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THE

Dominion Medical Journal:

A MONTHLY RECORD

OF

MEDICAL AND SURGICAL SCIENCE.

DEVOTED TO

CANADIAN AND FOREIGN MEDICINE, LITERATURE, AND NEWS,

AND THE

INDEPENDENT ORGAN OF THE PROFESSION IN THESE PROVINCES.

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THE INDICATIONS AND TREATMENT OF SPECIAL FRACTURES.

By CHARLES DAVID DOIG, M.D., EDIN.,
DENBIGH, ONT.

The fractures selected for consideration in this memoir are: Fracture of the Sternum, in reference to the indications; and Fracture of the Leg, in reference to the treatment of special fractures.

The American editor of Dr. Cruikshank's treatise on surgery remarks: "The existence of a persistent local pain in a circumscribed point, when the finger is pressed on the bone, is a very valuable symptom of fracture." In some fractures, as of the thigh and arm bones, deformity, mobility, and crepitus are easily noticed, and there is no doubt as to the nature of the mischief that has happened. The anatomical relations of other bones are, however, peculiar, in consequence of their functional adaptation, and other symptoms become prominent and specialize the damage that has been done by violence. Of the accuracy of this statement the sternum offers a good example, as is shown in the following narrative: A Scotch gentleman, member of a learned profession, in the prime of life, resident in Ontario, was logging with a teamster and yoke of cattle, and a man to roll the logs, on the 16th July, 1869. The logging chain was attached to a loose hemlock stump, to have it extracted, and, while the rollers were throwing up a small log on the heap close by, the oxen pulled out the stump; but, unfortunately, a birch log, nine inches in diameter and over twelve feet long, resting on the stump roots, and not considered a source of danger, was started by the shock, rolled up the gentleman's back, and, resting on his right shoulder and same side of the neck, threw him on the log-heap, his breast bone striking on the log beneath; thus furnishing a sufficient cause to produce fracture of the sternum.

It is obvious there were two parallel planes in close proximity: the gentleman's back and the birch log in its sweep. A blow on the back would have broken the spinal column. The escape is marvellous enough, without adding the impossible to make it ludicrous. The shock instantly caused a feeling of oppression and sinking in the region of the heart, the influence being felt on the cardiac nerves. These unpleasant results disappeared on the removal of the log; so much so, that the gentleman promptly moved to go on with the logging, as he was not hurt. But on raising a light log, he found himself lamed in the sternal region at the second rib. He was unable to continue work, and remained incapable of anything but light exertion during two weeks, suffering constantly from severe pain in the sternum at the second rib, increased by pressure and movement, as in lying down, rising up, turning to either side, coughing, by any effort of the hand, as throwing and chopping; he could only chop with the weight of the axe, without using any force. There was general soreness of the back, from the small of the back to the shoulder and neck. In the course of the third week his strength was considerably re-established.

It is evident that the upper part of the sternum was fractured from the lower portion, but that displacement was prevented by the conformation and surrounding attachments of the bone, the indications of the lesion being constant acute local pain (increased by touch) and functional derangement. Coughing caused unbearable sternal pain, extending to the heart. Support, by firm, light and equal pressure, alleviated the pain, thereby indicating the proper line of treatment.

However desirable it is to have the best contrivances, in the form of instruments, for the treatment of fractures, it is not always possible to have them on hand; and if they cannot be

readily procured, the surgeon, if consulted, requires to devise some suitable substitute. There is no doubt, from experience, that the McIntyre splint is a valuable application in many forms of fractured leg, but in the want of it, other appliances may be used with rational grounds of satisfaction.

In the case of fractured leg, the upper part of the bone is liable to protrude through the skin, while the foot and ankle hang distorted. This condition is not fully remedied by side splints, however carefully applied, as might be foreseen, but the addition of a posterior splint, with a foot-board nailed to it perpendicularly, or nearly so, at once meets the exigencies of the case. Thin pieces of board make excellent splints, and clean old flannel (as blankets) form good padding to facilitate the adjustment of the splints to the contour of the limb. Scrupulous attention to cleanliness is necessary, or maggots may breed. This apparatus is not only suitable to fracture of both bones of the leg, but may be advantageously used when the tibia is alone broken, recovery being favored by support afforded to the heel and foot.

July 18th.—O. Mc—, *æt.* 35; native of Ireland; agriculturist, in rather broken down health; had his left leg seized between the legs of another man, and fell, sustaining fracture of the tibia, above the malleolus, and fracture of the fibula in its upper half. On the 19th side splints were applied, padded with flannel, to the leg, and recommended the application of a spirit lotion to keep down swelling. These splints were insufficient to maintain proper adjustment of the bones of the leg, the heel hanging considerably. I therefore nailed a foot-board to a third splint, and applied it posteriorly. With this treatment the Irish gentleman progressed well, abandoning the splints in about a month.

Subsequent to this I was consulted by a man who sustained fractured tibia, and was treated by side splints. After six weeks' illness he complained much of lameness and feebleness, and I think this state might have been diminished by the use of the posterior splint and foot-board.

A CASE OF TRIPLETS.

By ALEXANDER BETHUNE, M.D.

MEMBER MEDICAL COUNCIL OF ONTARIO.

On the 1st of August last, I was called to see Mrs. G—, aged 40, who was taken in labour about noon. I saw her at seven in the evening and found her sitting on a lounge, in little or no pain. She said that she was afraid to move until my arrival, as things did not seem to be all right. This was her ninth labour, and the sixth at which I was present in attendance. Her legs were enormously swollen, and her body was much larger than in former pregnancies.

I ordered her to be put to bed, and then made a vaginal examination, on which I found the os uteri fully dilated, and the membranes entire and protruding. One foot was presenting, but the rest of the child was high up in the pelvis, and could not be easily felt. On making a more thorough examination, I pronounced it a case of twins. As the pains had ceased, I immediately ruptured the membranes, and delivered with very little trouble. This child was a girl, alive and hearty, and weighed seven pounds and a half. After the birth of the first child, the pains came on again, and an examination revealed a head presentation, with the membranes entire. In about fifteen minutes the second child was born, which proved to be a boy, weighing six pounds: he was also alive, and cried lustily. While I was tying the cord, the woman said she felt another one moving, and on examining, I found another child presenting by the breech, with the membranes unruptured. In about twenty minutes this child, a boy, was also born alive, and weighed five pounds. The placenta came away soon after—there was only one—with the umbilical cords attached, about two inches apart. The cords were shorter than usual, none of them measuring over ten inches. The one belonging to the first child was also three times thicker than the others; in fact, it was the thickest I ever saw. The placenta weighed five pounds and a half. A good deal of blood was lost during the labour, and the woman was very weak immediately afterwards; but on the administration of a full dose of tinct. ergot, in a

little brandy and water, she soon rallied, and made a good recovery. I saw the mother and children yesterday, and they are all doing well.

GLANFORD, Ang. 11, 1869.

Selections.

HOSPITAL REPORTS.

Stricture of Urethra—Four Urinary Fistulæ—Syme's Operation—Complete Cure.

SURGICAL CLINIC OF W. W. DAWSON, M.D.

Reported by J. L. QUINN, M. D., Resident Physician, Cincinnati Hospital.

Benjamin G—, aged 33. Colored. Admitted March 13. Says that two years ago while climbing an omnibus, he fell, striking the perinæum on the wheel. Soon after this he contracted gonorrhœa, his testicles became very much swollen and painful, but under treatment this disappeared. Upon the subsidence of the gonorrhœa and orchitis, he went to Wisconsin and after riding several miles on horseback a hard swelling appeared in his scrotum near root of penis, this was opened and pus discharged for two or three days. On the third or fourth day, however, urine began to escape through the opening, and now, in addition to the one already spoken of, three others have formed connecting with the urethra at different points, so that when he passes urine, a function which he performs with great pain, it flows through all four channels in addition to the urethra. From one of the fistulæ a small stream is projected three or four feet.

I have said that great pain was caused by the flowing of urine through the false passages; indeed, it would be a difficult attempt to depict the amount of suffering which he has endured during the two years he has been in this most deplorable condition.

He, for this long period, voided his urine with great bearing down, and in a squatting posture, the pain did not stop when the bladder was relieved, but continued some time after. Neither had he any control over his bladder, but was compelled to evacuate its contents at the moment it became the least distended. He twice has sought hospital treatment for relief, first in the Freedman's Bureau Hospital at Louisville, and now in the Cincinnati Hospital. His condition, at present, is not at all good. The stricture is situated in the membranous portion and is very firm, the tract is so contracted that the smallest bougie cannot be introduced, even the slightest attempt giving so much pain that nothing can be done without the administration of chloroform.

The testicles are swollen also to some extent.

April 7. To-day the patient was taken before the class and an attempt was made to pass a bougie without success. He goes slowly under the anæsthetic, resisting its administration.

April 16. Yesterday after another unsuccessful attempt to pass a sound there was very considerable

hemorrhage. Patient has a tolerable appetite, but suffers so excessively from the irritation of the stricture and fistulæ that he is very much emaciated.

May 5. A few days since, the patient was put first under the influence of nitrous oxide and the anæsthesia carried on by chloroform, as suggested by Dr. Samuel Sexton, of this city, but the result was only a less quantity of chloroform used, without any, or at least very little diminution of his resistance to the influence of the anæsthetic.

May 16. His general condition seems to be improving. Has been taking:

R.—Tinc. Cinch. Com., ζ iij ss.
Quinix Sulph. grs. xx.
Acid. Sulph. Arom. ζ ss.
M.—Sig. 3i. three times a day.

This has resulted in an improvement of appetite. To-day, Dr. Dawson succeeded in passing the stricture while the patient was under chloroform. This was accompanied with smallest-sized steel sound.

May 20. Some better but stricture again impassable.

About this time another experiment was made with nitrous oxide with about the same result as before, he resisted it fully as much as the chloroform alone, but probably came out from under it with less sickness, than if the anæsthesia had been produced, and kept up by chloroform alone.

Still unable to pass the stricture a second time, nor is he in a favorable condition to make an operation on, even if the attempt to introduce the sound had been successful. His spirits are much broken by his long continued and great suffering without assurance of being soon relieved.

May 25. General condition slightly improved.

June 2. To-day the patient was taken to the lecture room to renew the attempt to pass the stricture. It was accomplished but not without a great deal of trouble, the patient being profoundly under the influence of chloroform. The stricture grasped the sound with great firmness as it had done at the time previously mentioned when the instrument was passed into the bladder.

