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Original Communications.

CHLORAL AS A REMEDY IN PUERPERAL
CONVULSIONS.

By Walter B Goikie, M.D., F.R.C.S., Edin., L.R.C.P., Lond.;
Fellow Obstotrical Society of London, Eng.

Already chloral has achieved no mean reputation in many cases where sedation of the excited nervous system is indicated, and to its truly wonderful powers in procuring quiet sleep in the distressing and injurious wakefulness of continued fevers, in delirium tremens, and in many other diseases, numerous writers have recently borne their willing testimony.

I am not aware of the use of chloral in puerperal convulsions having as yet been put upon record in Canada, although since I employed it in the following case, I have read of an instance in which it was so used by Mr. Fox, of Manchester, England. As the remedy acted so very satisfactorily in my hands, I thought a notice of the case would prove of some value to the profession.

On January 2, 1871, I was called about midnight to see Mrs. —. I found her in labor with her first child. Everything went on in the most natural manner, the head presenting, and

the os uteri dilating gradually and well. There was no unusual tediousness, and the patient appeared to bear her pains with more than ordinary patience and with very little complaint of suffering. About 5 a.m., the perinæum came to be pressed upon by the head, and its distention was most regular and gradual. The pains at this period of the labor were not at all too strong or too long continued, a good interval taking place between them.

The perinæum had become so much stretched as to admit of the protrusion of a part of the head through the external orifice, and another pain or two seemed all that was needed to finish the labor. I advised the patient to keep as still, and bear down as gently as possible when the pains came on. Just as I had done so, she said it was coming, but that she felt unable to lay hold of the sheet with her hands, and in an instant, without further warning, she was seized with a most violent convulsion. Her body was thrown from the front to the back of the bed, while the child (which was born alive) was thrust suddenly and with great force through the vulva, lacerating the perinæum considerably, but fortunately not so as to injure the sphincter of the bowel.

There was in this case no evidence whatever of active cerebral congestion prior to the supervention of the fit. Contrariwise, the patient's whole aspect indicated a state of general debility. The convulsion appeared to be due solely to the suffering caused by the pain during which it took place.

On the cessation of the convulsion, I administered a powder containing $1\frac{1}{2}$ grs. of opium, which I happened to have by me, and having attended to the delivery of the placenta and the application of the bandage, sent at once for some chloral.

Before the messenger returned, in about thirty minutes after the first fit, she had a second, and in twenty minutes more she was evidently about to have a third, when I gave her a dose of chloral—10 grs.—in sweetened water. In a very short time she became quite calm, and becoming, in half or three quarters of an hour, somewhat restless, I repeated the dose. She fell asleep and slept for several hours, and had no return whatever of the convulsions. I may add, that each fit lasted about five minutes, and that as the bowels had been moved early in the labor, there seemed no necessity for troubling her either with an enema or a purgative.

The patient was threatened subsequently with puerperal mania, which danger was happily averted and still later in her convalescence she suffered severely from diarrhoea, but had no sign of any convulsion from the time the first dose of chloral was administered.

CASE OF OBSCURE ABSCESS IN THE NEIGHBORHOOD OF THE RECTUM.

BY WILLIAM COBURN, M D., OSHAWA.

On the 15th of December last, Mr R. L., aged 53. Lower Canadian, French by birth, grinder by trade, was taken ill and obliged to cease work, on the 17th, or two days later, I was asked by his employer to visit him. I may here state I had some knowledge previously of the peculiar diet and mode of preparation adopted by my patient. His diet consisted chiefly, wholly indeed, of bread, buns, cheese and raw pork (the fattest he could buy), strong tea, and when eggs could be had, fresh or old (for it mattered little to him), on an average four to a meal—cooked of course in a plentiful supply of butter—and both eggs and pork highly peppered. As you will have already inferred, he prepared his own food and kept his own room, which was only a few yards distant from his place of work.

It would only require one to stand for a short time in the room in which my patient worked ten hours a-day, to form a correct estimation of how intolerable such a diet as the above must necessarily have been to any system exposed to the temperature of that room. The foregoing, I may mention, had prepared in me anticipations of the case. Upon visiting him, therefore, I was not disappointed to find congestion of liver, kidneys, bowels, and, to a certain extent also, of the lungs.

Upon enquiry, I was told that the bowels up to the time he was taken were acting "as usual," not to say free, nor yet confined, that he had taken some opening medicine, which had acted freely, and that he did not think the bowels were then any at fault. Nevertheless everything tended to confirm the belief in my mind that the excrement was not in proportion to the increment, and had not been for a very lengthened period.

I was therefore prepared to tell him that all solid food must cease—the system having a good round month's supply already in store—and that time, success and everything tending to his safety would materially depend upon his forbearance in that particular.

Preliminary to the use of any medicines, I administered a stimulating injection. *ol. terobinth*, 1 oz., *ol. ricini*, 2 oz., followed by a copious supply of soap and water. The injection having acted, hardened and old portions of stool were eliminated in such quantities as to astonish the patient, who now indulged in frequent expressions of relief, and prophesied for himself an early recovery.

Considering the quality and quantity of the patient's food and the high temperature to which he had almost constantly been exposed, I had reason tacitly to prophesy very differently. I was fully convinced that under the most favorable circumstances the progress of the case would be tedious, and in this I may state there was no disappointment, but at this time I had no expectation or suspicion whatever that any complication such as marked the case subsequently, was in store for him, although I feared abscess of the liver.

Little change marked the progress of the case, although very much better than when first seen, until the 2nd of January, when he complained of great weight, "a bearing pain," in the neighborhood of the bladder, and pain in the region of the sacrum, noticeable at this time also was an inability on his part to bear more than half-a-pint of injection before he cried "enough," and what had already been injected began to return. I may mention here, that during the whole time intervening the 17th of December and the 2nd of January, daily use of the enema pump with soap and water formed a portion of the treatment—the bowels not acting without—always affording marked relief, but never, except on few occasions, removing anything decidedly fecal in appearance, each injection on its return bore a strong resemblance to water in which fat meat had been boiled—the fat floating on the surface, and mixed with it a large quantity of bile.

From the 2nd of January, or the time at which the pelvic symptoms became prominent, till the afternoon of the 5th, to speak truthfully, the case was to me a mystery;

on the afternoon of the 5th there was great uneasiness about the rectum complained of—frequent desires to stool and frequent attempts without any relief—as expressed in his own words, “only able to go so far and then stop,” until finally something passed which proved upon inspection to be about a pint of thick, offensive pus, which was repeated in quick succession five or six times to the extent of about half a pint each time. That I then had abscess as a complication was beyond doubt, but I confess I was not at this stage without doubt as to its exact seat. The discharge from the afternoon of the 5th till the 15th was frequent and very great, after which it began to diminish and become more sanguineous at this stage the patient's prospects were apparently worth but little, the septum was visibly giving way; the rectum, anus and parts around it were greatly inflamed and very sensitive, the stench could hardly be endured. Those of my fellow practitioners who have ever had the misfortune to have had charge of a case of pelvic abscess, will have in their remembrance an approximate idea of what the smell was in this case.

The onoma tube was not used after the 5th, owing to the tenderness and pain; but now the 15th, I prevailed upon him to allow the rectum to be washed out with some disinfectant. I prepared a solution of chlorine (pot. chlor., 8 grs., acid hydrochlor., 2 drs.; aq. 1 quart), succeeded in gaining consent, and was happy to find next day after the first operation the room less disagreeable and the patient somewhat improved. The injection of disinfectants was continued for several days, attended with less pain and followed by the same satisfactory results, and occasionally alternated with olive oil with the view to soothe. That the case was not one of abscess of the liver, various evidences served to convince. In the first place the characteristic chill, so indicative of the formation of matter in the liver, was absent, besides, so extensive an abscess as it proved—the pus in the aggregate amounting to not less than three gallons—I hardly think could possibly exist in any portion of the liver or its neighborhood, without some external indications—such as enlargement and pain. As additional evidence that the liver was not its seat, the matter invariably passed after the bowel had ceased acting, appearing to make its escape at the close, when tenesmus was most prominent. Another thing noticeable was, the matter

always passed without causing pain, not a characteristic sign by any means of matter coursing the intestinal tract any great distance, for I well recollect a case of abscess of the liver I once met with, where the most intense suffering existed from the time the matter made its way into the bowel until its discharge from the rectum. These, taken together, I think pointed to the neighborhood of the rectum as the seat of the trouble. My conclusion was that it was situated in the cellular tissue behind the rectum, and this was strengthened by the fact, that the introduction of the catheter twice daily from the 3rd Decombor until the 23rd January, gave no pain whatever, but always diminished in a marked degree the constant senso of fullness in the locality indicated.

Although my patient—a mere skeleton yet, 17th February—has sufficiently convalesced to admit of his being able to walk about and exercise in the open air, still I fear complete recovery is yet a matter of doubt, small quantities of matter still passing at intervals of ten or twelve days, and in the face of this and the fearful ordeal he has just passed through, he is falling, irresistibly it would seem, into the same mode of living as before. I shall not be astonished should the abscess reform, or, as a secondary complication, the case end in fistula.

I have not been induced to forward a report of this case from any sense that recovery, so far, is attributable to anything extraordinary in treatment adopted—it being merely of a precautionary and sustaining character—but because it is one illustrative of what a strong constitution will sometimes endure; and because of the tedious and remarkable manner in which the abscess was developed, and also, I may say, because of the extreme rarity, so far as I can learn, of such cases in general practice.

I may here state that the obscurity of this case was increased materially by the fact, that the patient had as much difficulty in rendering English intelligible to me, as I should have had in rendering his native language intelligible to him

INFANTILE REMITTENT, OR WORM FEVER.

BY A. AGNEW, M.D., DELAWARE.

In remittent, or so-called worm fever, it is often difficult, if not impossible to say whether the parasite is the cause of the symptoms, or whether it merely complicates the case. The

case reported by Dr. Darragh in the January number of the *Canada Lancet*, does not throw much light on the matter. The presence of eighteen worms in the bowels, scarcely seems sufficient to account for the symptoms he describes. The following notes of a case recently under my care, may be interesting to your readers :

I was called on the 10th of January to see Hatty W, a girl eight years of age. She had been, as her mother described it, "not like herself for some time," and the day before had taken to her bed. Shortly after, an eruption, resembling large, irregular patches of urticaria, but with purple edges, made its appearance, principally on the right side, which was covered from neck to heel. There was some swelling of the right cheek and the right eye was nearly closed. The color was persistent under pressure. The eruption disappeared in a few hours, and returned the next day and again disappeared. There was a troublesome cough, with mucous rales in the right lung. The face was dusky and anxious in expression. Tongue loaded with a dirty brownish fur, intensely red at the tips and edges. Pulse 120 to 130, rather weak. Stools frequent, frothy and offensive. Abdomen slightly tympanitic, general uneasiness, but no pain. In short many of the symptoms of a well marked case of typhoid fever. During the week previous to my being called, she had passed several worms, (lumbriae) from the bowels, and a number had "crawled up her throat, and she pulled them out of her mouth with her fingers," in all 12. I diagnosed worms, and, without stopping to enquire whether they were cause or effect I determined to attack the "varminits." I prescribed eight grains of santonin with two of calomel rubbed up in sugar, to be made into four powders, one to be given every four hours. I saw her again on the 12th and found that she had several frothy stools, in which quite a number of worms had come away. She had also thrown up several, in all between 20 and 30. I repeated my prescription, and as the rales in the lung had not subsided and the cough was still troublesome, I ordered demulcents, with bread and milk or rice and milk diet. I called next day and found the cough relieved, the rales had nearly disappeared. She had got rid of a further batch of nearly 30 worms! The tongue was better and the general expression much improved. As there was still some tympanitis and general uneasi-

ness, I gave 20-drop doses of ol. terobinth in yolk of egg and sugar emulsion, every six hours for two days, followed by a calomel and jalap purge. Effect.—16th. Her father called to say that she was much better, that she had passed large numbers of worms with every stool, in all, since I saw her, 152! and he is ambitious of reaching 200!! As quite a number came away with the last stool, I ordered a 20-drop dose of the turpentine to be taken in the morning, and two grains of pul. scammonii at night until further orders. 18th. Saw her again. Seven more worms had passed. The irritation due to the presence of the worms has abated, and the febrile symptoms are now distinct the remissions being well marked. I put her on quinine and iron and she made a good recovery. Three more worms were passed during her convalescence, making, with the twelve passed previous to my seeing her, no less than 174!

