Practical Examination of Urine for the use of Physicians and Students*, by JAMES TYSON, M.D., Hospital Lecturer on Pathological Anatomy in the University of Pennsylvania. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

We really have so many excellent works on the subject of the chemical and microscopic examinations of urine, that it would seem almost needless to multiply them. The author of this volume states that they are nearly all rather too thick or too ponderous as regards size for convenient use, and in this statement we think we can at all events in great measure corroborate him. He seems to have hit the happy medium, for the treatise now before us is convenient as to size, and yet contains everything really essential to understand, even in a subject so important as the pathological investigation of the urinary secretion. His experience has been very extensive, for during many years past a considerable part of each day has been devoted to this class of clinical investigation at the Philadelphia Hospital. The work is well illustrated, and is such a one as we can honestly recommend to those who desire to possess themselves of valuable information on a subject which it is disgraceful for even a third rate practitioner not to be thoroughly posted upon.

*A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis*; designed as a manual for students and practitioners, with engravings and cases, by W. H. VAN BUREN, A.M., M.D., Professor of Clinical Surgery and diseases of the Genito-Urinary Organs in Bellevue Hospital Medical College, and E. L. KEYES, A.M.,

M.D., Professor of Dermatology in Bellevue Hospital Medical College. New York, D. Appleton & Co., 1874; Montreal, Dawson Brothers.

American medical literature is commencing to dive, so to speak, into a path, which has heretofore almost exclusively been cultivated by English and Continental writers. We allude to specialties. We know that many think the sub-divisions into which the profession has been diverted within somewhat recent years to be altogether unnecessary, and detrimental to its best interests. We cannot, however, endorse such views, for the steady growth which the science and art of medicine and surgery are making, make it an utter impossibility for the majority of the profession to be equally an adept in every branch. The specialties to which the authors of this volume have in good measure devoted themselves—at all events in their professorial capacity in Bellevue Hospital Medical College—are among the most important which can come under the notice of the surgeon. They are not unfrequently very difficult of treatment, and sometimes unsatisfactory as regards termination. In a large Metropolitan centre such as New York, a splendid field must be open for the study of affections of this class, and, after a careful glance at the volume before us, we are convinced that Drs. Van Buren and Keyes have availed themselves of the opportunities which have been presented to them in a manner creditable in the highest degree. We have not read the volume through, but we cannot help expressing our high appreciation of the chapter on stricture of the urethra. It is an admirable epitome of the literature on the subject up to date, with a very considerable amount of originality as regards the treatment. Fully two hundred pages are taken up in describing chancroid and syphilis, and in this space a very great deal of very valuable information is contained. Taking it as a whole it is an excellent contribution to American Medical literature, and in every way a credit to its authors. It would form a splendid addition to any medical library—but should especially be in the hands of those who are engaged in teaching surgery. Its appearance does credit to the well known publishing house of D. Appleton & Co.

#### BIRTHS.

HALL.—At Keima Lodge, Magog, on the 16th November, the wife of James B. Hall, Esq., M.D., of a daughter.

#### DEATHS.

ANDERSON.—At Durham, Ormstown, Que., on Wednesday, 11th November, John Anderson, Esq., M.D., and Coroner of the District of Beauharnois, a native of Aberdeen, Scotland, and for 40 years a resident of this Province, aged 67 years and ten months.