The sound was immediately removed, Syme's staff introduced, and the operation proceeded with in the presence of Dr. Edward Cowles, U. S. A., several medical gentlemen of the city, and the class attending the clinics.

The adventitious tissue in the neighborhood of the stricture was so dense that the knife in dividing it gave a sound as if sole-leather was being cut. The stricture extended from the apex of the prostate from two to three inches forward. There was little blood lost in the operation, a fortunate circumstance, as the patient was not in a condition to bear the loss of any considerable quantity. He came out from the influence of the chloroform very well, no sickness of any consequence, but suffered a good deal of pain from the catheter which was introduced into the bladder immediately after the division of the stricture. He was taken to the ward and a full opiate administered; in about four hours he was perfectly quiet, the bimeconate of morphia was used, it being the preparation which at previous times had proved most efficient and agreeable to him. He was also ordered whiskey and beef essence freely.

June 4. No change of consequence. Some improvement in appetite, however. Urine passes through the cut, fistula and catheter.

June 7. Most of the urine passes by the catheter, very little has passed through the cut and none through the old fistulous openings, since the third day.

June 11. Catheter removed yesterday, but last night urine began to flow through the cut in the perinæum, the catheter was reintroduced, but the urine did not flow freely through it until the 14th. During the time the urine was passing through the cut, the bladder was washed out daily with tepid water through the catheter, this caused him some but not severe pain.

June 15. His general condition has been improving all the time, mag. sulph. used to open the bowels occasionally.

June 19. Suffers little pain except when his bowels are moved. Urine still flowing through the catheter, cut healing. General condition all that could be expected.

June 22. Catheter again removed on the 20th and urine passed through the urethra in a good stream and with considerable force. Appetite good, no pain and in better spirits than he has been since coming into the house.

June 24. Still doing well. Cut healed and no diminution in size of stream of urine.

June 30. No signs of any return of stricture by contraction of cicatrix, as there is no diminution in size of stream which seems to pass through the urethra without any obstruction whatever. There appeared to-day, however, swelling of the right testicle and a dragging pain the right side caused probably by the weight of the swollen testicle on the spermatic cord.

July 2. Yesterday one of the old fistulous tracts re-opened. No urine, however, passed through, but a quantity of pus was discharged; this relieved the pain to a very considerable extent.

His general appearance has so much improved that he would hardly be recognized as the same man who came to the house for treatment four months since.

July 6. Swelling of testicle has disappeared mostly and pain entirely. The old fistula has again closed, probably permanently. Cut in perinæum completely closed by a firm cicatrix. Urine still passing in full stream of water.

July 12. Went out on pass, and did not return until July 30. Still passes a full stream of water.

It will be seen by this history that the urine ceased passing by the fistula on the third day, the catheter was not removed until the eighth, on the ninth, however, the urine was found to be escaping through the cut, when the instrument was again introduced and allowed to remain until the twentieth day.—*The Cincinnati Lancet and Observer.*

CAMPOR DRESSINGS FOR CHANCER.—M. Champoulin treats all chancres, except secondary, with camphor powder, and has done so for the past eleven years to his entire satisfaction.—*Practitioner.*

Two Cases of Fracture of the Anatomical Neck of the Humerus.

SURGICAL CLINIC OF W. W. DAWSON, M.D.

Reported by J. B. RICHEY, M.D., Resident Physician, Cincinnati Hospital.

Jas. H. S——, aged 56. While working beneath a bank of earth, in the stooping posture, the bank fell, striking and throwing him upon his left shoulder, which was very much injured. When admitted, the shoulder was so very painful that no satisfactory examination was made. On the next day, he was taken before the class, chloroform administered, and a very careful examination made, which proved the injury to be fracture of the anatomical neck of the humerus. Fox's apparatus was at once applied, minus the axillary pad, and the arm bandaged close to the side. The patient suffered but little pain; his appetite remained good, and the case progressed well. The use of his arm became pretty good; the union was complete, and two months after admission was discharged well.

Frederick M——, aged 79. German. Very spare old man, with developing cataract in both eyes, and on this account cannot see very sharply. Came to the city about two months ago; and, while attempting to step from the pavement upon one of the crossings, missed his footing and fell, striking his left shoulder violently against one of the curbstones. Great pain and almost complete loss of function, with considerable swelling, soon followed. After he was admitted, chloroform was administered, and the injury diagnosed a fracture of the anatomical neck of the humerus. There being very little deformity, the arm was simply placed in a sling, the corners of which were fastened around the lower end of the humerus to prevent the arm from falling backward as the patient lay in bed. Rest was enjoined; the patient's general condition carefully attended to, and the arm kept in the sling for five weeks. The case had progressed so well that the dressings were removed. At the end of another week, the arm was again examined carefully and found to be perfectly firm at the point of fracture and the motion and strength of the limb fair.

Fracture of the anatomical neck is a rare accident. The two cases here presented were singularly alike. There was no marked deformity in either but in both there was pain and impaired motion. Chloroform, in such cases, is the great revealer, and as soon as these patients were put under its influence, *crepitus*, well pronounced, showed at once the character of the injury. The repair, in both instances, was good: the upper fragment was not entirely removed from all attachment with the capsule of the joint; hence, its nutrition and final reunion with the shaft. Deformity, so characteristic a symptom of fractures generally, is prevented in these cases by the attachment of the muscles to the tuberosities, holding the bone in its normal position.

REMOVAL OF METACARPAL BONE.

Wm. H——, aged 25. German. States that about six months ago, while tending a circular saw, his hand was in some way caught by the saw and a large wound made upon the palmar surface. This soon healed, but the effects of the injury did not

here cease, inflammation set in, pus was formed, and an opening made upon the dorsal surface to allow its escape. The wound continued to discharge pus, and at intervals, pieces of bone. Was admitted into the hospital on the 22d of March, and the following condition found to exist: Man of medium size, good habits, has always enjoyed good health, appetite good, sleeps well; right hand is a good deal deformed, and is tender to the touch, but when at rest is not painful. There exists a large opening on the dorsal surface that discharges pus freely. The wound ordered to be kept poulticed. No change for the better resulting, the patient was, on the 19th of May, taken before the class, and an examination revealing a diseased condition of a portion of the metacarpal bone of the middle finger, an incision was made extending from near the base of the finger upward two inches. It was now found that nearly the whole of the bone was involved, and it was determined to dissect it out at once. The incision was then extended downward to nearly the finger joint and upward at least one inch, making an incision three and one-half inches in length, and the bone removed. No chloroform was administered, the patient refusing to receive it. He sat the operation through with scarce a groan, watching with interest each movement. The wound was closed by stitches and cold water dressing applied for a few days, when a poultice was ordered. The case progressed rapidly toward recovery, and on the 15th of June he was discharged, the wound being perfectly healed, and the hand a very good one.

REMOVAL OF THE SEMILUNAR BONE.

Thomas M—, aged 38. Ireland. During the month of January, the patient slipped and fell, his entire weight coming upon the right wrist, the right arm having been thrown out for support. On getting up he found his wrist very painful and apparently badly sprained. It soon became very much swollen and the pain was intense. Ten days after the accident he was admitted, and the following condition found to exist: Large, robust man, in excellent health, of good habits, good appetite, does not sleep much on account of the pain in his wrist. On examining this it was found very much swollen and excessively tender to the touch or to the slightest motion. No fracture or dislocation found. One-half dozen leeches were at once ordered, and after this, Goulard's solution upon the part with benefit for a time, the pain being greatly relieved and the swelling much reduced. This improvement was, however, temporary, for both the swelling and pain returned in a short time, and the leeches were again used, and anodynes given. About the 28th of February, two abscesses made their appearance—one on the dorsal and the other upon the palmar surface of the wrist. They discharged pus freely. The part was kept poulticed, and the general condition of the patient kept up for some time, but without any improvement. Diseased bone was found present, upon an examination, and the patient was taken before the class, and after chloroform had been administered, an incision two inches in extent was made over the dorsal surface of the wrist. It was now ascertained that the disease was confined to the semilunar, and it was at once re-

moved. *The other bones were found to be healthy.* The wound was left unclosed, and simply dressed with a poultice. The healing process soon began and progressed quite rapidly, and about four weeks after the operation, the patient was shown to the class with the wound entirely closed, and with the exception of a little thickening of the tissues about the wrist and some stiffness of the joint, he has an excellent wrist and hand.

REMOVAL OF PORTIONS OF THE ULNA FOR CARIES.

Frank McC—, aged 15. Was admitted on the 19th of April for treatment of his left arm, which had been fractured some two months before by a fall. On examination being made, the arm was found very much enlarged about the elbow, the joint quite stiff, and two or three openings on the posterior surface just below the elbow, which discharged pus quite freely. On examining through these openings, the ulna was found to be diseased to quite an extent upon its posterior surface. The part was for some time kept poulticed, and the patient's general condition attended to carefully, but without any improvement in the condition of the arm. On the 2d of June, it having been decided to remove the diseased part, after the administration of chloroform, one incision was made upon the posterior portion of the arm over the ulna, extending from near the elbow downward four inches and a half, the tissues dissected from this portion of the bone and the affected portion chiseled off; this found to extend down to the medullary membrane, which was bared for at least two inches. The membrane was found to be very much injected. The wound was closed by stitches and adhesive strips, and water dressing at once applied. It gave the patient very little pain, and the process of healing progressed so rapidly that on the 19th, when he was discharged for misconduct, the wound was nearly healed.

OPERATION FOR INCOMPLETE FISTULA IN ANO.

Felix G—, aged 40. Has been affected for the last four or five years, with a fistula situated on the left side of the rectum, for the treatment of which he was admitted on the 8th of May. Was in the army in the cavalry service, and lays great stress upon the great amount of riding that he did, as being the cause of his trouble. Present condition: Large, healthy man, of pretty good habits, appetite good. On making an examination, there was found to exist a fistula in the left ischio rectal fossa, extending upward and backward two inches, but not communicating with the bowel. The patient was taken before the class, and the case treated in the ordinary way by passing a curved bistoury through the fistula into the rectum and dividing the parts downward, including the sphincter. Linen lints were then introduced daily afterward, the wound healing very nicely from the bottom. The case may be considered at present perfectly cured, the wound being all closed save a very small lip external to the sphincter.