I think that the above case is instructive, inasmuch as the symptoms of an ordinary remittent fever were so completely masked by the presence of the parasites.

WOUND OF THE ABDOMEN.—RECOVERY.

BY WILLIAM G. MIDDLETON, L.M.B., ELORA, ONT.

About 9 a.m. on Tuesday, the 27th of February, 1866, I was sent for in great haste to see a young man who had been fearfully injured at a flax mill, about a mile from the village of Elora.

It soe. that he had been removing the flax from the scutching machine with a pitchfork, which was caught by one of the blades of the machine and the handle of the fork was projected with great force into the cavity of the abdomen, about an inch below and a little to the left of the umbilicus, making a transverse wound one and a-half inches in length, through which about a yard of intestine protruded. On reaching him, I found Dr. Pagot supporting the bowel, compressing with his finger and thumb one of the mesenteric arteries, which had been bleeding freely. I at once secured it and assisted him to reduce the bowel, which was highly congested and distended with gas; after a little difficulty we succeeded in replacing the gut, which

had been returned into the abdomen by Dr. Paget before my arrival, but which from the man's vomiting had been again ejected. The wound was immediately secured by three sutures and adhesive plaster, and a drachm of laudanum given, which was repeated at the end of three hours, when he was removed to bed, his shoulders raised and the thighs slightly flexed. His pulse was about seventy, rather weak. The catheter was required at night to empty the bladder.

Wednesday, 28th.—Has passed a good night, having slept several hours. Pulse this morning seventy-eight, tongue coated; the catheter was used in the morning and evening. About 1 p.m. there was great pain at the wound, pulse 100, with flushed face and pain in the head. About ten ounces of blood were taken from the arm, and six powders, containing two grains of calomel and five grains of Dover's powder, were left, with directions to give him one every three hours, fomentation with hot water was freely used and tea and toast with crackers were given him.

Thursday, 1st March.—He had a good night. Pulse eighty; the catheter was used in the morning, but it was not required at night. Little or no tenderness in the wound or abdomen. Ten grains of Dover's powder to be given at night.

Friday, 2nd.—Progressing favorably, he passes his water freely; no pain in abdomen, pulse seventy-eight.

Saturday, 3rd.—Still improving. As the bowels have not been moved since the accident, oatmeal gruel and cooked apples were ordered freely.

Sunday, 4th.—Going on favorably.

Monday, 5th.—Bowels opened to-day by enema, an ounce of castor-oil was ordered. complains of no pain, sleeps and eats well. From this time convalescence was rapid, so that he was able to be up and moving about on the thirteenth day from the date of the accident, after which he was ordered to use a band-ge.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

ABSTRACT OF MINUTES.

ST CHARLES, Tuesday evening, Jan. 24, 1871.

DR. MACK IN THE CHAIR.

Dr. COMFORT related a case of hypertrophy of the left cheek occurring in a blacksmith, who, in working at the forge, kept that side of his face constantly exposed to the heat. The cheek

bulged out to the size of an orange, which appeared to be caused by hypertrophy of the buccinator and masseter muscles, or an increase of interstitial deposit between the fibres of those muscles.

The affection speedily yielded to the inunction over the seat of enlargement of compound iodine ointment

Dr. SULLIVAN mentioned a case of poisoning by arsenious acid, with recovery after the ingestion of a remarkably large dose of the poison—at least one tablespoonful. Free vomiting set in immediately after the poison had been taken, to which circumstance mainly he is inclined to ascribe his patient's escape.

The remedies employed were magnesia, and when that had been sufficiently exhibited, morphia. The magnesia acts as an antidote to arsenious acid in a state of solution, by forming a sparingly soluble arsenite of magnesia.

In this case it must have proved beneficial by the envelopment of the crystals, so as to shield the mucous membrane from their corrosive action.

It is argued that the antidotal action of hydrated peroxide of iron depends upon the same effect, when the acid is in the solid state.

The Dr. spoke very highly of the good effect of morphia in the subsequent treatment.

In the discussion which ensued, it was mentioned that the peroxide can always be made in a few moments, by adding carbonate of soda to any salt of the red oxide of iron—perchloride, acetate, or persulphate

As the fatal dose is as low as two or three grains, it was suggested that the arsenious acid was probably mixed with some inert substance, but Dr. S. believed it to have been pure.

A formula, useful to the country practitioner for obtaining the hydrated peroxide, is simply to mix one ounce of liq potass. with half an ounce of muriated tincture of iron.

Dr MacLagan gives preference to the precipitate formed by ammonia.

The gelatinous magnesia should always be prepared *pro re nata*, and can be formed by washing the precipitate cautiously obtained by adding a solution of caustic potash to a cold saturated solution of sulphate of magnesia

Among other antidotes mentioned, were Mr Odling's

emulsion of hydrate and acetate of alumina, mixed with permanganate of potash, in the proportion of ten grains to two fluid ounces, and administered by the stomach pump.

Dr GOODMAN reported an instance of lead poisoning occurring in a whole family, from using water collected in a cistern lined with lead. Before being called in, one member of the family had succumbed, and he found the survivors in a very critical condition. Having arrested the supply of water from the suspected source, recovery soon followed the use of the sulphuric acid lemonade and the iodide of potassium.

The Dr. wished to draw attention to the absence of the blue line along the gums in those cases, and to the presence of a symptom he had not found laid down in the authorities upon the subject of lead poisoning, viz., a remarkable dark streak in the centre of the tongue.

The Chairman stated that in the case of a whole family suffering from lead poisoning, the result of eating apple-sauce which had been preserved in glazed earthenware pottery, a similar dark broad line, resembling that produced by the imperfect assimilation of salts of iron, was to be noticed.

Dr. T. MACK then read a short paper which he had prepared, upon the therapeutic uses of sulpho-carbolate of zinc, with some remarks upon the sulpho-carbolates generally.

Premising that in no step taken for the advancement of the *ars medica* of late years had more practical benefit been effected than in the prevention and the curative treatment of disease, he went on to say that therapeutists had thus been led to the search among the numerous substances known as antiseptics for antidotes to zymotic affections, and remedies whose action was believed to take place as germicides or parasiticides.

In this way the profession has been busy with carbolic and sulphurous acids and their compounds. We had already experimented largely upon the chemical antiseptic which acted principally as they effected the liberation or assimilation of oxygen. At present our attention was claimed for agents which, known to destroy low forms of animal and vegetable life out of the body, it was hoped would act in a similar manner upon germs and abnormal cells within the body.

Dr. Wilkes, of Kent, in England, claims great success in the treatment of typhoid fever by small doses of sulphurous acid,

gradually increased until the taste of the acid was constantly present to the palate.

Dr. M. has observed good effects from the bisulphites in cases of purulent infection.

The effects of carbolic acid upon pus cells have been fully discussed. He had used carbolate of quinia for the last two years in a variety of cases of dyscrasia and toxæmia requiring a tonic, and found it a good compound.

Last spring he obtained from London, England, a supply of the sulpho-carbolates, and had prescribed them with excellent results since. Thus combined, carbolic acid can be given internally with impunity, one grain of the acid being contained in about twenty grains of the double salt, which is decomposed in the course of its absorption and elimination, and evolves the disinfectant acid.

He considered the sulpho-carbolate of zinc, five grains to the ounce of tepid water, to be the best vaginal injection he had ever used in simple vaginitis, after the acute stage had passed by.

In more obstinate cases, tampons of glycerole of sulpho-carbolate of zinc, ten grains to each tampon, had proved excellent adjuvants, and had cured obstinate chronic cases, especially correcting fœtor.

As an extra uterine application, either carefully injected in any of the late methods, among which he gave the preference to Dr. Peasless' plan, or with a mop, he had used it in endo-uterine affections.

In the septicæmia, consequent upon and either before or after the removal of any decomposing substance retained in utero, it had been tried satisfactorily.

The sulpho-carbolate of zinc is spoken highly of as a lotion and dressing to wounds and suppurating surfaces, and in all cases he would recommend its addition in solution as an uterine douche or enema to caustic or other treatment, of erosions and ulcerations of the os and cervix uteri. Any intelligent apothecary or physician can with a little trouble make it, as Dr. M. was preparing it for his own use, of sufficient purity, after the following manner. First, according to Dr. F. Hoffman, mix one part of sulphuric acid (sp. gr. 1.843) with two parts of fused crystallized carbolic acid, digest for two days in a water-bath at 150° to 180°, until, upon adding a few drops to water, a clear

solution is obtained. The sulpho-phenic acid ($C_6H_4SO_2$) may next be neutralized by oxide of zinc, the solution filtered and crystallized slowly without heat, the only impurity will be the sulphate of zinc, which for use as a topical application, will not prove very prejudicial.

ST. CATHARINES, Jan. 31.

Dr. COMFORT had used hot-air baths, given by simply placing heated bricks under and enveloping the patient with blankets as in the extempore vapor bath, in an obstinate case of chronic dysentery. The man had contracted the disease after suffering from some form of prolonged paludal fever in the far west three or four years ago, he had finally been relieved at that time, after trying a variety of remedies. Upon the present recurrence of the disease, Dr. Comfort had tried ineffectually raw meat properly prepared, and various astringent preparations.

He then prescribed acetate of lead, opium and ipecac., and a hot-air bath every morning. A marked improvement followed this change of treatment. The patient was now using the baths alone, and at a future meeting he hoped to be able to report a cure.

Dr. GOODMAN spoke of the good effects he had observed from vapor baths, in diarrhœa attended by a dry hard skin.

Dr. SULLIVAN had observed in *post mortem* cases of dysenteric diarrhœa, occurring after endemic fevers in the United States (in the west and south-west), enlargement of the mesenteric glands, congestion or degeneration of the liver, and very frequently tubercles in the lungs.

After a discussion upon turning in presentation of the shoulder Dr. Mack said that he had a few remarks to offer upon amputation at the hip-joint. With the use of chloroform, the only immediate danger in operating is from hæmorrhage; the operation on this account was recommended to be performed with the greatest celerity.

Mr. Mayo, we learn, operated in thirty seconds, by first passing the knife completely through the limb upon the inner side of the joint and cutting forwards and inwards, so as to make a flap from the adductor muscles, then he cut into the joint and severed the ligamentum teres and muscles attached to the

digital fossa, with a short strong knife, and completed the operation by entering his knife over the trochanter and cutting downwards and outwards.

The circulation is controlled by compressing the common femoral at Poupert's ligament, until the assistant, by following the knife with his hand, can grasp the divided vessel and hold it firmly with the overted flap.