LIGATION OF INTERNAL PILES.

Alphonso L—, aged 24. Had been troubled for three years with internal piles, which bled very profusely with every operation of the bowels. Had been treated with laxatives, blue mass, injections

of argent. nit. per sulph. ferri, &c., but all to no purpose. The bleeding continued; the piles grew larger, and at last very painful. The patient was taken before the class, placed upon the table upon his hands and knees, and directed to protrude the piles. On bearing down strongly, a large tumor protruded and from it a jet of blood was thrown for some distance upon the floor. The tumor was ligated with the double ligature, passing the needle through the center of the base. This was the only tumor found. The case did well for four weeks, at which time another tumor made its appearance. This was treated in the same manner as the other, and with complete success, the patient being discharged two weeks afterwards, perfectly cured.—*The Cincinnati Lancet and Observer.*

The Dominion Medical Journal,

A MONTHLY RECORD OF
MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, SEPTEMBER, 1869.

WE call the attention of the profession to the memorial of Dr. Rees, one of the oldest and most respected practitioners in this Province. His case is well known to a large number of medical men, who have at various times endeavored to obtain justice for him from the Government. All he asks is a proper recognition of his services, and of the injuries which he received while discharging his duties as Medical Superintendent of the Asylum. He is now nearly blind from the formation of cataract, which is the consequence of injuries received by him while attending a lunatic in the Asylum. We hope that medical men will interest themselves in his case, and interest the representatives from their several constituencies to obtain justice for an old public servant, who well deserves a pension for his untiring efforts in behalf of a class of the community the most unfortunate and, until his efforts in their behalf, the most neglected in the country.

WE call the attention of our readers to the advertisement in our columns of the medical schools, Bellevue Hospital, New York, Harvard, Boston, and the Toronto School of Medicine.

GENTLEMEN receiving this number, and not wishing to become subscribers, will please return, with their name and address, to box 670, Toronto.

WE call the attention of Physicians and Students to the catalogue in this number, from the firm of Adam Stevenson & Co., King Street, Toronto.

WE direct attention to our notice of last month (August) to those gentlemen who pay on receipt of this number, the subscription is only two dollars; but if allowed to run on, three dollars will be charged.

Instead of sending receipts for cash payments, we will in future credit the sender under the head of "Communications Received."

Reviews and Notices of Books.

A TREATISE ON THE DISEASES OF THE EYE. By J. SOELBERG WELLS, Professor of Ophthalmology in King's College, London, &c. First American Edition, with Additions, Illustrated with Two Hundred and Sixteen Engravings on Wood, and Six Colored Plates, with Selections from the Test Types of Prof. E. JAEGER and Dr. H. SNELEN. Philadelphia: H. C. Lea. Toronto: Copp, Clarke & Co., late W. C. Chewett & Co.

The Contents are:—Introduction. Chap. 1. Diseases of conjunctiva. 2. Diseases of the cornea. 3. Diseases of the iris. 4. Diseases of the ciliary body and sclerotic. 5. Diseases of the crystalline lens. 6. The use of the ophthalmoscope. 7. Diseases of the vitreous humor. 8. Diseases of the retina. 9. Diseases of the optic nerve. 10. Amblyopic affections. 11. Diseases of the choroid. 12. Glaucoma. 13. The anomalies of refraction and accommodation of the eye. 15. Diseases of the lachrymal apparatus. 16. Diseases of the orbit. 17. Diseases of the eyelids.

This is a reprint of an English work, with additions, by the American Editor, and is, without doubt, one of the best works upon the subject which has ever been published; it is complete on the subject of which it treats, and is a necessary work for every physician who attempts to treat diseases of the Eye.

A MANUAL OF ELEMENTARY CHEMISTRY, THEORETICAL AND PRACTICAL. By GEORGE FOWNES, F.R.S., late Professor of Practical Chemistry in University College, London; from the Tenth Revised and Corrected English Edition. Edited by ROBERT BRIDGES, M.D., Professor of Chemistry in Philadelphia College of Pharmacy. Philadelphia: H. C. Lea. Toronto: W. C. Chewett & Co.

It is sufficient to state, that this is the Text Book recommended by the Medical Council of Ontario, and is the best on the subject yet published.

THE PHYSICIANS' VISITING LIST FOR 1870. Lindsay & Blakiston, Philadelphia.

We have received from this well-known firm, their Annual Visiting List for 50 patients weekly; it can be obtained at any respectable bookstore. The value of this remembrancer is well known and needs no comments.

Notice.

Subscribers will notice the acknowledgment for cash in another column.

Correspondence.

THE HOMŒOPATHS AND ECLECTICS.

MR. EDITOR,—The above is the subject of a letter which appeared in the last number of the DOMINION MEDICAL JOURNAL, and in reference to which I beg the privilege of making a few observations. The letter of itself would be entirely unworthy of notice, but for the exhibit which it furnishes of the evident spleen of the writer, and more especially because it received a word of approbation from yourself.

I believe it would express the feeling of every candid and sensible member of the profession, to say, "that the inditing and publishing of such an ungenerous and ungentlemanly article as the one to which reference is made, is, to use the mildest expression admissible, a grave mistake." The writer must have reckoned very largely on a bitterness of prejudice among his confreres, to feel assured of being "excused" for perpetrating what should be considered an outrage upon propriety; and for repudiating the demands of honour, and the claims of christian charity. I would remind "Horatio Yates, M.D.," and, *id genus omne*, that to volubly discharge vituperation and facilely pronounce opprobrious epithets, is no evidence of either education or native talent; but on the contrary, is the unfailing indication of a coarse and vulgar nature, of a want of refined culture when young, and generally, of base associations in after life. The public have expected, and although disappointed again and again, do still expect, that members of a learned profession shall know how to deport themselves as gentlemen, and that the language which they use, especially toward each other, shall *not* partake of the character, or bear with it the odour of the "great unwashed." It would not take long to find the place in the intellectual or social scale appropriate to the man whose narrow mental range and blurred perception induce him to denounce all of different views from himself as "knaves and fools," "bastards," "base coin, &c., &c." Those I think you will admit, Sir, are resonant expletives, which, in a learned production, should be highly ornamental; their beauty and elegance being greatly heightened by juxtaposition. I have brought them together, that their increased effulgence may delight the eye of their fastidious progenitor. What a

family group! No "bastards" these. As he sees them thus arranged, he might be "excused," were he to exclaim with a chuckle of delight,—"These! —These are the children of my heart and brain!" And we, too, might be excused, were we to exclaim,—"Happy father! Delightful offspring!"

Dr. Yates modestly informs us that he is believed to have originated the Act under which the profession at present exists: a charge which he tacitly admits to be correct. As the Act is so framed that equal justice may be done to all, we might suppose him to be a fair and just man, and we would be happy in the belief, but he quickly undeceives us by declaring that his policy is not to deal out even-handed justice to all, but is one of annihilation—nothing short of the utter demolition of the succeeding sections of the profession, alias, in the pithy Saxon, and chastely elegant dicta of the Professor,—"Knaves, fools, bastards, base coin, and rascals." O, yes! "*Rascal*." I had overlooked this last and grandest effort, but its pure Saxon. "I thank thee, Jew, for teaching me that word." The means by which he proposes to effect his purpose will, doubtless, play him false, as *education* will surely increase the evil he deplors. It is a necessary preparation of the mind for the reception of truth; and homœopathy, at least, is the product of education. This fact will, no doubt, throw light upon what has hitherto puzzled the astute brain of our friend, viz.: that Homœopathy in every community is *best supported by the educated class of the people*.

Now, Sir, candidly, do you not think that after our expressing a willingness to raise the standard of education as high as even he could desire it, he might have withheld those disgraceful expressions, and have given us credit for honesty and sincerity! Especially now, after all the hard things that have been said, the heart-burnings that have been engendered, through the jealousy and prejudice of opposing systems of medical practice—now, when an Act has been passed for the purpose of allaying bitterness and strife, and of producing harmony among the discordant elements of the profession, and when there is a prospect of reaching a "consummation so devoutly to be wished," the publishing of such an offensive letter is superlatively an act of folly. You recommend the "proper consideration" of the letter by the profession. I do not know whether that expression contains concealed irony, but this I will venture to predict, that its unmanly tone, its coarseness and general *lowness*, would secure for it the unqualified condemnation of every refined and cultivated practitioner in the country. There is an old adage—"That men generally condemn others

for what they practice themselves." There can be no doubt that its truthfulness would find a verification in the case of the college represented by Dr. Yates. Speaking of the licentiates of the Homœopathic and Eclectic Boards, he says, "the public had no warrant of their knowledge of medical science, and accordingly might be fatal sufferers at their hands." Indeed! And pray, what "warrant" of a knowledge of medical science has the public of the graduates of *Allopathic* boards? Does not the solicitude of the professor arise from the well known practice of those very boards? Is it not because he has a personal knowledge of the fact, that periodically those bodies turn adrift upon the community a grist of raw recruits, of half-educated young men, to prey upon the public, which undoubtedly is a "fatal sufferer at their hands?" The mind of the gentleman, and of all others who talk as he does, is exercised upon the question in accordance with that law of frailty, if you please, of human nature, whereby it is impelled to proclaim, by its accusation of others, not only its own weakness, but also its criminality. The inducements offered to Allopathic boards to pass uneducated candidates, are ten times greater than any held out to the Homœopathic boards, and they have done accordingly. You talk about securing the public against the ignorance of Homœopaths! Look to your own record. Eliminate from your own ranks all crudity and ignorance, and then the medical profession will no longer be, what the public with too good reason believes it to be,—a whited sepulchre, literally filled with "dead men's bones! I ask space in your journal for this letter, because of what I think may be correctly called the *ungentlemanly* language of Dr. Yates.

G. C. FIELD, M.D.,

Mem. Medical Council of Ontario.

Woodstock, Aug. 27, 1869.

[We insert the above at the request of Dr. Field, but we must certainly say that it does not refute, in any way, the opinions advanced by Dr. Yates. We certainly think that vituperation, coming from whom it may, is not argument.—ED.]

MEMORIAL.

To His Excellency Sir JOHN YOUNG, Bart., K.C.B.,
*&c., &c., &c., Governor General of the Dominion
of Canada.*

The Memorial of WM. REES, late Physician to
the Provincial Lunatic Asylum, Toronto.

HUMBLY SHREWEETH:

That your Memorialist having transmitted to
the Secretary of the State for the Dominion cer-

tain documents, referring to his claim for compensation against the late Province of Canada, for injuries sustained while in the discharge of his public duties, and praying that the same may be submitted to the arbitrators appointed to settle the financial matters between the Provinces of Ontario and Quebec.

That your Memorialist was informed in reply, that the Minister of Justice has been pleased to refer the same to the Minister of Finance. That many months having since elapsed, and the continued effects of the injuries which have disabled him, ever since their occurrence, having resulted in total loss of sight of the eye over which he was struck, threatening his entire loss of vision, he respectfully prays that the provision or pension and arrears recommended by Committees of both Houses of Parliament, an extract from whose first Report, together with those referred to and of recent date, are hereunto subjoined, may be granted to him before it is too late to be of much use.

In referring your Excellency to the Reports and Evidence, your Memorialist deems it proper to state, that after his arrival, in 1819, from England, and practising his profession for a period of ten years in the city of Quebec, he discovered the neglected and inhuman condition in which the unfortunate Lunatics existed, being confined in a stone building, less cared for than objects of the brute creation. That from humane motives he relinquished a lucrative, extensive practice; and after examining throughout the Upper Province, he found this helpless class of beings in a similar condition, being confined in the basement stories, or condemned cells of the jails—no regular institution existing for their case or care. That the late Lord Seaton, the Lieut.-Governor of the Province, taking a deep interest in the views of your Memorialist, of initiating plans for regular asylums, at once appropriated a portion of the Military Reserve, the present site, in the event of his success. That subsequently your Memorialist visited Europe, expressly to examine the structure, management, and general economy of such institutions. That having returned, he after much vexatious opposition, and envy, during many years of perseverance succeeded, and was appointed by the Government to organize and take charge of the first provincial institution; which, during a period of five years he conducted, introducing a non-restraint, soothing, and entirely new and generous system of treatment, fully realizing his most sanguine preconceptions. That under the above system and energetic medical treatment, the majority of recent and many of the chronic cases

were found curable. That at the urgent request of your Memorialist, at the close of his services, the Government was pleased to appoint a Special Medical Commission, for the purpose of examining and reporting on the results of his moral and medical treatment, when, as may be seen by reference, it was declared—"that the Toronto Asylum, with all its disadvantages, had been raised to nearly a level with the most favoured institutions of Europe." A corroboration of similar testimony having been reiterated through the Provincial, Medical, and other journals, by the most eminent medical authorities.—(*Vide* printed Report).

The building being but temporary and inconvenient, whilst the patients, being nearly all brought from the various jails, were of the most violent, aggravated and dangerous description. The entire responsibility and onerous medical duties, being discharged exclusively by your Memorialist.

It is also proper to state, that it was only by the most strenuous exertions, amidst the most powerful opposition, and by repeated visits to the seat of Government, that your Memorialist was enabled to oppose successfully the adoption of a highly objectionable and insalubrious site, for the new institution, which would have involved a loss to the Province at least of half a million of dollars. The utmost efforts of your Memorialist, from the foundation of the institution, being directed to render it worthy of the Government and the country, and if possible, a model of that new and humane system which has restored even to the insane that respect which human beings are entitled to, even when so fearfully afflicted. The difficulties of such a task at the time your Memorialist undertook it, can only be learned from the painful evidence contained in the printed Report. Whilst sedulously labouring to defend the highest interests of the community, at the sacrifice of large private and professional means, and eventually of health itself, through the violent assaults of more than one of his patients, your Memorialist has become burdened with obligations to friends who have made him advances, in the expectation that the Government would soon grant him relief. That without the prayer of this petition is listened to, and the arrears so justly due to him are paid, he will have the humiliation of dying in debt, in the midst of a people who have so largely benefitted by his courage, patience, and humanity.

Your Memorialist submits that if he had had to do with that imperial benignity which sent an army into the fastnesses of Abyssinia, at the cost of millions, rather than allow a very few captives to be

unjustly detained, his weary wrongs would have been redressed long ago; and that he still hopes it will not be necessary to disgrace the New Dominion by an appeal to that Fountain of Justice, because he cannot get justice here.

And your Memorialist, as in duty bound, will ever pray, &c., &c.

WM. REES.

Periscope.

Professional Quackery.

The following Editorial in the *Medical Record* should be read by every physician:—

We have so often of late received information concerning the advertising branch of our fraternity, that we are irresistibly forced to the conclusion that with them business is pretty brisk. As is usual, the medical men who flourish most in the public prints are those belonging to the second rate. They are essentially of a class who believe in the doctrine "Blessed is he who bloweth his own horn, otherwise it shall not be blown." Their necessities compel them to accept the doctrine, and thus far we cannot and must not blame them. But we object to the practice they have of cloaking their intentions by the excuse they almost invariably offer, that they had nothing whatever to do with this or that paragraph that appeared in the newspaper. If they did not so often insult our common sense we might show them more charity. The acknowledgement of guilt is the first step towards repentance.

We take it for granted that whenever any item concerning the operative exploit of a medical man gets into the newspapers, he is somehow directly concerned in its appearance. How can it be otherwise? It is pretty generally understood that those medical men who are treated with little puffs have not such a general reputation that the public are specially interested in their doings. The daily journals can hardly afford the services of some Jenkings to dog the steps of the illustrious man from house to house, to herald to the world his difficult operations and his many brilliant triumphs. The editors of these journals know well enough that such a course would be very unprofitable, and that the results to the public would not justify the outlay.

Granted that the reporters do get at these items legitimately—that is to say, independent of the principals—how is it that the cases are described so accurately, that all the abstruse terms are so correctly rendered, and the operation is known to be a very rare and difficult one? We have investigated this part of the subject to our satisfaction, and have inevitably arrived at the conclusion that there is but one explanation for it. The principals have been found in every case to be at the bottom of it. This has been the result of actual inquiries at the fountain heads. In conversation on this point with a leading journalist of this city, we asked the motive of puffing one or two members of our profession, to the exclusion of all the rest. "Why,

sir." answered he, "we would do the same for all, if they would supply us in the same manner." For a long time the public were treated with rather full reports of the Academy of Medicine, and no doubt it profited thereby. It was, however, a matter of surprise to not a few medical men, to know how it was that the remarks of one gentleman were always so fully reported, and that he invariably had the best of the argument whenever any member opposed his views. The case appeared clear enough when it was afterwards discovered that the gentleman always wrote the reports himself. There are a great many cases parallel to this to be met with all over the country.

Upon the assumption that modesty always accompanies merit, the Code of Ethics declares that it is "derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at the operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician." The justice of enforcing such rules as will distinguish the regular from the quack, is apparent enough to every conscientious medical man. Every right thinking and honest practitioner desires to conform to them, and it is but an act of justice that he should demand that each and every one who claims a right to the designation of doctor should do the same. We are pleased to see that an influential daily paper has taken in this respect a noble stand for the principle at stake. Commenting upon a case of barefaced professional advertising, it says:

"It should be generally known that professional etiquette is opposed to the practice, getting in vogue in some quarters, of doctors rushing into the secular journals with their cases of surgical operative procedure. Medical ethics prohibit it absolutely, and brand a man as a quack who persists in it in spite of the universal sentiment of his brethren. It is obvious that if one can do it with impunity, while the rest are withheld by the above prohibition or by a sense of delicacy, there is the end of fair play in professional competition. The former fights with both hands and feet, *pugnis et calcibus*, the great battle for life, while the rest are gyred and bound in inextricable toils.

"The only way to arrest this abuse in the interest of the great profession of medicine as well as of the general public, is for the press to frown on such an illegitimate use of its columns, and to insist that professional matters are primarily the property of the professional journals. Their appearance in them is for the benefit of the profession, and only secondarily for that of the reporter and operator, who, however, is entitled to and does reap whatever advantage legitimately may accrue from such appeal from his brethren.

"The only way to preserve good feeling in the honorable fraternity of medical men is for all to observe rigidly this excellent ethical provision:

Let every tub stand on its own bottom, but let one have no more room to stand on than another."

The writer of this deserves the thanks of the medical profession for thus involuntarily acting as the exponent of its views to the public. The expedient proposed is a most excellent one and commends itself to the good sense of every public journalist.

But while we as a profession applaud such an endeavor, we must not forget to do our part in the matter. Our duty is plainly to exterminate such quacks from our ranks, to expel them from every medical society with which they may claim connection, and to cease to have professional intercourse with them. We care not what may be their professional connections, no one stands so high as to be beyond the reach of impeachment. The more elevated the position of an offender the more glaring is the disgrace to those who have the power to make an example of him.

We believe in making the charges in such cases explicit, and it is the duty of every society to which such a member may belong to see that it is done. There is no necessity of smoothing over such matters; if a member is found to advertise directly or indirectly, let him be boldly charged with it, no matter what might have been his antecedents. A professor of midwifery in this city used in bygone days to tell a story which may point the moral of this particular part of the subject:—

"A French physician, not well acquainted with the English language, was asked to examine a girl supposed to be pregnant. He gave his opinion in favor of the baby. "But," says a friend, "my dear doctor, she is a member of the church." "I cannot help it, sir. If she have member of ze church, she have baby too!"

Now we want just such a clean diagnosis for these advertisers; and let them understand that the time of reckoning has come. Let the Committees on Ethics take the pains to sift each case to its bottom, and they can secure conviction in nine cases out of every ten. The committee should not take the explanation that the advertiser knew nothing at all of what was going on, but should go to work to prove the contrary, and this can in the majority of cases be easily done.

The fact that the College of Physicians has obtained for its license a legal recognition as a double qualification, has not unnaturally produced a "profound sensation" within the College of Surgeons, which suddenly finds the ground cut away from beneath its feet by its more astute competitor. The Councillors of the College of Surgeons, at their last meeting, closely resembled those Ephesian silversmiths who cultivated the worship of Diana for their own special advantage; and Mr. Spencer Smith, taking the part of Demetrius, might well have said: "Sirs, ye know by this craft we have our wealth." This is precisely the state of things: let those who have hitherto flocked to the College of Surgeons for the membership once find that this is a wholly unnecessary qualification *quoad* general practice, and the income of the College will inevitably fall off to the amount of some £9,000 per annum, leaving very little for the working expenses

and nothing at all for a Court of ten examiners. We hope things will not be quite so bad as this; but everything shows a nearer and nearer approach to the "one faculty system," which, after forty years' consistent advocacy in the *Lancet*, we are at length likely to see brought about. We have no hope of seeing this carried by any fusion of the two Colleges irrespective of Government interference; for the interests of the two must clash, and, notwithstanding the very serious warning the College of Surgeons has received from its own representative in the General Medical Council, we believe that vested interests will be fought for to the last. But when the Privy Council exerts its power, and decrees one definite and standard examination to which every candidate for a licence to practice within these realms must submit, where will the rival Colleges be then? They will simply have to tout for candidates, after the manner of rival railways, by lowering their fares and offering various prospective advantages,—with what success it is not difficult to imagine.