By compressing the abdominal aorta, all risk of hemorrhage is escaped, and the necessity for extreme haste no longer exists. Dr. Gross states that, in a case operated upon by him, when pressure by the thumbs was made upon the abdominal aorta and femoral artery, the loss of blood did not exceed one ounce and a-half. In Dr. Pancoast's case, the aorta was compressed by means of a *tourniquet encircling the body at the umbilicus*, the patient lost hardly any blood, this simplification of the method of Sarry, Delpech, Mott and others, who recommended ligature of the femoral artery as a preliminary step, must be considered a decided improvement.

No less than fifteen different methods of performing this formidable operation have been described.

"I should by all means prefer the procedure by antero-posterior flaps, the disarticulation being effected after the formation of the anterior flap.

"As it befel me to operate in a perfectly novel manner nearly two years ago, and as the result proved successful, I shall submit to you a succinct history of the case.

"John Connor, aged 7 years, eminently scrofulous, was admitted into the General and Marine Hospital on the 22nd of December, 1868, suffering under morbus coxarius in the third stage, sinuses were already discharging, and a few days after his admission an incision gave exit to a large collection of thin curdy unhealthy pus. Under cod liver oil and appropriate constitutional treatment, he improved so much that I determined to give him a chance for his life by excision of the upper end of the femur, the operation appeared to be indicated also from the symptoms of improvement having gradually ceased, and a fatal termination alone promising to close his sufferings. On the 10th of July, 1869, having placed him fully under the influence of chloroform. I proceeded to the resection by making a semi-lunar incision, convexity downwards and extending farther

down than directed in the books. The flap being dissected upwards the articulation was quickly reached, the capsular ligament already opened freely was cut, when at the moment of gently adducting the thigh and overting the head of the bone the femur was broken obliquely across at its lower third. Dr. F. L. Mack who rendered this part of the necessary aid, had not used any force sufficient to explain this untoward accident, so I at once inferred that there must have been disease and softening of structure in the lower end of the bone, and I instantly proceeded to amputation. Dr. Riley most efficiently controlled the circulation, while I quickly entered a large knife on the inner side of the disarticulated joint and cut out a sufficient internal flap. Drs. Goodman and Sullivan promptly secured the femoral, ischiatic and obturator arteries by ligature; any other spouting vessels were controlled by torsion.

"The boy was now allowed to awaken from anaesthesia; stimulants were administered, the surfaces having been kept exposed long enough to the air to become glazed and to render it improbable that clots might form after coaptation, he was again anaesthetized, the edges of the wound were united by silver sutures, he was placed in bed and weak carbolic dressing was applied. Under the care of my brother and Dr. Goodman he made an excellent recovery, and in three months he was able with a crutch to go to school and to walk nearly a mile. Before closing the wound, it was ascertained that the cotyloid cavity had been completely ulcerated away; and although he has survived the operation now nineteen months, it is scarcely to be expected that the scrofulous disease will not eventually claim its victim.

"Upon examination, the head of the femur was found almost entirely removed by caries, the lower end and shaft of the bone were affected with softening of tissue and excessive brittleness. The medullary canal was filled with a thin creamy puruloid fluid, and the cancelli were destroyed, so that a mere external shell of bone alone constituted the shaft of the femur, the specimen as you perceive breaking with the least pressure or force.

"The practical suggestions which I wish to make are 1st. That in many cases when it may be uncertain to elect between resection and amputation at the hip, it is advisable to raise a

long flap from the external region and after disarticulation; if the more formidable operation be found expedient, it can be completed by a large internal flap. 2nd. As the dislocation of the joint is frequently found difficult and the cause of delay in amputation by the ordinary methods, let the operation be performed by a large convex flap cut from without inwards, and after division of connecting tissues and eversion of the head of the bone, let the catling be thrust through to meet the posterior edge of the external flap, and a sufficient quantity of soft parts cut off from the inner side of the thigh to furnish a sufficient covering to the acetabulum."

The morbid specimen obtained by preserving the bone was submitted for examination, and presented to the museum of the Society.

OVER-DISTENTION OF THE UTERUS FROM EXCESS OF LIQUOR AMNII.

BY DR. GARNER, OF LUCKNOW.

In August of the year 1868, I was called to see Mrs. M., of Ashfield, and on arriving found her in the first stage of labor. She was enormously distended, and I tried to tap her for dropsy, but found it impossible to get any fluid except a little blood. I made a very careful examination per vaginam and found the cervix uteri obliterated, and the os was scarcely to be felt. The labor pains were very irregular, sometimes an interval of an hour elapsed between them and sometimes less than ten minutes. So great was the distention that the whole abdominal space was completely filled, and the pressure on the thorax and diaphragm rendered the breathing most laborious. I gave small doses of tr. opii at intervals, and after waiting a reasonable time, I called in two other medical gentlemen—Dr. Tennant and Dr. Cole. We all considered the case to be one of dropsy connected with pregnancy, and the medical gentlemen in consultation considered that it would be best to leave the issue to the result of the labor. I then told them that I strongly suspected that the uterus was the seat of disease and that the case was one of over-distention from excess of liquor amnii. But they expressed an *opposite* opinion. Things remained in this state for forty-eight hours,

and the pulso was beginning to indicate slight weakness, but nothing more. There were no symptoms to cause any alarm, but the labor pains were still weak and slow. On making another examination, I found the os enlarged sufficiently to admit the index finger, and I was now sure that the uterus was the cause of all the trouble. I called for some vessel to receive the liquor amni, and ruptured the membranes. I had previously sent for Dr. Tennant. The fluid was carefully collected, and on measurement was found to be seventeen quarts. I was convinced that if the patient had remained in the miserable condition in which she had previously been with over-distended uterus, that it would have been almost impossible for pains of any utility to arise, and if they had arisen, I feared rupture of the organ. The relief she now felt was very great. There had been occasionally most excruciating pain in the hips and thighs, evidently from pressure on the nerves of the pelvis. This vanished, the breathing became natural and there was no more anxiety of the countenance. As soon as practicable I gave her 30 drops tr. opii, and had her put comfortably to bed. I might say that labor now ceased for about two hours, as only an occasional pain troubled her, and she rested quietly and had some sleep. The fluids were not much discolored, but had a peculiarly heavy and disagreeable odor. The rest of the labor proceeded naturally enough and she was delivered of twins, both dead and had been so for some weeks, as the cuticle was easily detached and in some places separated or raised in blisters. The first child was one of the most remarkable monstrosities that I ever saw or read about. There was no head, the arms and shoulders were entirely absent, and it appeared to consist merely of the thorax and lower extremities, the former being much contracted. There did not appear to be any excess in the development of this fetus as far as the lower limbs were concerned. It was a male. The other child was a female and was quite naturally formed in every respect except the fingers and toes, which were merely rudiments. I have these malformations in my possession at present. The funis of the acéphalous child was also well worthy of note. It was very thick and measured fifty-six inches in length. That of the other child was normal. The placenta was also remarkable. I took a portion of it home, and on examining it under the microscope, I found it full of small ulcers of a greyish white

color, and these were filled with pus and blood corpuscles in a state of disintegration.

I will now give a sketch of two other cases that have come under my care since, and as they agree in many respects are well worthy of note and careful consideration

In September, 1869, I was called to see a lady who had been under the care of a medical practitioner a considerable distance from my residence. Her husband urged me to proceed at once, as he said his wife was "dying by inches." Having arrived, I found that Mrs. B. was not by any means suffering much, but had had a long and weary labor, with the pains exactly of the character of those of Mrs. M., of Ashfield. I asked her to lie down for a few minutes, but this she said was impossible as she would choke and could not breathe. I examined the abdomen and found it extremely tense, and in every way the symptoms appeared to be the same as in the case I have previously recorded. I at once advised the rupture of the membranes. Every one, I may state, that was in attendance on Mrs. B. was in a considerable state of alarm, and her mother who had been without sleep for two or three nights I found it prudent to have removed. Having allayed the fears of the friends as far as possible, I then proceeded to rupture the membranes. A large quantity of liquor amni escaped, and having collected and measured it there were in all about twenty-three pints. The labor was then nearly the same in every respect as that of my former patient. The fœtus was dead and had been for some time. The head was much larger than normal, and there was little development of the parietal, frontal and temporal bones, but the cavity was densely filled with fluid, and there could be no doubt but the child had hydrocephalus. It was easy to press the head into any desired shape, as the bones seemed to be swallowed up, so to speak, in the general mass. There was the same peculiar odor as before. The funis was about thirty-five inches long, much thickened and of a gelatinous consistence. Mrs. B. experienced the greatest relief after the water was discharged and had a gentle sleep for about an hour afterwards, before the fœtus was expelled. I examined the placenta next day with the greatest care on coming home. It was a *fac-simile* of that of Mrs. M. The small ulcers were rather more extended and had the same quality of pus and disintegrated blood corpuscles, the placenta also presented that

greyish blue color so well known to practical accoucheurs. When I tore the placenta apart, in both cases it ruptured easily, and a sanious fluid oozed from the torn surfaces freely. These surfaces had a very ragged and peculiar look which I find difficult to describe. The blood vessels seemed to be easily detached from the engorged mass, the coats were much thickened and the same gelatinous coating extended to the funis.

The recovery of Mrs B was rapid and most satisfactory, and like Mrs. M the vigor of the system seemed rather increased than otherwise.

Case 3. Last October I was called to see a Mrs. F., about ten miles from my residence. She differed from the foregoing cases in general constitution, as she was extremely delicate and easily excited. A very worthy gentleman of the profession had been attending her, and I had consulted with him about her before her confinement. I found considerable tension of the abdomen and pain in the pelvis and thighs, but there was not by any means so much dyspnoea as either of the others complained of. In fact the distention of the uterus was not so great. I at once ruptured the membranes and about eleven pints of fluid escaped. Mrs F obtained the same relief as the other patients, and I think even more in proportion. The fœtus was dead. The liquor amnii was natural and the funis was about twenty, seven inches long. About three weeks before her confinement she had fallen off a stool, and afterwards had some flooding to the extent of about a pint. I examined the placenta most carefully. It had the appearance of having been separated from the uterus to the extent of two and a-half or three inches previous to her confinement, and this part had a contused look on the free surface. In this part also there were the same small cysts of matter and bloody deposit, but the rest was quite normal and the funis likewise.

Here we have three cases of excessive liquor amnii, all the placentas were more or less diseased in a similar way, and all the fœtuses were dead. We can easily trace the cause in Mrs F's case to an injury, but there was no such reason to be found in the others. I minutely enquired if such was the case, and was answered in the negative.

We have here then three cases with 34, 23 and 11 pints of liquor amnii respectively, and the agreement in symptoms

remarkable. The questions that naturally arise are . 1st. What is the cause of this ulcerated condition of the placenta? 2nd. Does this cause the excessive secretion of fluid? and 3rd. How is the amnion affected? I have little doubt in my own mind that the cause of abortions in general is this diseased and ulcerated condition of the placenta. I could mention many cases in proof of this, and I think I may safely state that in nearly all cases of abortion there is an excess of liquor amnii, and the amnion is much discolored, thickened in general or covered with small turgid masses or patches that are quite apparent to the naked eye. In cases of women who are almost unable to carry the fœtus to maturity, there is generally a weakness of a hereditary nature, often accompanied with strumous indications, or we find that there is a hyporemic condition of the system, that requires to be carefully guarded against during gestation. In both cases I have known the placenta to be ulcerated. The placenta is the mainspring of all the mischief, the vessels distributed to the fœtus become diseased, the amnion next suffers, and its secreting surface is exasperated or chronically inflamed, and the liquid is cast off in an enormous excess. The fœtus dies, and at the proper time nature casts it forth.