What, then, should be the policy of each College at the present moment, while there is yet time? Clearly each College should endeavour to improve its examination, and, if possible, come to terms of mutual accommodation. It is incontestable that the examination in anatomy at the College of Surgeons is better than at the College of Physicians, because it is practical and from the subject; but, on the other hand, the examination at the College of Physicians is the better in physiology, because teachers of the subject examine instead of old surgeons who never learnt the subject at all. The examination in surgery is better at Lincoln's-inn-fields, because, to the extent of apparatus, &c., it is practical; and medicine shines at Pall-mall, because it is there a compulsory, and not a mere voluntary, subject. At neither establishment is the candidate as yet taken to the bedside, as he ought to be. These are some of the points worthy of consideration during the vacation, and we trust the Committee of the Council of the College of Surgeons appointed to report upon the matter may find a solution for the question they have taken in hand.

We leave out of the question altogether the higher qualifications of each College, for these will probably remain unaffected by any legislation as to the mere right to practise. Hospital physicians and surgeons, and the more enlightened members of the profession at large, will still seek those higher recognitions of their talents, and the Colleges will still grant them—possibly even in larger numbers than at present. What we have to do with is the formation of a "one faculty" recognised by Government, which, if we are not greatly mistaken, will shortly be inaugurated *ab extra*, unless the present licensing bodies bestir themselves.—*Lancet*.

— A death from chloroform is reported in Pittsburg, in the practice of Dr. John Dickson. The patient was about to submit to amputation of the leg, but died about one minute after the anæsthetic was administered.—*Med. & Surg. Rep.*

Proceedings of Societies.

New York Pathological Society.

STATED MEETING, JUNE 23, 1869.

DR. L. A. SAYRE, President, in the Chair.

OVARIOTOMY.

DR. B. HOWARD.—This specimen, Mr. President, is a multilocular cyst of the left ovary and its contents entire, which I removed on the 21st instant, weighing over 30 lbs.

The patient is a superior Irish domestic, about 30 years of age, and has never been married. She commenced to menstruate when about 14 years of age, and continued regular about four years, when for about six months they completely disappeared. For this she was treated by Dr. Mitchell, of Brooklyn, when they returned, but were irregular, and have continued so ever since.

Five years ago she observed a swelling in the left iliac region, which continued slowly but uninterruptedly to increase—accompanied with no pain, except that within the last few weeks she has had a dull aching in the right iliac region. During all the time up to the occurrence of this pain, her general health has been otherwise good.

On the 26th May, the patient applied to the Long Island College Hospital, requesting the removal of the tumor.

On admission her pulse was 95, small and compressible, tongue clear, bowels pretty regular, expression bright, complexion clear, appetite good, menstruation natural, except being irregular. For several weeks she had complained of considerable pain in the right side, and was so decidedly losing flesh and strength that herself and friends were in haste to have the tumor removed.

An examination revealed all the physical signs concurrent with the previous history, and, a consultation being called, it was unanimously decided that the patient had a cystic ovarian tumor, and that its removal by operation should be effected at the earliest convenient date.

Accordingly, on the 21st of this month, after the preliminary cathartics and opiate enemata, assisted by Drs. Dodge, Burge, Smith, Snively, Mason, and other gentlemen of the Hospital staff, in the presence of Profs. Dunster, Smith, Lusk, Dr. Dudley, Mason, and many others, I proceeded to perform the operation of ovariectomy.

I commenced my incision about two inches below the umbilicus, and made it large enough only for the ready introduction of my hand—say about four inches. Through this, sweeping my hand all around the tumor, I found it perfectly free from adhesions.

Spencer Wells's largest trocar was introduced, but the contained fluid was so dense that but a few drops could be induced to pass out. The elastic tube was removed and pressure made upon the tumor, but about half a pint only oozed from the trocar, so I plugged up the open end of it, and made the other very secure by clamping the sac upon it so as to prevent any accidental drainage into the abdominal cavity.

Without any delay I then extended the excision above and below to the necessary extent, and evol-

ved the entire tumor, Dr. Mason following it up as it was protruded with flannels wrung out in warm water containing a little carbolic acid encircling its base and pedicle, and keeping back the intestines.

I had contemplated treating the pedicle by using the cautery to the stump, and transfixion of its body to the interior of the abdominal wall by acupuncture.

This pedicle, however, was very short, very broad, and very vascular. So to obtain the greatest security I used two double silk ligatures, transfixing its centre, and tying with each its proper half, cut off one end of each closely, and brought the free ends out at the lower end of the wound. To secure whatever advantage it might afford, before applying the ligatures I had them saturated with a solution of carbolic acid.

The tumor was detached in about twenty minutes from the commencement of the operation. Probably less than an ounce of blood had been lost, except from the tumor on detaching it, and none of this or other extraneous fluid had apparently entered the abdominal cavity. The pedicle was dropped back, the wound closed by silver sutures, about $\frac{3}{4}$ of an inch apart, and the patient replaced upon her bed in about an hour from the beginning of the operation. After the operation an injection of starch and laudanum was administered and pellets of ice were allowed in her mouth to allay thirst.

The water resulting was soon after vomited, and for the ice I substituted ice-cream, which was just as refreshing, provoked no irritation, and had the advantage of being nourishing as far as it went, only half a teaspoonful being allowed at a time.

Her pulse that day was but 88—better even than before the operation, with no unpleasant symptom whatever.

The next day I allowed her a small piece of rare mutton chop, which she enjoyed, but it was followed by pretty sharp colicky pain.

My plan henceforth was absolute rest of the stomach, and avoidance of all medication and stimulation, except as actually demanded by existing symptoms, to be treated as they might arise.

Beef tea and milk were given alternately every hour in small quantities per rectum, and an opiate enema once a day to control the peristaltic action of the bowels.

Under this treatment, with thorough hygienic precautions, the patient has progressed regularly and well. Up to this afternoon, when I left her, she had made no complaint whatever, except of some soreness of the wound. In reply to my question as to how she felt, she said, "Pretty well, thank you," and, indeed, she appeared very unlike one who had endured a capital operation, and although she lies in the ward of a hospital, I entertain sanguine hopes of her recovery.—*N. Y. Med. Record.*

Proceedings of the Gynecological Society of Boston.

IMPALEMENT THROUGH THE LEFT LABIO-PERINEAL FOSSA.

Dr. Bixby reported a case of Impalement through the Left Labio-Perineal Fossa, and exhibited the patient, her history being as follows:—

While visiting a patient in this city some days ago, the mother informed Dr. Bixby that a few moments after his departure from a previous visit, a terrible accident had happened to her little girl, aged five years. She had drawn to the window her high chair, from which the back had been broken, leaving the rounds still standing and their extremities entirely free. Shortly after, the mother in the next room, alarmed by the screams of the child, rushed to her relief and found her on the floor, her clothes saturated with blood. Upon examination she discovered a wound near the vulva, from which blood was flowing profusely, and from which, as the child informed her, she had but a moment before extracted one of the rounds of her chair. Medical aid was immediately summoned. Dr. Newell, who was called, states that upon examination he detected an irregular penetrating wound of the vulva, situated laterally to the left, and anteriorly to the fourchette. The hemorrhage was frightful, and the child was already quite pale from the loss of blood. The doctor did not deem it advisable to make any exploration, but to arrest the hemorrhage as soon as possible; accordingly a plug of cotton wool, saturated with persulphate of iron, was crowded into the aperture. Next day it was removed, with no recurrence of the bleeding. On the third day, the child was doing so well that the parents, not appreciating the importance of the case, requested the doctor to discontinue his visits. Happening in at this stage of the case, Dr. Bixby was able to confirm the statement of Dr. Newell, by a careful examination. The diameter of the external wound was found to be three fourths of an inch, its edges being more or less irregular. The round of the chair, now exhibited, measures six and a half inches in length, and three-fourths of an inch in diameter at the largest point, tapering down and ending in a tenon, with a flat extremity one quarter of an inch in diameter. Upon the fifth day suppuration was profuse; the patient had urinated and defecated without the least pain, showing that neither the bladder nor rectum had been implicated in the injury. Upon the twenty-fifth day the swelling, etc., about the parts had subsided, the orifice of the vagina was intact, and the wound had contracted to a small fistulous opening; the cicatrix giving evidence of a considerable loss of tissue, including the perineum and lower portion of the left labium majus. It is to be regretted that no exploration was made at the time of the injury; as it is, a maturer age of the patient will be likely to afford us some clue as to the parts implicated, and the malformation caused thereby.

Dr. Jackson remarked upon the number of perineal impalements that had occurred in this neighborhood, and the great relative frequency of recovery. He instanced the case reported by Dr. Sargent, of Worcester, where a rake handle entered the perineum to so great a distance that, according to Dr. S., it must have traversed the whole extent of the abdomen and thorax, perforating the diaphragm and fracturing the upper left rib; the patient having been seen by Dr. Jackson a year afterward, in perfect health. He also related Dr. Stimpson's case at Dedham, of a child impaled by a hay hook. Recovery took place to such an extent that the child was enabled to attend school for several days sub-

sequent to the accident, death finally occurring from diarrhoea. At the autopsy it was discovered that the bladder had been perforated at its fundus, as also the inner layer of the superjacent abdominal wall, so that portions of the peritoneum had become invaginated. Injury to intestine had also occurred, resulting in inflammation with subsequent adhesion, and at one point a communication with the bladder by a fistulous opening. There was also present a hollow vesical calculus, this condition being explained by the concretion having been probably deposited over a clot, which had afterwards been dissolved. This case is published in the Catalogue of the College Museum. Another case suggested itself to Dr. Jackson. It occurred in the practice of Dr. Zadock Howe, of Billerica; here also, a hay-hook being the impaling agent. The point projecting, it was sawed off and the staff withdrawn, the patient recovering.

Dr. Warner related a case where a fork-handle entered the anus to the depth of fourteen inches. It was withdrawn, and recovery ensued.

Dr. Jackson inquired as to the frequency of excessive hemorrhage following wounds of the vulva. He related a fatal case, where the injury was in consequence of slipping from a bed.

Dr. Warner remarked upon the vascularity of the posterior portion of the vaginal outlet, and the tendency to hemorrhage noticed in the operating upon that region.

Dr. Jackson remarked that in lacerated perineum as a general thing, there was little hemorrhage.

Dr. Warner reminded Dr. Jackson of the fact of its being a lacerated and not an incised wound.

Dr. Storer called attention to the fact that the risk of hemorrhage and its severity would depend very much upon the character of the wound, whether this were accidental or intentional—a contused or lacerated wound bleeding very much less freely than an incised one. He instanced cases of wound from broken crockery, from kicks and falls, and from laceration of varicose vessels during labor, and referred to the interesting Scotch criminal cases put upon record by Prof. Simpson, where murder had been attempted by incisions within the vulva. The medical jurist should be aware of the possibility of such practices; the hemorrhage from which might easily be confounded with that of menorrhagia or miscarriage. Just as with murder by the vaginal exhibition of poisonous alkaloids, the true character of the case might readily enough be mistaken.—*Gynecological Jour.*

Miscellaneous.

Curious Fact.

Circumcision is performed in both sexes eight days after birth. In the female, the whole clitoris is included in the section, and seldom any trace of it remains. Now, if we compare with this practice one followed by the Bedouins, we come to a very curious physiological fact. Seven or eight of the Massawah boys who had accompanied us became Christians in order to marry Abyssinian girls; as Mussulmans they had found some difficulties. They told me that their countrywomen were cold and indifferent,

and that they had never conceived what a woman's embrace really was until they had become acquainted with Abyssinian girls. We remember that the Bedouin females are deprived of the mucous lining of the vulva, the Abyssinians of the clitoris. The first are cold, not to say frigid; the second the most ardent and sensual of women, living Messalines, always "*lasciata sed non satiata*."

Abyssinians are good walkers, and can endure abstinence. They are well made, and those in good circumstances, and who feed occasionally on raw meat, strong and healthy. They keep to a very old age their virile power. Very old married men are no exception, and often we were not a little surprised to hear that one of their wives had given birth to a child, and that in cases where so many precautions were taken that no chance of a *faux pas* had been left to the fair one.—*Dr. Blanc. —Med. & Surg. Rep.*

Watermelon vs. Diarrhoea.

By S. G. WEBBER, M.D.,
BOSTON.

At this season of the year an opportunity may be afforded of testing the value of certain fruits as remedial agents. It is a popular notion that blackberry jam is a valuable means of combating slight attacks of bowel complaint. Whortleberries, the low bush, sweet variety, are considered by some to possess similar properties, or at least not to be contra-indicated. On the other hand, a doctor friend thinks he has seen dysentery caused by the irritation produced by the seeds.

I do not, however, find that people generally look upon watermelon as a desirable article of food when the bowels are loose. Several cases have come to my notice where that fruit seemed to be of benefit. Any one who has indulged in it may have observed its powerful diuretic properties, which are not dependent upon the amount of water ingested, for the same amount of clear water does not cause so copious an evacuation of urine.

This diuretic property of the fruit is an indication in favor of its use. The fruit is also notoriously cooling and refreshing. May it not derive this quality, and also its diuretic power, from a vegetable acid or salt, by virtue of which it has a general sedative action?

What has been said refers to the ripe fruit in good condition; if it is not perfectly ripe, or if fermentation has commenced, of course injurious consequences may follow its use. Also the largest melon is the best, if it is ripe and fresh. A generous supply is necessary to obtain the curative effect. In two or three cases which have come to my knowledge, the fruit was eaten *ad libitum*. One of these, a gentleman, is in the habit, when troubled in summer with a commencing diarrhoea, of eating largely of the best and largest watermelon he can find; he says it invariably checks the diarrhoea, which afterwards gives him no more trouble.

A lady had suffered from a diarrhoea, which was growing worse; she had decided to take medicine in the afternoon. At dinner she eat watermelon, and thought no more of the diarrhoea. She had one passage after dinner, eat watermelon again at

tea, and was afterwards entirely free. Usually, she says it is necessary for her to take medicine.

A medical friend mentioned to me that he had seen the beneficial effects of watermelon in his own experience.

Will others give an account of their experience in this respect, or try the value of this remedy. It would certainly be one of the pleasantest medicines we could prescribe, to tell our patients to eat as much watermelon as they desire. Would it not, too, be a refreshing and beneficial diet in cases of fever or feverishness? We give lemonade and neutral salts, why not give watermelon?

This subject brings to mind another of kindred nature. Many persons have a horror, a dysenteric dread of fruit; they never eat any themselves, nor do they allow their children to have any. Is this consistent with perfect health? Do we not need and crave during warm summer weather the acid contained in our summer fruits? It seems not unreasonable to suppose, that where all fruits are shunned, the system may acquire unhealthy tendencies and really be less able to resist injurious influences, and so there may be more liability to derangement of the *primæ viæ*. Another view worthy of consideration is that children have this craving for fruit, and if it is not gratified at home, they will indulge in unwholesome fruit, unripe or fermented fruit away from home: whereas if ripe, fresh fruit is furnished on the home table, they are not likely to partake of other—they will prefer the good to the green and rotten.*—*Boston Medical and Surg. Journal*.

A Visit to M. Nelaton.

Some recent numbers of the *Journal de Médecine de Bruxelles* contain a communication from M. Delstanche, of that city, on a visit which he paid to M. Nelaton last autumn.

M. Delstanche had the opportunity of witnessing an ovariectomy and of examining four patients on whom it had been performed, but we have not space for various other of M. Nelaton's observations on this subject. Numerous other topics were discussed, and, among these, the circumstances upon which the efficacy of mineral water depends. After alluding to the influence exercised by change of air, regimen, diversion of thought, etc., M. Nelaton observed:

"I think that generally, and whatever the place resorted to may be, the pretended auxiliaries act more efficaciously than do the waters themselves. Not unfrequently, and that in cases in which they seem best indicated, I have seen patients return at the end of the course of waters which they have followed suffering more than when they went to them. But the Doctors arrange all this in a very agreeable manner. This reminds me of what the Emperor said to me lately. We had advised the Plombières waters; he thought little of them, and it was only with great trouble we got him to decide.

Our only object was to get him away from the Tuileries, where there is for him neither truce nor peace. His health was suffering from this, and at last he left. On his return, I hastened to inquire as to his state of health and the effects of the *villégiature*. 'Oh!' he replied, smiling, 'These Doctors are charming fellows. After some days I found myself worse, suffering in the loins and limbs; and when I sent for them and informed them of what I felt they at once began congratulating me, declaring that what I experienced was the effect of the waters, and was of good augury. I therefore resigned myself to persevere in the treatment, but the pains, in place of diminishing, increased, and I again sent for them, detailing all that I suffered, only again to receive their congratulations and the assurance that this was an effect of the water which I should hereafter recognise. Whenever I ventured an observation, my mouth was always stopped by this unanswerable argument. Really these Doctors are nice fellows.' In relating the circumstance M. Nelaton laughed heartily. 'He does not seem to believe much more in medicine than his uncle did,' I observed. 'Indeed, he is not much more its partisan,' he replied."

Speaking of the Prince Imperial's illness, M. Nelaton observed that there had been a deep-seated abscess under the *gluteus minimus*, which was entirely raised up by it. "The hip-joint was not compromised, but the case was none the less dangerous, and I trembled for the life of that child. It was bruited about that there was caries, but this happily was not the case; and now the cure is quite complete, the movements of the limb being in no wise less assured or less free than that of the opposite side." M. Nelaton gave his visitor a particular account of his successful mode of treating coxalgia before the head of the bone has left the cavity. It consists simply in the effectual and careful employment of compression by means of a bandage and a large quantity of wadding, so that effectual and elastic compression is exerted on the joint in every direction without the movements of the limb being impeded.

Alluding to his successful career, M. Nelaton remarked:

"The position of a physician who is in the possession of a certain repute in a large town, and especially Paris, rapidly leads to a fortune, for he is sought for not only in Paris, but by all France, and indeed by entire Europe. As regards myself (he added, with modesty) I have been very lucky; for most of the Surgeons with whom I should have had to divide my gains died young, as Sanson, Berard, Blandin and others, so that I was left almost without any rivals."

In answer to the observation of his friend that homœopathy and the other variable doctrines of the day do not interfere with the surgeon's practice as they do with that of the physician, he observed:

"It is true that homœopathy does not reduce fractures or operate for cataract, but nevertheless it yet finds means of getting at us. Take cataract for example. The surgeon operates, but sight is not at once restored, remaining feeble and uncertain, especially during the first fortnight. Well, that is just the moment spied out by the homœo-

* *Cave canem!* The exclusion of the unripe and wilted fruit should be insisted on in the interest, at least, of the doctor. The spoiling of our sleep in summer time has most often been caused by cases of "purging up and down" from eating watermelons—in bad condition they were, we have generally believed; though for obvious reasons the point was difficult to ascertain.—Ed.

pathist, who, getting hold of the patient, promises to complete the cure commenced by the surgeon; and as at last the vision, with time, is always more or less improved, he attributes, and has attributed to him, his share of success."—*The Med. & Sur. Rep.*

Degrees, Honorary and without Honor.

We have recently learned how "Collegiate Agencies" are conducted. It is a dodge that illustrates so well the side-shows by which one-horse medical colleges make both ends meet, that it is worth while to disclose the procedures. It is well known that in several States laws have been passed by which no person is allowed to practice medicine unless he has a diploma conferring upon him the title of M.D. This piece of sheepskin engrossed with his name in German text, and either in inferior Latin or inflated English is *prima facie* evidence that he is fully competent to wield all the weapons of the physicians armamentarium against diseases.

Who of the laity would dare question his skill when he can point to this venerated document (usually hanging conspicuously in a gilt frame on his office wall)! Who can doubt the depth of his knowledge when he can point triumphantly to this silent yet eloquent witness! Still more, who can summon him before the squire for practicing without a diploma, when this document is ever in full view?