The precise cause of ulcers in the substance of the placenta is not very easy of explanation. I would like to advance some ideas on this subject, but I am afraid of encroaching too much on the space of this number. In some future number I hope to renew the subject and mention other cases to the point. In the meantime, Mr. Editor, may I through your pages ask the assistance of other gentlemen in the profession, to inform us of similar cases and to give their ideas on the subject, as it is one of much importance. I have read several excellent treatises on the point, but still there is a great want of proper information. In closing at present, I sincerely hope that some of our brethren may step forward to assist in the elucidation of this intricate matter, and give us the benefit of their opinion upon it.

ON THE USE OF IPECAC. IN EPIDEMIC DYSENTERY.

BY HENRY M. JONES, M.D., NARMORA, ONT

In 1868, during the months of July, August and September, a disease appeared, which, from the symptoms I observed, has induced me to call it by the above name. It was also called Canadian cholera and ship fever, characterized in nearly all the

cases that came under my notice by purging, more or less vomiting, paroxysms of fever, quick pulse, furred tongue, tenderness of abdomen upon pressure, and ulceration of the lower part of rectum, accompanied—when the fever made its appearance—by excruciating pain in that part of the bowel, which caused the patient to scream out in agony. At the time of its appearance here, it was spreading with fatal rapidity in the villages of Trenton and Sterling and along the Pidge Road in the townships of Rawdon and Huntingdon, and in these places a great many died. Six deaths occurred in this township. The disease was very baffling, old practitioners did not seem more successful than the younger ones. At the close of the epidemic, a remedy was brought into use with favorable results. This was ipecac. Hitherto all the most powerful astringents seemed to have no effect in stopping the discharge—opium being used almost to narcotism. I once thought of trying this remedy, but the vomiting in some cases being so bad I hesitated about doing so, and did not use it till 1869, when I had a good chance of trying it in five or six cases of the same disease, with good success. At the outset, I gave to an adult thirty grains of ipecac and ten minims of laudanum, after that, from three to four grains every three hours. Mild astringent injections were used for the purpose of allaying the irritation of the rectum, opium internally to relieve pain; supporting the strength, when necessary, with beef tea, wine and stimulant tonics. I thought more highly of this remedy than of any of the astringents I had used, for these reasons that it did not check the discharge all at once, but controlled it; and when it had obtained its full effect it set up a healthy reaction of the bowels, which did away with the necessity of using laxative medicines. The bowels appeared, from the discharge, to be covered over by an increased mucous secretion, which prevented astringents from operating favorably; whereas, by giving ipecac, the peristaltic action of the bowels was increased, and by this means they were relieved of this irritating secretion. Ipecac., by helping to reduce the circulation and acting as an expectorant and diaphoretic, would have a tendency to check any morbid influence that might be secretly at work. Lastly, that opium and other astringents tend to check some of the important secretions of the body. Ipecac., on the other hand, by its diaphoretic and expectorant properties, seems to

increase rather than decrease them. I also noticed that the vomiting was not increased, but, on the contrary, it seemed to allay this distressing symptom. As I had good opportunities of watching my patients during the administration of ipecac, I formed an idea that though they were in a dangerous state, as soon as there was a feeling of nausea developed, the prognosis would be favorable. How far I am right I cannot at present determine, for I had only six dangerous cases under my care, and all recovered. If there should be any epidemic this summer, I shall most certainly try, by careful watching, to ascertain whether I am right or wrong. If any of my older brethren can give any more information on this subject, I shall be very glad to hear from them.

CORRESPONDENCE.

(To the Editor of the *Canada Lancet*.)

SIR,—I saw in your issue of last month a well deserved stricture on the conduct of Dr. H. Strange, Registrar of the Council, by Dr. Saunders, of Kingston.

The Medical Registrar is undoubtedly the wrong man in the wrong place, for he has shown himself extremely careless and most shamefully remiss in the performance of the functions of his office. I had much difficulty in getting my license from him, after having kept it in his possession for some months, and I know of several others who were similarly treated. It caused me extreme annoyance, at a very particular time, and when my registration certificate did come to hand, neither apology nor explanation accompanied it. He appears to regard such flagrant remissness with the utmost complacency, and shows a "brilliant" contempt for the medical men of Ontario. I hope he will soon be removed from a position he seems totally unqualified to fill, as he is regarded by many members of the profession as a public nuisance.

Please give this a place in the next issue of the *Lancet*, as it may help to call the attention of the proper authorities in such a way as to compel him to resign, as he should do, or be forcibly removed.

Yours truly,

JOHN H. GARNER, M.D.

Lucknow, Feb. 9, 1871.

(To the Editor of the *Canada Lancet*)

MR. EDITOR.—I have had a diploma in the Registry office for nearly ten months for which I have written time and again without effect; and as I am now about to enter an action in order to recover it, who will be the defendant in the case,—Dr. Strango, or the Medical Council? I request the favor of an answer in the "*Lancet*."

Yours truly,

H BRIDGMAN.

Fenelon Falls, Feb. 21, 1871.

[The Medical Council would most undoubtedly be the defendant to such an action. The Registrar is the paid officer of the Council, and as such is responsible to that body; while the latter are responsible to the public for the proper performance of his duties as their paid servant.]—ED.

The *Canada Lancet*,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

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TORONTO, MARCH 1, 1871.

AMALGAMATION OF MEDICAL COLLEGES.

We notice in the January (11th) number of the "*Medical Press and Circular*," an article on the proposed amalgamation of the London medical schools. The proposal to amalgamate some of the London schools has been under discussion for some time past. University College and the Middlesex and St. Mary's Hospitals have such a move in contemplation, and will, if carried out, form a very efficient school, with a large staff of teachers, and cannot fail to prove highly advantageous to medical students. Under this arrangement, the student will have access to all the lectures he may choose to attend, upon payment of one

fee, and the clinical advantages of all the three hospitals will be gained in addition. There will of course be no advantage in this to the junior student, who will best consult his own interest by close work in the dissecting room of one of these institutions, and by mastering the elementary part of his work first, but for the advanced student it cannot fail to prove highly advantageous, by giving him more enlarged views, and a more complete knowledge of the profession, than if he had confined his studies to any one institution. A regular training in clinical work is most assuredly of the utmost importance to the senior student, and this arrangement will present such advantages in this respect as are seldom afforded.

Some of our most successful medical men are those who have spent more than the usual time in clinical study, at the various hospitals in the large cities of both the old and new world, and although a little more time and money were expended in acquiring their professional education, it has been more than counterbalanced by the advantages they have derived from so intimate an acquaintance with disease in all its forms, and the most approved plans of treatment. We are sure that no one regrets the extra time spent in this way, and we look upon the move in the direction above indicated, as tending to the same object, and that at much less expense and inconvenience to the student.

In carrying out this scheme, some of the teachers will be obliged to give way, as the union of the three Faculties, in their entirety, would be too cumbersome, and we have no doubt some difficulty will be experienced on this point, but the fact that nearly all of them are advocates of this scheme shows that they possess that amount of self denial which characterizes all our best men. It is quite possible that in this, as in a great many other instances, the best men may not be selected for the various Chairs in the amalgamated School, but no private interests or undue influence should be allowed to prevent the appointment of the best and most suitable men, and if this is satisfactorily carried out, we can see no reason why the change will not prove of immense advantage to all concerned. We wish them all success.

We also look forward to the time, not far distant, when such an amalgamation will become a matter of expediency among ourselves. The interests of medical education are not best promoted

by a large number of medical schools; but by the marked efficiency of those which have the confidence of the public. Small schools are very discouraging to the teachers, and anything but attractive to the students, and hence it is that a number of our students prefer to go to New York, Philadelphia and elsewhere every year, who might be induced to remain at home.

We are fully aware that the discussion of this subject at the present time is premature, but we have no hesitation in saying that in due time this matter will be forced upon the attention of the College authorities, and the expediency of lessening instead of increasing the number of teaching bodies, both in arts and medicine, and increasing the efficiency of those remaining, will be most strongly insisted upon.

THE SOCIAL EVIL.

Our friends over the way have been greatly exercised of late in reference to the best means of suppressing this vice. In St. Louis, the French scheme, with some slight modifications, has been in force for some time, and it is proposed to introduce it into all the large cities of the Republic.

It is argued by those who are advocates of the French system, that, since it is impossible to suppress prostitution by police regulations, it is better to license it and put it under sanitary control, in the hope of limiting the spread of venereal diseases. On the other hand it is urged that the licensing system is contrary to the spirit of the age and the genius of a free people, and because prostitution cannot be suppressed by police measures, is no reason that it should be licensed any more than that gambling, larceny or murder should be licensed.

Many attempts have been made, both in ancient and modern times, to suppress prostitution by the power of the law; but they have almost invariably failed, and ended either in a tacit or expressed toleration of the vice. This is no doubt owing to the fact, that the officers of the law are thwarted in their efforts by the secrecy of the crime, the collusion of the guilty parties, and the want of that moral sentiment of educated and enlightened public opinion that ought to prevail. It has also had the

effect, when pressed to the utmost rigor of the law, of breaking up the dens of infamy and forcing the strumpets into service, and thus they have found their way into the houses of many respectable families, where their lowliness and evil influence have been exerted on the minds of hitherto innocent youths of both sexes.

The adoption of the license system has also been most unsuccessful in lessening the prevalence of this vice and the diseases resulting from it. According to this system or regulation, all prostitutes are tolerated who register their names as such with the police. They must live in parts of the city assigned them by the police, and subject themselves to medical inspection once or twice a-week; and when found diseased, they are sent to a prison hospital until cured. Now this seems, on the face of it, a most effectual way of lessening the spread of venereal disease; but in practice it is found a very different thing. Every medical man knows that a prostitute who has been with a syphilitic man, though quite healthy herself, remains for several days as dangerous as though she was herself the subject of that disease, so that no amount of vigilance on the part of the physician can prevent the spread of the disease. Besides, only a very small proportion of the prostitutes can be forced to register. In Paris, out of about 30,000 prostitutes, only about 3,000 are registered, or 1 in 10, so that in defiance of authority and the vigilance of the police, nine-tenths of these women refuse to register, and carry on their avocation clandestinely. The reason of this is, in the first place, that men who frequent such places, for obvious reasons, show a preference for clandestine women, and the women themselves revolt at the idea of being publicly registered as prostitutes, without any hope of reform or return to respectability. Most women, too, abhor the medical examination of their persons, and the more so, as in case they are found diseased, they are imprisoned in a hospital until cured, a period sometimes of many months, and therefore it is not to be wondered at that the license system has been a failure, both in the effort to prevent the spread of disease, and bringing under control the worst class of prostitutes.

The best plan for the reform of this class is undoubtedly the common sense one—that of a tacit toleration in the meantime, the exercise of constant vigilance on the part of the police to

prevent further increase in the number of houses, the breaking up of the more disorderly, and the imposition of frequent and heavy fines. The fines should go to the support of a special hospital or department of a general hospital for the cure of venereal diseases, where those infected—both male and female—could go for relief.

In addition to this, most strenuous efforts should be made, by Christian men and women, towards the reform of this class. Houses of refuge should be liberally supported, and made as attractive and useful as the circumstances will admit.

In this way police power, religion and philanthropy would all work harmoniously in the maintenance of order, the abatement of disease in its most hideous forms, and the amelioration and improvement of mankind.

TO SUBSCRIBERS.