But as many a hospital steward after the war set himself up as doctor, and as many another without one quarter the practical skill of a good hospital steward, claims on a strip of tin under his windows the title of M.D., it became quite necessary to have some simple, cheap and easy way of providing such gentlemen with diplomas. Of course they could not be expected to attend lectures, and still less to pass an examination except in form, so the object was to provide them with this certificate of studies commenced and completed without any study being required.

Here the excellent idea of "honorary degrees" comes in. Any half dozen medical men can form a college, print a lot of circulars, and announce their intention to instruct youth, give *ad eundem* tickets, and confer honorary degrees.

The collegiate agent is the go-between. The buyer of the diploma appeals to him, sends certain papers attesting his own moral and professional character, how long he has been in practice, what and where he studied, adds a recommendation signed by several doctors of the same stripe as himself, and encloses say \$50. The agent pockets 25 of this, and remits the balance to the faculty of the college with the papers of the applicant, adding such confirmatory matter respecting said applicant's fitness as he can think of, sometimes, for instance, that he has examined the would-be M.D., and finds him surprisingly intelligent, profoundly read, and singularly skilful.

The faculty are incontinently convinced by such an array of testimony from a disinterested source—not to speak of the greenbacks—and feel that here is a meritorious case where they must at once issue an honorary degree, which may or may not be spread on the records of the college. They do so, and our

friend the quondam hospital steward, and pretended doctor, blooms forth with a security and a confidence which puts to shame all his neighbors.

Now there is nothing in all this which is "immoral, that is to say illegal," as Mr. Vholes says in Dickens' novel. But as it is notoriously common, and in every way discreditably to all concerned, it is time that it be thoroughly ventilated and stopped, otherwise a diploma of Doctor of Medicine will become as worthless as a Continental shin-plaster.—*Medical and Surgical Reporter.*

The Health of the Emperor.

During the last fortnight most contradictory reports have circulated in Paris touching the Emperor's health. Several journals spoke of his Majesty's illness as being very serious, and many maladies have been openly mentioned, or covertly alluded to, as existing separately or together. Meanwhile the *Journal Officiel* remained quite silent, whilst the other Governmental journals seemed to attach scarcely any importance to the illness of the Emperor. It was a mere touch of rheumatism, they said, which did not prevent him from taking his daily walks in the gardens of St. Cloud, The attention of the French Government having been drawn to the necessity of giving to the public a regular and official account of the Emperor's health the *Journal Officiel* has since published a daily bulletin. It would appear from these announcements that the Emperor has been suffering from rheumatism, and that he is every day getting better.

As far as I am able to judge, amid the conflicting reports of friends and journals, it would appear that the Emperor has been more seriously indisposed than was mentioned by the Court journals. I have been informed that his disease consisted mainly of an attack of rheumatism, coupled with disorder of the urinary organs, and perhaps the existence of piles. The *mea soins chirurgicaux* mentioned in *Le Figaro* doubtless applied to the treatment of one or other of the two latter affections and indeed would seem to apply merely the use of a catheter. It would also appear that the Emperor is at present in an anæmic condition, and has taken little food of late; though he has not lost his appetite. It is well known, or generally credited, from the Emperor's frequent sojourn at Vichy, &c., that he is prone to suffer from disorder of the urinary organs, and some passing attack of cystitis may have prevented him—though he is now able to walk about in his room—from mounting on horseback or on a carriage, so as to show himself to the Parisians—a fact which has been much remarked. The anecdotes that have been quoted during the last few days in connection with this and Marshal Niel and Nélaton—to wit, that the Emperor has lost all confidence in the surgeon since the Marshal's death and considers Nélaton as no longer having *la main heureuse*,—all these anecdotes, I think, have been coined by the *apropos*. Nélaton still enjoys the greatest favour at Court, and visits the Emperor every morning at nine, together with Dr. Fauvel, the Emperor's physician. Dr. Corvisart, the Emperor's ordinary physician, is constantly in attendance, as he resides with the Emperor. Dr. Cosco, of Lariboisière, it is said, has also been consulted.

With regard to Dr. Chelins, whom report had brought from Heidelberg to Paris, and summoned to the palace of St. Cloud, I have already denied the truth of this assertion in my last letter.

On the whole, it may be said that the Emperor's indisposition has been commented upon with much exaggeration, and has given rise to many false reports. He has only had one of those indispositions to which men of his age are so frequently subject. His life has not been in the least threatened, though, of course, his illness excited some anxiety among the family and the Government.—*Correspondence in Lancet.*

Varieties of Food.

Dr. Letheby (*The Druggists' Circular and Chemical Gazette*), in the "Cantor Lectures," delivered before the Society of Arts in London, speaks as follows in regard to the several varieties of food:

Maize, or *Indian Corn*, is one of the most extensively used grains in the world. Since the famine in Ireland, it has there also become a common article of diet, especially when potatoes are dear. The grain is said to cause disease when eaten for a long time, and without other meal—the symptoms being a scaly eruption upon the hands, great prostration of the vital powers, and death after a year or so, with extreme emaciation. These effects have been often observed among the peasants of Italy, who use the meal as their chief food.

The nutritive power of Indian meal is very high, and considering its price, it is almost, if not altogether, the cheapest food for the poor. A week's diet for an adult will only cost 10½d., and excepting split peas, which are of doubtful digestibility, there is nothing approaching it for economy.

Rice is the principal food for the eastern and southern nations, and gives nourishment to one hundred millions of persons. The proportion of gluten in it is only about 6.3 per cent., and it rarely exceeds 7. It is one of the least nitrogenous of all the cereals, and cannot be made into bread unless it is mixed with wheaten-flour, as is the custom in Paris in making the best white bread. The proportion of nitrogenous to carbonaceous matter is as 1 to 12.7, or twice the amount in wheat. It is, therefore, a good adjunct to highly plastic foods, as ox-liver, poultry, veal, and fish, especially in the savory form of curry. In no country is it eaten alone.

The potato, a succulent vegetable food, imported from America into England, in the 17th century, by Sir Walter Raleigh, has gradually become an almost universal article of diet. Its nutritive value is not great, as it contains only about 25 per cent of solid matter, and of this hardly 2.1 is nitrogenous. Potatoes are also deficient in fat, and require admixture with nourishing materials. They are best cooked in their own skins, for the waste is then only about 3 per cent., or half an ounce in a pound; whereas, if they are peeled first it is not less than 14 per cent. The mealy varieties are more digestible than the close and waxy; in fact, when they are new, and late in the season, they are best cooked by stewing. All succulent vegetables are endowed with anti-scorbutic powers,

but potatoes are especially renowned for this property. The late Dr. Baly remarked that wherever potatoes were used scurvy was unknown. Turnips, parsnips, carrots, artichokes, onions, cauliflower, cabbages, and greens, have among themselves nearly the same nutritive value, but they are all much less nutritious than the potato; in fact, they do not contain more than from 9 to 17 per cent of solid matter, and of this only about 1.2 is nitrogenous. They are chiefly valuable for their anti-scorbutic properties, and for their quality of flavoring insipid food and diluting strong ones.

Banana and bread-fruit are also valuable excellent foods, and are largely used in the tropics. The former contains about 27 per cent. of solid matter, of nearly the same nutritive value as rice. About 6½ lbs. of the fresh fruit, or 2 lbs. of the dry meal, with a quarter of a pound of salt meat or fish, is a common allowance for a laborer.

Ripe fruits, as apples, pears, peaches, pineapples, oranges, &c., are not of much nutritive value, for they rarely contain above 13 per cent. of solid matter, and this is no more value than so much rice; but they have agreeable flavors, and serve the purpose of anti-scorbutic drinks.—*Medical Record.*

The Treatment of Pneumonia.

Dr. J. Hughes Bennett, has an article in the *Practitioner* reviewing the restorative treatment of pneumonia, and contrasting the results with those obtained by other methods of treatment, particularly that recommended by Dr. Richardson. Regarding the management of acute pneumonia Dr. Bennett considers the following axioms fully established:

1. The great end of medical practice is to remove the consolidation of the lungs, and restore those organs to their natural condition as rapidly as possible.

2. To this end everything that diminishes vital strength should be avoided, and nutrients administered as early as possible, to favor the cell transformation necessary for removing the exudation of the lungs.

3. There is no relation between the violence of the symptoms or force of the pulse and the fatality of the disease. Young and vigorous subjects suffer most, but almost always recover soonest.

4. The weak pulse, want of reaction, non-disappearance of the pneumonic consolidation, or its appearance during the progress of exhaustive diseases, are the unfavorable signs of pneumonia.

5. Continued exercise or work after the attack; low diet; large blood-lettings; depressants, such as tartar emetic, and sedatives; expectorants, such as squills and ipecacuanha; mercury and violent purgatives, are opposed to the restorative treatment of the disease, and when not fatal, tend to prolong its duration.

6. Small blood-lettings of from six to eight ounces may be used in extreme cases, more especially of double pneumonia or of broncho-pneumonia, as a palliative to relieve tension of the blood-vessels and congestion of the right heart and lungs.

7. Local pain is best relieved by large warm poultices.

8. The true disease, that is, the exudation which has infiltrated itself through the pulmonary tissues and been coagulated, constituting hepatization, can only be removed, first, by its transformation into pus cells; second, by the molecular degeneration and liquefaction of these; third, by absorption into the blood; and fourth, by excretion of the exuded matter in a chemically altered form through the evacuations.

9. These processes are favored by supporting the vital powers: first, by rest in bed immediately after the attack; second, by beef-tea and milk during the febrile period, with a moderate amount of wine, if the pulse be feeble; third, by beef-stakes and solid food as soon as they can be taken, with more wine or a little spirits, if the pulse falter; fourth, by mild diuretics on the seventh or eighth day, to favor excretion by the kidneys.

10. The same pathology and principles of treatment apply to all cases of simple pneumonia, whether single or double, the latter being only modified by the weakness of the patient, when more restoratives and stimulants are required.

11. In complicated cases other treatment may be required according to the circumstances of the case; the pneumonia, however, being always influenced in the manner previously detailed.

The mortality in 153 cases treated on this plan was one death in 30½ cases. This statement includes 35 double and 24 complicated cases. Among the simple cases, single or double, the mortality was nil.—*Medical Record.*

External Version.