We regret very much that we have been unable to supply all our subscribers during the past month. We received between 300 and 400 new subscribers during the month of January, and a large proportion of these have not been supplied with copies of the February number, as we issued only 1,000 copies for that month. We have however, issued 1,200 copies for the month of March, so that those new subscribers, who have not received the February number, may consider their subscriptions to commence on the 1st of March, instead of the 1st of January. Our subscription list has been steadily and rapidly increasing since we assumed the management last September, and we feel very grateful to our friends and the profession generally, for their liberal encouragement and support in our enterprise.

The following will give some idea of the rapid increase of the circulation of this journal, and we mention it in no boastful spirit, but as evidence that a well conducted journal can and will be supported by the medical profession.

Number of copies required for September	400*
“ “ “ “ October	500
“ “ “ “ November	550
“ “ “ “ December	650
“ “ “ “ January	700
“ “ “ “ February	1000
“ “ “ “ March.....	1200

* This was the number required for the *Domestic Medical Journal*.

We have also been most abundantly supplied during the past month with original matter for our pages, some of which has been held over for the next month. This, we take it, is unmistakable evidence of the interest which has been awakened, by the contribution of new and original matter by different parties, within the past few months, and augurs well for the future success of the journal in this respect.

We must also return our thanks to those subscribers who have so promptly remitted the amount of subscription due, and we would take the liberty of saying that we have a supply of thanks on hand, for those who have not yet done so, but who, we have no doubt, will remit at their earliest convenience.

We regret to announce the death of Prof. George T. Elliott, M.D., of New York. He was born in the city of New York, May 11th, 1827. He graduated at Columbia College in 1845, and immediately began the study of medicine under Dr. Valentine Mott, and graduated in the spring of 1849. Since 1861 he has been Professor of obstetrics and diseases of women and children in Bellevue Hospital Medical College, in conjunction with Profs. Taylor and Barker. His death was caused by apoplexy.

TORONTO EYE AND EAR INFIRMARY.

We have much pleasure in directing attention to this valuable charity, the third annual report of which (for 1870) is now before us.

This institution was opened originally as a Dispensary (at No. 12 Shuter-st.), in May, 1867, the necessary funds being contributed by the citizens of Toronto. It was continued as a dispensary for more than two years, patients from a distance, during that period, being operated upon at their boarding houses. Early in 1870, the local Legislature appropriated the sum of \$1,000 as an annual grant, more especially for the purpose of maintaining emigrants and lumbermen while under treatment. In March, 1870, the institution was moved to larger premises, at 21 Adelaide-st. west, consisting of a brick building, three and a-half storeys high, with accommodation for about 16 intern

patients, and with a dispensary department for *extern* patients.

From the last report, we learn that the number of patients admitted during the three years, ending May, 1870, was 411. Of these 36 were ear-patients, and 375 eye-patients. According to the report, the large number of 346 were either cured or relieved, 18 left while under treatment, 7 were incurable, 4 were unimproved, in 2 cases the result was not known, and 32 were still under treatment at the end of the year.

There are recorded, 20 cases of phlyctenular conjunctivitis, 70 cases of phlyctenular keratitis, and 25 cases of ulceration of the cornea,—diseases resulting directly from impaired nutrition, and many of them dependent upon a scrofulous habit. This class of cases seems to form over 25 per cent. of eye diseases treated at this institution.

The operations for the first year, it seems, were not recorded; but, for the last two years, there are recorded 108 surgical operations, 39 of which were for iridectomy, and 20 for cataract. We notice that in all the cases of senile cataract (8 in number), the operation was by extraction, and we learn that the "flap" operation is preferred by the surgeons of this institution, to the "modified linear," as practised by the late Prof. Von Graefe and other German oculists.

The experience of the Toronto Eye and Ear Infirmary, during the past three years, has fully confirmed an opinion to which practical expression was long ago given in Great Britain and the United States, viz., that diseases of the eye and ear are more likely to be successfully treated at institutions especially designed for and adapted to their treatment, than at General hospitals.

The institution is under the management of a board of twelve directors, who are chosen annually at a meeting of the subscribers. The officers are a surgeon, an assistant-surgeon, a consulting surgeon, a steward and a matron. The charge for board for *intern* patients is \$3 a-week, which must be paid in advance either by the friends of the patients or the municipality sending them. There is no preliminary form of application necessary. Private patients are not admitted. The institution is for the poor only.

Further information may be obtained from the President, A. T. McCord, Esq., City Chamberlain, Toronto, or W. T. Mason, Esq., Secretary.

Medical officers. { DR. ROSEBRUGH, Surgeon.
DR. REEVES, Assistant-Surgeon.
DR. CANNIFF, Consulting Surgeon.

We are informed, on good authority, that the medical department of Trinity College, Toronto, is to be revived and re-opened for active duty on the 1st of October of the current year. We have not as yet been fully informed as to the personnel of the staff, but it is positively stated that the old medical faculty of Trinity College will form the *nucleus* of the faculty in this department. The tests have been set aside. Examiners have been appointed for the examination of candidates for the degree in medicine of this university in the ensuing spring. We defer any further remarks on this subject until some future number

George Wilkins, Esq., M.D., of Toronto, has lately passed a successful examination before the Court of Examiners of the Royal College of Surgeons, England, and was admitted a member of the college. Considerable time has elapsed since Dr. Wilkins obtained his degree in Canada, during which he has been acting in the capacity of surgeon on board steamers plying between Europe and America.

Mr. Sidney Jones, F.R.C.S., has lately been elected staff-surgeon at St. Thomas' Hospital, London, England. Mr. Jones was an old student of St. Thomas' Hospital Medical School, and has for a long time occupied the position of Senior Assistant-Surgeon and Lecturer on Ophthalmic Surgery, and on Descriptive and Surgical Anatomy at the Hospital. His friends will be glad to hear of his promotion to such an honorable and responsible position.

THE LATE DR. MAYO.

The death of Thomas Mayo, M.D., F.R.S., formerly President of the College of Physicians, and a distinguished writer on medical subjects, is announced as having occurred at Corsham, on the 18th of January. He was born in London in 1790, being a son of the late John Mayo, M.D., and from Westminster school proceeded to Oxford, where he became a Fellow of the Oriel College, and took the degree of M.D. in 1818. In the following year he became a Fellow of the Royal College of Physicians of London, and in 1856 he was elected President of that institution.

Dr. Mayo acted for many years as physician to the Marylebone Infirmary. His principal works are *Elements of the Pathology of the Mind*, 1838, *Clinical Facts and Reflections*, 1847; *Outlines of Medical Proof Revised*, 1850, and a treatise *On Medical Testimony and Evidence in Cases of Lunacy, with Essays on Soundness of Mind*, 1854.

Selected Articles.

SURGERY.

THE TREATMENT OF ULCERS AND OTHER GRANULATING SURFACES BY TRANSPLANTATION OF SKIN.

[This ingenious method for the healing of ulcers which have resisted other methods of treatment was the invention of M. Reverdin, and it was first tried in London at St. George's Hospital last May, by Mr. Pollock, since which time it has been widely adopted, and with unexceptionably favourable results when employed in suitable cases. The procedure is exceedingly simple, and may be thus described—Having waited until the wound or ulcer has assumed a healthy granulating appearance, a bit of the whole thickness of the skin, say the size of half a split pea, but without any of the subcutaneous cellular tissue, is pinched up from the inner side of the arm, and removed with a sharp scalpel or scissors, curved on the flat. If the granulations are perfectly healthy and florid, the little bit is then pressed flat, with its under surface upon the granulations, and kept firmly applied by a strip of isinglass plaster passed across the ulcer. This form of plaster is useful in permitting the surgeon to see through it and watch the fate of the graft. Should the granulations be old and feeble, it will be better to follow the plan of Mr. Dobson, of Bristol, who divides on his thumb-nail the small bit of skin into five, seven, or nine pieces, as the case may be. He then makes a superficial incision into the granulations, waits until the slight bleeding has ceased, and inserts the grafts on the point of a needle. Care must be taken not to make too deep an insertion, or the graft will be entirely enveloped, and will be

longer in showing itself. The plaster may be left for five days or a week, by which time the graft will have become firmly attached to its new bed, and, perhaps, if very small, imbedded and hidden among the granulations. It will soon, however, become again apparent, and then, with a lens, the characteristic blue line of growing cicatricial tissue will be discerned surrounding it.]

As regards the behaviour of these minute portions of skin in their novel situation, Mr. Dobson, speaking generally, says. "At about the second day the cuticle begins to separate; by the fourth day only a faint pale spot marks the insertion, or there may be no evidence of it left at all, by the sixth day a faintly vascular spot of granulation appears. This becomes glazed and in a few days more the usual covering of cicatrix is formed. The patch is usually circular, and presents slight ridges, and continues to increase in size circularly until it reaches its maximum of growth. I have never seen a patch larger than a florin, and I have now seen large numbers of them. I should say that the average growth will not exceed the size of a sixpence.

The size of the piece of skin grafted seems to be somewhat a matter of fancy. Mr. Dobson, for example, seems to prefer to divide a bit not larger than half a split pea into from five to twelve pieces, and dot these over the surface of the granulations in such a manner and sufficiently close together as to speedily subdivide the original sore by their coalescence. At St. George's Hospital, Mr. Pollock uses minute portions, not exceeding millet seeds in size. Mr. Mason, of the Westminster Hospital prefers pieces of the size of a canary seed. At the Charing Cross Hospital, Mr. Bellamy employs very small grafts. At the University College Hospital, Mr. Heath uses small bits, the largest being the size of a split pea, while Mr. Lawson has treated most successfully at the Middlesex Hospital, two ulcers of the leg with grafts as large as sixpenny pieces.

As illustrations of the practice, we subjoin the following cases. The first eight are from the *Lancet*, and were under the care of Mr. Mason. The first case is that of a woman who for three years had an ulcer of the leg, measuring four inches by three. Three pieces of skin of the size of a canary seed were snipped from the front of the upper arm, and simply placed on

the ulcer, and retained in position by a strip of transparent plaster, and over this water dressing and a bandage were applied. At the end of a month the ulcer had nearly healed, and each of these pieces having, in a month, attained the size of a fourpenny piece.

The second case was that of a man with a flabby-looking ulcer as large as the hand, situated in the groin. Four small pieces from the front of the upper arm were grafted. Three failed to grow, and the fourth, after one month, was only of the size of a pea.

The third case was a woman with an unhealthy ulcer of the leg, extending nearly all round the limb. Four pieces were grafted and they all failed to grow.

The fourth, a woman with an ulcer of the leg, of four years' standing and two by three inches in size. Two pieces of skin were grafted, and in three weeks measured each a quarter of an inch in diameter.

The fifth, a man of middle age, with an ulcer of the leg, four by three inches in size, of nearly four years' standing, which was sloughing at the time of admission. Charcoal and linseed poultices were first applied and the wound soon showed fairly healthy granulations, on which four pieces were grafted, and on the strips being removed four days later, they were all found to have adhered. When seen eleven days after the operation, they were spreading rapidly.

The sixth, a girl, aged twenty, with a flabby ulcer on the thigh, of eight months' standing. Two pieces were grafted with good result. In the seventh and eighth cases there were smaller ulcers, in which one piece only was grafted. They rapidly recovered.

In the second and third instances the failures arose from the trial being made upon unhealthy ulcers. A graft may, moreover, fail from want of delicacy or from carelessness in the manipulation; for it is just one of those procedures which, though simple and easy of execution, require care and attention to minute details.

A typical example of healing of a large indolent ulcer from a burn occurred in the practice of Mr. Dobson. A lad, fifteen years of age, had received a fearful gunpowder burn of the abdomen, which, after the greater portion of the resulting wound had

cicatrized, left a granulating surface eight inches long by five wide, which had for nearly six months refused to heal. Altogether, there were seven pieces of skin removed from the inner side of the arm, which by subdivision yielded about forty grafts, by far the greater number of which lived in their new home. They were inserted pretty closely together and in twelve weeks cicatrization was complete. In the following case from the *Medical Times and Gazette*, a large graft was used.—

“A man, aged twenty-four years, had been suffering from ulcers on the legs for three years, the sores sometimes healing over, but they had never been so bad as at the date of admission (Middlesex Hospital). On September 22, upon one of these ulcers, which had now assumed the appearance of a healthy granulating sore, two and a half inches square, Mr. Lawson grafted a piece of skin nearly as large as a sixpence, taken from the arm. During the first week the fate of the bit seemed uncertain, but by the seventh day it was clearly living, and more vascular looking than before, and it thenceforward continued to spread rapidly. When we saw the man again on October 18, the ulcer had completely healed, but the transplanted skin was readily discernible as a slightly elevated island of natural integument in the midst of a surface of glazed cicatricial tissue.—*Medical Times*.

CASE OF ALLEGED MALPRACTICE

BY JOHN J. REESE, M.D.,

Professor of Medical Jurisprudence and Toxicology in the
University of Pennsylvania.

Cases in law, in which an action has been brought for alleged malpractice, have, within the past few years, become increasingly frequent, both in Philadelphia and New York. Unprincipled patients, who have been wisely and skillfully treated by experienced surgeons for diseases the cure of which must necessarily entail some deformity—such as certain fractures and luxations, caries of the spine, etc.—not unfrequently exhibit their appreciation of the attention and skill of their surgeon by dragging him into court in a suit for heavy damages for alleged

malpractico in their case. That this is a most flagrant wrong to the practitioner, as well as the grossest outrage against justice and humanity, none will deny. But the glaring violation of right may not always be vindicated in the courts of justice, and a stupid and prejudiced jury *may not* always render a verdict in accordance with truth and equity. Hence it becomes a matter of the utmost importance to the profession to protect itself against all such flagitious attacks.

In nearly every case we may be certain that the plaintiff is prompted by the base desire of pecuniary gain, hoping to realize a handsome profit by his infamous scheme; and in too many instances, it is to be feared, he is instigated, by some wretched hanger-on of the law, or, it may be, even by some so-called doctor, who has been promised beforehand a goodly share in the expected plunder.

A case of this nature (*Hairo vs. Reese*) which lately occurred in this city, and in which the writer was the defendant, has excited a good deal of interest in both the medical and legal professions, inasmuch as it involved certain questions of importance, both in a professional and scientific point of view. The very able charge of Judge Thayer exhibited all the main points with sufficient clearness; but it may not be amiss to give a synopsis of the case in order that it may prove of service to some brother hereafter who may be so unfortunate as to meet with an equally unscrupulous and vicious customer.

On the 2nd day of February, 1869, I was hastily summoned to the Colored House of Refuge, to attend a man who had, while painting the house, fallen from the second-story window upon the stone pavement beneath, about twenty-five feet distant. His fall had been somewhat broken by his lighting first upon the railings, and then being thrown off upon the ground. I found him bleeding profusely from a lacerated wound in the scalp, and groaning piteously from pain about the right hip, on which the force of the blow appeared to have been spent. My first duty was to arrest the hemorrhage from the head. On examination I found no fracture of the skull, and consciousness was perfect. On next proceeding to examine the condition of his hip and leg, so great was the agony expressed on the slightest movement of the limb, that I desisted from further attempts until I could have him removed to his own home, where I might etherize him, and

so institute a careful and thorough examination. I accordingly had him placed in a covered spring waggon, upon a bed, and thus conveyed to his residence, some three miles distant. I preceded him to his house, in order to be prepared for his arrival, where I had a bed made ready for him in a lower room. After a complete anaesthesia, I proceeded to make a thorough exploration of his limb. To my surprise, I found neither fracture nor dislocation, although I examined him most carefully. On drawing the limb down, there was neither shortening nor lengthening discovered, neither inversion nor eversion of the foot; and on rotating the thigh, with one hand on the hip joint, there was not the slightest crepitation. In fact, there was an entire absence of all the symptoms of either fracture or luxation about the hip. The shaft of the femur was likewise uninjured. The case was simply one of excessive contusion about the great trochanter, in which the muscles and nerves suffered primarily; but which, as will be seen, subsequently resulted in some shortening of the limb. I had the patient carefully placed in bed, on his back, and kept at perfect rest. Anodyne lotions (lead water and laudanum) were at first kept constantly applied to the hip which continued extremely painful, and subsequently slightly stimulating and anodyne applications were made. Under this treatment the man began slowly to improve, his pain diminished though the swelling about the hip did not entirely disappear.

Three weeks after the accident, feeling anxious lest possibly I might have made an error in my diagnosis, and lest there might have been a fracture of the neck of the femur, I asked my friend, Dr. D. Hayes Agnew, Surgeon of the Pennsylvania Hospital, to see the patient with me, which he kindly consented to do. Together we again instituted a most critical and searching examination, by all the methods known in surgery. The man was laid upon his back, and his legs carefully measured, both by comparing them with one another, and also by the tape-line. Then rotation of the thigh was practiced, one hand being held over the joint, in order to discover any crepitation, as well as to notice the arc described in the movement of the trochanter. Next he was made to stand upon the sound limb and swing the affected one to and fro. From all these various means employed, Dr. Agnew arrived at the conclusion that there was certainly no sign of either fracture or dislocation, thus confirming my original

diagnosis, that it was simply a case of contusion of the hip. I continued to visit him until May 10th, a period of just fourteen weeks, seeing him every day for the first week, and subsequently less frequently,—making him in all, twenty-one visits. About a week before I ceased my attendance, I permitted him to walk about on crutches, which he was able to do with considerable facility, although he could not put his foot to the ground without still feeling pain in the hip joint.

I heard nothing more of this man until the month of August following, when I was rather astonished at receiving a note from an attorney, apprising me that my quondam patient, who I was fondly imagining, was cherishing grateful recollections of my kind attentions, (for he has never paid me a farthing for my services) had commenced a suit against me for damages for causing him to have a shortened limb, alleging that this had resulted from my want of skill and attention to him! I soon satisfied this legal gentleman that there were no grounds for an action, when he at once abandoned the case. About a week afterwards I received another similar missive from a *second* attorney. This gentleman likewise threw up the case as soon as I convinced him of the absurdity of the allegation. But, what was most extraordinary, my friend, Dr. Agnew, who only saw the patient once in consultation, and who did nothing but—what my learned counsel tersely observed in his cross examination of the plaintiff “—measured his legs,” was also sued at the same time by our aggrieved patient. We heard nothing further from our friend for about six months, when we received a notice from a *third* attorney that our cases would now certainly be pushed to a trial. In the mean time, however, still another member of the legal profession—the *fourth*—had been consulted, who, on hearing the circumstances of the case, wisely declined having anything to do with it.

Dr. Agnew's case was the first called up, in May last; but it was postponed. My own case, after having been also postponed at the plaintiff's request, was tried on the 17th and 18th of October last. I had never seen the man Hale since May, 1869, a period of more than seventeen months. He undoubtedly had, when I saw him in the court room, some shortening of the limb, and the testimony of several surgeons who had examined him about a year after his accident, was that shortening did

exist at the time of their examination. But there was not one of the medical witnesses for the prosecution who would, or could say that this shortening was the result of previous fracture of the thigh-bone, they all unhesitatingly admitted that shortening might be very properly accounted for by an interstitial absorption of the neck of the bone, occurring as the result of the contusion of the hip:

This was the ground which I took in my defence. I denied that there had ever been a fracture, in which opinion I felt fortified, both by my own original examination of the joint, and still more by the subsequent very careful and exhaustive examination of Dr. Agnew. I contended that the shortening of the limb was the result of the interstitial absorption of the neck of the thigh-bone, caused by the violent contusion of the trochanter, inasmuch as it did not show itself for several months after the injury. I was fortunately enabled to sustain my position, not only by appealing to the experience of my own medical witnesses,—the most distinguished surgeons and professors of our city,—but also by numerous morbid specimens, which completely illustrated my case, and which were so clearly exhibited by the defence, as to be perfectly intelligible even to the jury. I was also happily enabled to appeal to some very striking cases of a similar injury (contusion), recorded by Mr. Gulliver in vol. xvi. of the *Edinburgh Med. Jour.*, 1836, and also to the valuable lecture of Mr. Pagot, in *Brit. Med. Jour.*, Feb. 19, 1870, both of which may be consulted with advantage as throwing much light on this often obscure point,—“the cause of shortening of the leg as the result of direct injury to the hip.”

The able charge of the judge reviews the whole ground. The well-established point of law, that an action for malpractice can be sustained only by proving a want of ordinary skill and of attention on the part of the defendant, is prominently re-affirmed; and the proofs of the contrary in the present case are clearly set forth. The scientific portion of the defence is also sufficiently elucidated and dwelt upon. After a clear expression of his own convictions from the testimony given, the judge sent the case to the jury, who, without leaving their box, returned a verdict for the defendant, the costs to be paid by the plaintiff.

I feel under the deepest obligations to all my professional brethren, who have so kindly sympathized with and sustained

me in this vexatious case. To my friends Profs. Gross and Agnow, and Drs. Brinton, Lewis and Packard,—all eminent surgeons connected with our largest hospitals,—and likewise to Drs. Duffie, Hurst and Schrottz, who, though called by the plaintiff, really rendered me most valuable aid in the cross-examination by their candid and lucid statements, I owe especial thanks.

I will only state, in conclusion, that I regarded it as a matter of principle, and as a duty which I owed to the profession, fearlessly to meet this lawsuit, which I might easily have avoided by listening to the base proposals of the plaintiff's counsel to pay black-mail. I felt that the honor of our common profession was on trial, and I cannot but congratulate my brethren, as well as myself, that the victory was won.—*Medical Times.*

M I D W I F E R Y.

A NEW NEEDLE FOR INTRODUCING THE SUTURES IN RUPTURE OF THE PERINÆUM.

BY ALEXANDER J. C. SKENE, M. D.,

Professor of diseases of women and Clinical Obstetrics in the Long Island College Hospital, Brooklyn, N. Y.

Rupture of the perinæum has claimed much of my attention from the fact that cases suffering from this accident are numerous—much more so than is generally supposed by the profession.

* * * * *

With a view to overcoming the obstacles so frequently encountered in the operation, I have devised a needle, which has been found to answer well the purpose for which it was intended. It is about four inches long, and slightly curved towards the point. The eye, which is about three-eighths of an inch from the point, has a groove on each side, running longitudinally both ways, and of sufficient depth for the wire to lie in it when being introduced. There is a small notch cut from the circumference into the eye, large enough to admit a medium-sized silver wire. Through this notch a loop of the wire is carried into the eye, and the ends are pressed into the grooves and carried back through a notch to the handle, which holds them so that the top cannot slip out of the eye.

The needle thus armed is entered on the left side at a proper distance from the edge of the fissure, and carried through, so as to emerge on the vaginal surface. The loop of the double wire is then lifted out of the needle's eye, through the notch with the tonaculum or finger-nail, and held while the needle is withdrawn. The needle is then introduced, unarmed, on the right side, at a point corresponding exactly to where the wire is located on the other side. The loop of wire projecting on the vaginal surface is then hooked up and carried into the eye of the needle through the notch. The needle is then withdrawn and the wire brought with it. In other words, the double wire is carried through the one side in the same way that the thread is put through the cloth by the sewing-machine needle, and it is brought out through the other side in the same way that the stitch is made with the crochet needle.

When all the sutures required are introduced, the ends are secured on the right side by passing a piece of gum-elastic catheter through the loops, or, what is better, a piece of hard rubber, oval in shape and notched on the edges at short intervals, into which the loops are carried. The sutures, thus secured at one end, are properly adjusted and tightened, and the loose ends on the left side are brought round another catheter or piece of rubber, and made fast by twisting.

It will be observed that I use *double wire*, believing that it is less liable to cut than the *single wire*. But the single wire, if preferred, may be used as easily with this needle.

The superficial sutures are introduced in the usual way; but in place of using wire or silk, I employ *horse-hair*, which I consider superior to either of the others, being more easily manipulated than wire, and not liable to cause irritation, even when left in for many days.

The facility with which I have been able to introduce the sutures with this needle in the heretofore rather troublesome operation of *rupture of the perinæum*, has induced me to make it public, believing that others who have met with the same inconvenience as myself, will find the instrument both useful and convenient.

Fears were entertained that the notch would catch in the tissues, and thereby obstruct the introduction of the needle, but practically, this has not given me any trouble.

Mr. Stöhlmann, of the firm of Tiemann & Co. where the instrument was made, suggests that this needle would answer admirably for the operation of cleft palate and similar operations; but as I have no experience in such operations, and do not expect to have any, I leave it to others to test its value, if, in their estimation, it possesses any in this branch of surgery.—
Medical Record.

PLACENTA PRÆVIA.

Dr Storer, at a meeting of the Boston Society for Medical Improvement," reported the following case.

"I was called, a few weeks since, to a lady in the eighth month of her pregnancy with her eighth child. I had attended her in seven of her confinements, she had always done well. Now, without any premonition, while sitting with her family, she was alarmed by a profuse hæmorrhage from the vagina. She was immediately removed to her chamber, and I was sent for. Arriving at her house in a very short time, I found her in bed, literally blanched by the loss of blood, gasping for breath, and her pulse scarcely perceptible. Upon raising the bedclothes, the hæmorrhage was found to be extreme. Introducing my finger into the vagina, the os was felt to have scarcely commenced dilatation, the extremity only of the finger could be passed into it. I immediately sent for ergot, and felt I must act at once, if my patient was to be saved, the tampon seemed out of the question, as the little additional blood which would inevitably be lost previous to its being checked by this method might destroy her. Accordingly, while stimulants were being administered, I endeavored to dilate the os, and by considerable continued effort, was enabled to pass my finger into it, and to separate the placenta.

"Upon obtaining the ergot, half a drachm of the powder was exhibited in infusion. Almost immediately after the placenta was delivered, the bleeding lessened, and soon entirely ceased, and with its cessation my patient began to rally and my fears to diminish. In the course of half an hour ergotine paine commenced and continued quite active for some time, when, having ceased, and the os being now sufficiently dilated, the forceps were applied and the child readily delivered. No untoward symptom supervened after delivery, and the lady was as well, at the expiration of a fortnight, as she had been at the same period in previous confinements. I have not reported this case as a rare one, but to encourage any of my brethren who may find themselves similarly situated.—*Boston Med. and Surg. Journal.*

M E D I C I N E.

IMMEDIATE PRECAUTIONS AND AFTER-PRECAUTIONS IN CONTAGIOUS FEVERS.

The medical practitioner with whom every "five minutes" is of importance, requires a ready method for informing persons in fever houses how to avoid catching fevers and kindred complaints. Verbal communications have to be repeated, but printed directions given to the nurse could be easily referred to. In zymotic diseases, the following printed rules, kindly forwarded us by Mr. R. Hanslip Sers, medical officer of the Southwell Union District, Nottingham, will, with slight alterations, according to the case, do much towards preventing their fearful spread as simply and as speedily as possible.

IMMEDIATE PRECAUTIONS DURING CONTAGIOUS FEVERS.

1. Separation of the patient from the rest of the household. A sheet to be suspended in front of the bed-room door, previously dipped in solution of Condy's Fluid, (one ounce of Condy's Fluid to a gallon of water).
2. Perfect cleanliness.
 - * "(a) All needless woollen or other draperies should be removed from the room in which the patient lies.
 - (b) All discharges from the patient should be received in vessels, in which chloride of lime or other disinfectant is constantly kept.
 - (c) All bed and body linen should be plunged into water, containing a disinfectant, immediately it is taken from the patient, and before it is taken from the room.
 - (d) Pocket handkerchiefs should not be used, but small pieces of rag, which should be burnt directly.
 - (e) Nurses and others whose hands come in contact with the patient, should wash them in water containing chloride of lime or other disinfectant, and afterwards in plain soap and water.
 - (f) All glasses, cups, &c., used by the patient, should be carefully cleansed before being used by others."
3. Free ventilation. Windows and doors alternately opened—the chimney not to be closed up.

* From Dr. Budd's directions.

4. Prompt removal of excreta.
5. All articles of clothing to be exposed to the action of boiling water, then rinse in water containing a disinfectant (one ounce of Condy's Fluid to a gallon of water).
6. Place lumps of wood charcoal about the room. In out places, fresh earth, or ashes, chloride of lime, &c., pay attention to the state of the drain—also to the water for household purposes. Avoid drinking water obtained from sources near drains or cess-pools.

AFTER-PRECAUTIONS.

1. The patient to have occasional warm baths at night, also moisten the skin as early as the fourth day with camphorated oil, and use Calvert's carbolic acid soap until the skin has completely cleared.
2. All articles of clothing to be disinfected.
3. Walls fresh papered and lime washed, furniture, floors, &c., to be disinfected; the mattress taken to pieces and well baked in an oven. The sick chamber may be thoroughly closed and sulphur burnt in it.

-Med. Press and Circular.

TORONTO HOSPITAL REPORTS.

SERVICE OF DR. AIKINS.

MALIGNANT TUMOR ON THE UPPER EYELID.

George —, aged 9, Canadian, was admitted into the hospital for the removal of a large malignant tumor which appeared to grow from the upper eyelid. The growth (which was of seven weeks' duration) was about the size of a man's fist, excluding the eye from view, and resting on the side of the nose and cheek-bone. It had assumed a very malignant aspect; the integument was destroyed, and large, irregular and unhealthy fungous granulations covered the entire surface. It was disposed to bleed freely when interfered with, but was not painful. The eye was to all appearance perfectly healthy, and vision was not impaired. It was decided to remove the offensive mass as early as possible, and from its apparent situation, seemed a very favorable procedure. After remaining a few days in the hospital, the operation was performed before the class, by Dr. Aikins, assisted by Dr. Beaumont. At the commencement, an effort was

made to save the ciliary margin of the eyelid, so that there might be as little deformity as possible, but on dissecting down, it was found that the base of the tumor involved the structures at the posterior part of the eyeball, to such an extent, that complete extirpation of the eye became absolutely necessary to the entire removal of the malignant mass. The whole cavity of the orbit was therefore scooped out, and all suspicious-looking tissue completely removed. There was very little hæmorrhage. Recovery was very rapid, the boy being able to leave the hospital in about a fortnight after the operation. The tumor, when examined under the microscope, presented all the characteristic appearances of encephaloid or medullary cancer. Its rapid growth, its great vascularity, freedom from pain, and its peculiarity of structure, all pointed in the same direction, and although the boy is relieved for the present, from a disagreeable and offensive mass, it is altogether likely that it will, sooner or later, return in all its virulence, and ultimately secure its victim.

COMPOUND COMMINUTED FRACTURE OF THE ARM.

James H.—, aged 39, Canadian, was admitted into the hospital February 2nd, in consequence of a severe compound comminuted fracture of the arm. He was employed as a cooper in Aldwell's brewery, and having occasion to go into the engine-room to adjust the shaft of the pump, he stood up on a barrel, and the head giving way, he fell over upon the fly-wheel, and while still clinging to the pump shaft with one hand, the other was caught and severely fractured and lacerated by the action of the fly-wheel. The ulna and radius were both broken about the junction of the lower with the upper two-thirds of the shaft, and the tissue of the posterior surface of the forearm severely bruised and lacerated. These bones, especially the ulna, were also very much comminuted in the region of the elbow-joint, and through a large opening in the tissues, the trochlear surface of the humerus could be distinctly felt on the introduction of the finger. The tissue was also separated from the bone a considerable distance down the shaft of the ulna.

Notwithstanding the severe nature of the injury, pulsation and sensation remained undisturbed. It was proposed to place the patient under the influence of chloroform, and proceed as in a case of re-section, by opening up the joint and removing any

fragments of bone that were lying loose, and make an effort to save the limb if possible, or amputate, if the circumstances did not warrant an attempt at saving it. But to this the man most strenuously objected. The arm was therefore supported on a pillow and placed on an inclined plane, the anterior extremity being raised and the forearm forming an angle with the arm. Slight extension was kept up by a weight attached to the hand. The patient was put upon low diet. There was a good deal of swelling, which subsided to a considerable extent in a few days. The limb then commenced to suppurate, and poultices were freely applied. The diet was then improved by the addition of a pint of milk night and morning. The patient is now in a fair way of improving, and the case promises to result more favorably than was at first anticipated. In all probability some small pieces of bone will require removal, before the wound closes up. The utility of the joint will no doubt be very seriously impaired.

CASE OF FRACTURE OF THE NECK OF THE FEMUR.

Michael M—, aged 35, Irish, was admitted into the Hospital on January 18th. He was injured in Barrie about two months previous to admission by the falling of a case of goods which he was assisting in raising. The case fell on his right thigh. The doctors who were then called in, diagnosed dislocation of the hip joint, treated him accordingly, and pronounced it reduced, but he continued quite lame, and was only able to move about on crutches. He subsequently returned to the city, and presented himself for admission to the General Hospital, where he still remains. There is rigidity of the muscles about the hip, shortening of the limb, flexion of the knee and inversion of the foot. Distinct crepitus may be felt in the region of the neck of the femur, attended with more or less pain on rotating the limb. Although the majority of the symptoms point towards fracture of the neck, the case is rather an obscure one. He was placed in bed on a firm mattress, and extension applied by means of a pulley and weight of about 15lbs, with the view of straightening the limb, no splint or kindred appliance being deemed necessary,

The mode of extension by means of a pulley and weight in use in the Hospital is of exceedingly simple construction. An upright post, about four feet long, is fastened to the floor at the foot of

the bed, and a mortice is made through it on a level with the bed; in this the pulley is fastened by a small bolt, for the reception of which several holes are made, so that the pulley may be raised or lowered to suit the requirements of the case. Adhesive straps are then applied to the sides of the leg, and attached beneath the sole of the foot to the cord which passes over the pulley. The adhesive straps are supported by the application of a roller over them, extending from the foot to the knee. The weight consists of small bags of sand, varying from 2 to 5 lbs each, and are made fast to the extremity of the cord which passes over the pulley. The weight may be increased or diminished by the addition or removal of one or more of the sand bags.

IMPACTED EXTRACAPSULAR FRACTURE OF THE NECK.

Thos. I.—. aged 67, Irish, was admitted December 28th, 1870. Was injured by a fall on the hip on a slippery sidewalk. There was considerable flattening of the hip on the injured side, slight crepitation, but little or no shortening. The foot was more disposed to rotate inwards than outwards. A considerable amount of callus was thrown out on the posterior part of the trochanter major at its junction with the neck. This case was also treated by slight extension by means of the weight and pulley, no other appliance being found necessary. He was discharged cured about a week or a fortnight ago.

IMPACTED INTRACAPSULAR FRACTURE OF THE NECK

George M.—. aged 38, admitted January 29th, was also injured by falling on the sidewalk. In this case there was flattening of the hip on the injured side to a considerable extent, shortening of the limb to the extent of an inch, and eversion of the foot, but no crepitus. At first there was a good deal of swelling about the hip and upper part of the thigh, but this was reduced by the continued application of cold by means of a gutta percha tube wound around the thigh in successive circles, so as to cover the upper third of its extent. Iced water was made to pass through the tube on the principle of the syphon, the pail containing the iced water, in which the upper end of the tube was inserted, being placed on a chair at the side of the bed, the other, for the lower end of the tube, situated beneath the bed. The limb which was extended on a firm mattress, was supported by means of sand-bags—a long one on the outside and

a shorter one on the inside—and extension was kept up by the pulley and weight of about 15 lbs. He is now (Feb. 25) going about on crutches, and will soon be able to leave the Hospital.

BOOK NOTICES.

WASTING DISEASES OF CHILDREN. By Eustace Smith, M.D., Lond; Member of the Royal College of Physicians, Physician to His Majesty the King of the Belgians, Physician to the North West London Free Dispensary for Children, and to the Metropolitan Dispensary. Second American from the second revised and enlarged English edition. Philadelphia: H. C. Lea Toronto: Adam Stevenson & Co.

This is a neat little volume of about 250 pages. The author has divided the subject into eleven chapters, in the first three or four of which he treats of the diseases arising from defective nutrition, such as atrophy, chronic diarrhœa, chronic vomiting, and rickets. In the fifth, he treats of inherited diseases, as syphilis, &c.; in the sixth and seventh, of mucous diseases and worms. Three or four chapters are also devoted to tubercular disease in all its phases; and finally he gives some most excellent directions as to the mode of diet for children in health and disease. Two new chapters (six and eleven) have been added to the first edition, besides the correction of some inaccuracies and the addition of valuable matter suggested by increased experience in the treatment of children's diseases. It is upon upon the whole a most interesting, practical and really useful book, and well worthy a place in every medical library.

The author says, in his introduction to the subject of atrophy arising from insufficient nourishment, "that many thousand children die yearly in London alone, for the simple reason that they are fed systematically and persistently upon food which they cannot digest, and so long as the children of the poor are allowed to leave their schools utterly uninformed as to duties which, in after life, they will be called upon to fulfil, so long this dreadful mortality may be expected to continue."

 BOOKS AND PAMPHLETS RECEIVED.

Medical and Surgical Reports, City Hospital, Boston, Mass., published by Little, Brown & Co., 1870.

Gynæcological Journal, from July to January, bound in cloth, published by James Campbell, Tremont-st., Boston.

Diseases of the Spine and Nerves—a series of essays extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D. Published by H. C. Lea, Philadelphia.

Transactions of the American Ophthalmological Society. Seventh annual meeting at Newport, July, 1870.

Proceedings of the First Meeting of the American Association for the Cure of Inebriates. Published by order of the Association, 1871.

Annual Report of the New York State Inebriate Asylum, Binghamton, for the year 1870.

 NEW ABDOMINAL SUPPORTER.

We have much pleasure in directing attention to a new abdominal supporter, advertised in our columns this month. It is the invention of a lady of this city, and is said by those physicians who have used it to be superior to anything of the kind they have ever tried.

Abdominal supporters are now recommended by all leading gynæcologists, in the treatment of uterine displacements, and Pearson's appears to be one of the best and cheapest, and least likely to get out of order. It consists simply of a broad band encircling the hip, accurately fitted to the pelvis, with a pad of peculiar shape applied just above the pubes, in such a way as to support the weight of the bowels while other means are being resorted to, for the removal of the cause of displacement. Scanlon speaks very favorably of a supporter very much like Pearson's.

BEAUTY.—The largest collection of beauty ever published in the United States is afforded in the Parlor Album, advertised in another page. The Album embraces the finest specimens of chromo lithographs, steel engravings and fine wood engravings ever offered the public. The American Publishing Company of Rutland, Vt., desire an active agent in every town and village, to whom they offer liberal terms. Read the advertisement of **PARLOR ALBUM.**

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

DEAR SIR,—The suddenness of the announcement of the coming elections in this morning's paper, leaves me but little time to express my views upon a subject in which, at the present time, we are especially interested as medical men.

Whatever may be our individual opinions as to various points of medical legislation, I think it will have been painfully evident to all, that the members of our profession have not received that consideration at the hands of public men, (or a certain class of public men), to which their position entitles them. Nor is this confined to any particular sphere of public life in our Province. It is apparent in the legislative halls, in courts of law, in municipal action in regard to sanitary matters, and in various other ways. The spirit of perfect indifference, if not of contempt, toward the profession, has been so long tolerated by us, that it manifests itself in every walk of life. Our differences of opinion are magnified into mountains, and paraded to our very faces as evidences of our childish weakness. If illustrations are wanted, over and above those which we see around us every day, I would ask what medical men were consulted, when the Homœopathic and Eclectic Boards were authorized to hatch *ad libitum*, and to send forth luminaries to practise "special" theories, who were perfectly innocent of all knowledge of general principles? Is it not a fact that we were considered so childish, and withal so "bigoted," that we could not see that the extra burden of a knowledge of medicine in general, might unfit those geniuses for the pursuit of exclusive theories; and hence we were not fit and proper persons to be consulted?

Again, it is said by the gentlemen who had charge of the present Act, that they at first endeavoured to pass it in the shape in which the old Council intended it should pass, but that Mr. Cameron said "that he would not allow it to pass unless it included the Homœopaths and Eclectics," and so our profession is launched *volens volens* into novel and startling associations by the *dictum* of one outside individual! The fact of some of our own body having connived does not materially alter the case so far as the humiliation of being dictated to is concerned.

Furthermore, what followed in the ensuing session. When

Dr. Campbell, through Mr. McMurrich, pushed certain amendments into committee, the then President of the Council came down from Guolph purposely to give information to that committee. Yet a number of the members did not want to waste their time listening to the speeches of medical men, and it was only through the exertions of Dr. Baxter and McGill on the committee that Dr. Clarke was listened to at all. The concessions made on that occasion are exemplified in the fact that our students have now to be examined by the proprietor of the Victoria Wine Bitters, and three other eclectics and homœopaths, although this concession was nearly "sont back" by an effort in the Council, being only passed by a majority of one.

To these matters I have only alluded as containing illustrations of the humiliating position which we occupy, and which becomes so much more apparent if we compare ourselves with the legal profession. And now to come to the point the elections are near, and it behoves those of us who have any professional spirit to stand together, and to act in concert with this aim in view. to pledge candidates to listen to the voice of medical men in medical matters. If our views are conflicting let them listen with some show of politeness to all, (instead of laughing contemptuously in our faces,) and then judge afterwards. But if our action is in concert, let them give it the attention which it should command. At the present time we seem to have a fair prospect of concerted action. At the last meeting of the Canada Medical Association, a bill was brought under consideration which met with the support of those present who assisted in the passage of the present Ontario Medical Act, and of those who strongly opposed it. Its main features are a College for the Dominion, embodying all who are now licensed here and in the other provinces, and all who shall hereafter pass the central examining board. The only essential difference, (and it is an important one), is that the members of the Council shall be elected by the members of the College in the various districts, without their being hedged off as homœopaths, eclectics and regulars, or "generals" as we are now obliged to call them. So that whilst existing rights are recognized, there is no provision for the perpetuation, at least through the influence of the Council and Examining Board, of any sects. The right of individual judgment and of adopting any theory, will be left open—in

other words every medical man may practice according to any theory he pleases. Hence I think that the most conscientious of us will feel that we are not defrauding the present or future recipients of these advanced theories by such a measure, and I think we may succeed in convincing parliamentary candidates, possessed of even a homœopathic amount of common sense, that we are not injuring the public nor the future practitioner, by seeing that he understands medicine in general, and that we do not prevent him from passing onwards to institutions where he may learn the mysteries of *similia* and still more about *herbs*. Our success will be the more certain, if we show a firm determination to use our influence, as a body, for men who are willing to listen to what we have to say. We have the power, if we only choose to wield it.

I may state that the proposed Dominion Bill, when finally moulded, is to be presented to the Dominion Parliament at its next session, there to be passed, subject to the approval of the Local Legislatures of the several Provinces. Dr. Tupper is sanguine of its success, if medical men will only interest themselves in the matter. He is good authority as to the technical feasibility of the undertaking.

I may further add, that the Bill will be finally submitted at the next meeting of the Canada Medical Association. The membership of the Association is open to all regular practitioners; and if any are not suited in the framing of the Bill, it will be their own fault. Let members of the profession unanimously oppose the election of candidates who have despised us in the past. If the medical men of any constituency have strong counter feelings in non-medical politics, let each vote for his own candidate, on the condition that that candidate will listen to reason in medical matters. Having shown ourselves alive in the matter, let us then go, next September, to Quebec, and get a Bill to suit us all,—agreeing to waive minor differences,—to give and take. Then let us push it as a body. We can succeed, if we will.

Your going to press the day after the commencement of the coming elections, has obliged me to steal one of the small hours after midnight to write these few hasty remarks. Hoping however, that even in their drowsy style they may awaken your readers to energetic action,

I remain,

yours sincerely,

WM. OLDRIGHT.

WINES FOR MEDICAL USE.

It is a fact not generally known that in order to ensure a good wholesome wine, it is not necessary to pay an exorbitant price, and it is equally true that it is most difficult to obtain any wine without adulteration or admixture of spirits, either of which is prejudicial to its medicinal effect.

The establishment of Quetton St. George & Co. was opened in Toronto, in June, 1869, to meet this difficulty, and to supply wines which can be warranted absolutely pure, at prices approximating as near as possible to their cost at the place of growth.

The senior partner, Mr. St. George, a gentleman well known in Canada, where he has resided for many years, had been in the habit of importing for himself and for some of his friends the wine of his own vineyards of Leugaran, near Montpellier, in the South of France, and other light wines of Languedoc. Finding how highly these wines were appreciated and the desire that was shown to obtain a larger supply, he determined upon going extensively into the business, for which his large family connection in the principal wine growing districts of France and Spain, and his intimate local knowledge of those countries and their products, gave him special facilities. He has made arrangements in a number of choice vineyards for the shipment of wines, which are sent to his firm in Toronto, thus saving heavy expenses on the other side, and ensuring their arrival without adulteration, and at extremely moderate prices, owing to the small cost of the wine at the vineyards and the saving of intermediate profits and charges.

Quetton St. George & Co. would especially call attention to the wines of Roussillon, which possess the tonic and astringent qualities of the Oporto wines, without the adulteration which has become so generally practised in that district, as to make "Port" the designation of a compound which is far removed from being the pure juice of the grape. The Roussillon ports range in price from one dollar per gallon upwards.

The Alicante also is very delicious in flavor and has been largely recommended by their medical friends.

They have also a great variety of Sherries, including some of the finest brands in Spain, and in addition to the foregoing and other descriptions of French and Spanish growth, they import German, Sicilian and Madeira wines.

Owing to the difficulty of procuring a genuine Brandy, which can be relied upon as being pure grape spirit, they have imported, especially for medical use, a white brandy of Languedoc, distilled from wines selected by Mr. St. George himself for the purpose, and which they can therefore recommend with confidence to the faculty.

For prices and full particulars, they refer to their printed circular, which will be sent free by post to any desired address.

QUETTON ST. GEORGE & CO.,

Wine Merchants, 34 King Street East,
Toronto.