Dr. B. C. Riggs, House Physician, Bellevue Hospital, reports the following as illustrating the benefit of external version: Ellen P., æt. 35, a native of Ireland, having borne five children, all of whom presented normally, was seized with labor pains at 9½ p. m., April 27th, 1869. Her last menstruation occurred early in July, '68. With the first pains the waters escaped. When she was seen half an hour later, there had been but three distinct uterine efforts of which she was conscious, and these slight ones. The long axis of the uterus was evidently transverse and its walls flaccid. The fetal heart could be heard most distinctly just below the umbilicus, and the head was thought to be felt in the right iliac fossa. On examining, the right hand and arm were found in the vagina, palm looking forward and thumb pointing to the mother's right thigh. Dilatation of the cervix had proceeded so far that the os would probably have measured two inches in diameter. Chloroform was at once administered, and passing my right hand into the vagina, I introduced all four fingers within the cervix. By manipulations from outside, made by an assistant, the breech was pushed up and the head down, while by the hand in the vagina efforts were made to move the presenting part from the right to the left of the uterus.

Thoribs were first touched and were pushed up. Then, by means of the arm which was down, the right shoulder was brought within reach. The arm was then returned into the uterus; and all my fingers except the index being withdrawn from the cer-

vix, I placed my thumb upon the acromion, and index finger in the axilla. With the aid of pressure from without upon the head and breech, such motion was imparted to the shoulder that quite suddenly the head slipped into place over the superior strait of the pelvis. In turning the body had so rotated that, although the foetal abdomen was originally towards the mother's, the occiput now pointed forward. The operation up to this time occupied about ten minutes, and during it only one short and feeble pain occurred. For about two hours pressure had to be continued against the breech before the uterine efforts were sufficiently forcible to cause fair engagement of the head. After this the labor proceeded easily and rapidly to its termination. No bad symptoms have appeared since delivery, and the condition of both mother and child is at present entirely satisfactory. Before entering upon the operation a consultation was held of the house staff. All those who were present made examination of the case per vaginam, and all advised the immediate action which was adopted.—*Medical Record.*

Carbolic Acid in Gleet.

By T. J. WILLIAMSON, M. D., CINCINNATI, O.

There is probably no complaint which prostrates the mental and physical energies more effectually than that very formidable disease of the urinary passages termed gleet.

Many of the best pathologists on the two continents have written exhaustive papers upon the treatment of gleet to little or no effect, until the introduction of that sovereign remedy, carbolic acid, has brought about an entire change in its management. I have been called upon to prescribe for hundreds of cases, and must confess that I have never found any remedy half so efficacious as it.

CASE.—H. J. age 27 years, pale, sallow, forgetful and despondent, applied to me on May 25th for treatment for gleet. As a constitutional remedy I prescribed—

R Syr. Iod. Ferri, ʒij.
Fld. Ex. Uvæ Ursi,
" " Buchu,
Syr. Humuli, aa ʒj. M.

Sig.—Teaspoonful four times a day.

When the above became repulsive to the stomach, advised its discontinuance for several days, and directed in lieu of it—

R Syr. Acaciae,
Aq. Menth. Pip. aa ʒij.
Carbolic Acid, grs. xv. M.

Sig.—Desert spoonful three or four times a day. And during the entire treatment, in all cases, I prescribed—

R Glycerine, ʒss.
Carbolic Acid, grs. viij. M.

Dip a No. 6 bougie in the above, and introduce up the urinary canal three times a day.

Dismissed the patient on 5th of July in perfect health. Have used the local remedy alone in a great many cases, and the effect has been magical.—*Medical Repertory.*

Traumatic Atresia and Imperforation of Vagina.

Case II. Mrs. A., aged 20, primipara. Dr. Heise was asked to visit this case in consultation with Dr. Bacon, of Lockport. Patient had been 24 hours in strong labor, with no progress. Dr. B. stated that he had not been able to ascertain the presentation, as he could not introduce the finger into the vagina. Dr. H., attempting an examination, found the canal completely occluded by a tense, firm membrane, about one-third of an inch from its external orifice. There was a small opening, sufficient to admit a good sized probe, at the upper or pubic part of this membrane, but no justifiable force could make way for the finger. Through this opening the waters had discharged some 10 or 12 hours previously, since which time the patient had been in strong labor, with constant expulsive pains. The husband being asked if he had ever had complete connection with his wife, replied that "he had," but on being questioned closer, stated that he "had some time ago, but not recently." On being pressed for his knowledge of any cause for her present condition, he acknowledged that he had been married only about two months, that he had had sexual intercourse with his wife some time previous to their marriage, that finding herself *enclinte*, they had procured the services of an abortionist, who had operated on her for 15 minutes with a wire, and pronounced the operation complete; that after this operation she was sick and confined to her bed for six weeks, purulent and bloody discharges taking place from the vagina.

Inasmuch as the passage of a probe through the orifice in the membrane showed a cavity beyond it, Dr. H. hoped that it might be the only obstruction. On dividing it, however, he found still others, in the form of fibrous bands, stretching obliquely across the vaginal canal, interlacing with each other, the whole length of the vagina, and very firm and strong. Carefully dividing these, the foetal head was plainly felt in the first position, and the patient was soon delivered of a healthy child. Severe inflammation of the vagina, womb, and peritoneum supervened, and she died on the ninth or tenth day thereafter.—*Medical Examiner*.

Medical Items.

We notice with satisfaction that, in the award of the Monthyon Prize (Concours of Medicine and Surgery), Prof. Austin Flint, Jr., of this city, received an "honorable mention" with a "recompense" of 1,500 francs, for his paper on a "New Function of the Liver," etc. This paper appeared originally in the *American Journal of Medical Sciences*, October, 1862, and was translated into French, and entered for the Monthyon Prize at the instance of Prof. Claude Bernard. This handsome acknowledgement of the merits of the paper, as well as the success it has met in the Concours, is a matter not only for congratulation to the author, but an occasion whereon we may indulge in a little pardonable glorification at the honor conferred upon the profession of this country.

The prize itself, of 2,500 francs, was awarded to

Villemin for his Recherches upon the Inoculation of Tubercle—which is, undoubtedly, one of the most valuable contributions recently made to the science of medicine.—*New York Medical Journal*.

Government of the Medical Profession by Itself.

Many propositions have recently been urged in this country for the improvement of medical education, and for regulating the admission of members into the profession. The least feasible and the one most fraught with danger is that recently put forth to effect these objects by the establishment of national schools, and the appointment of professors and examiners by legislative or executive bodies. The medical profession is best competent to manage its own affairs; all that is required is authority to enforce its regulations. But for the profession to seek to have their affairs managed by parties selected by political bodies would be untrue to themselves, and tend to the destruction of the dignity, usefulness and competency of its members.

The *British Medical Journal*, July 24, 1869, contains the following just remarks on this subject:—

There is a rumor—whether correct or incorrect, we cannot say with certainty—that it is proposed, in future medical legislation, to abolish entirely the present Medical Council, and to substitute for it a Government Council composed mainly of members not belonging to the medical profession; and to institute a Board of Examiners appointed by the Government. Such a proposal as this for the constitution of a Council to regulate the profession cannot for a moment be entertained; and, if ever made, must be met by strenuous opposition on the part of the profession. Its adoption would only tend to the degradation of medicine; for it would imply an unfitness, which does not exist, on the part of the medical profession to direct the education of its members, and in other respects to regulate its internal economy. The Law, the Church, and other professions, make their own regulations on such matters as education and admission, aided by the law so far as is necessary to give them power. The medical profession is as competent as any other to govern itself. All that it asks from the law is, that a body of men, who shall beyond cavil represent all interests in fair proportion, shall be supplied with well defined powers for making and carrying out such regulations as are essential to the well-being of the profession and conducive to the public good. The profession can never consent to be placed under the direction of a body of men, however eminent, who will have at best but an imperfect knowledge of its wants, and whose appointment, in fact, may rest in the hands of some one adviser of the Government.—*News and Library*.

Homeopathic.

In the report on Obstetrics read before the American Institute, is the detailed report of a case of "imperforate hymen" ruptured with Silica 6000! It did not state whether the attending physician was male or female. The query we wish to put to our Homeopathic brethren is: if the 6000th potency will suffice to rupture an imperforate hymen, how much will be required to effect impregnation?—*Eclectic Medical Journal*.

Blistering in Acute Rheumatism.

In St. Vincent's Hospital, London, Dr. Mapother recently exhibited to his class several cases of acute rheumatism which he had treated mainly by means of the blistering plan. He advocates this method of treatment very strongly, and has found it to afford much more favorable results than any other which he has tried. He stated that in some cases the patients expressed themselves relieved of the acute pain before there is time for any serum to be poured out; and this fact, if true, would, he thinks, argue that the blisters act as counter-irritants to the diseased structures, and produce relief in that way.—*Medical Record.*

Chorea Cured by Ether-spray applied to the Spine.

M. Mazade records (Lyon Medical, 4 Juillet) an interesting case in which severe chorea was effectually treated in the above manner. The patient was a young man aged eighteen; the disease had lasted many months, and after a brief interruption (during an attack of varicella) had returned with increased violence. Fifty grammes (14 drachms) of ether were applied, in spray, along the whole length of the spine with a Richardson's apparatus; the skin was slightly reddened, but not rendered anæsthetic. The next morning the patient announced that he felt much better, although the external symptoms were not materially changed. The ether douche was administered three times more, and a remarkable improvement was then observed; the treatment was therefore continued, and at the end of about eight days the patient could write legibly, whereas the affection of the hands had been so severe as to entirely prevent even his feeding himself. He was so well as to be about to leave the hospital, about three weeks after the commencement of the ether treatment, when he was attacked with typhoid fever. The latter affection proved slight, and was not followed by any return of the choreic symptoms.—*Practitioner.*

Fatal Result of Consulting a Pretender.

In New York, Cornelius Kailhor, suffering with fever and ague, was advised to call upon Mrs. Margaret Monaghan, who professed to cure that, among other diseases.

She gave him a mixture consisting of one pint of ale and the contents of a paper of ten cent tobacco. He vomited violently, when some warm water was given, followed by about one-half of the former dose. In a short time the patient died.

Result:—A post mortem examination by Drs. Shine and Cushman, who very naturally found the stomach highly inflamed and congested, evidently caused by some irritant poison. There was in the stomach and intestines a quantity of dark-colored fluid, which smelled strongly of tobacco. In their opinion death was caused by syncope, resulting from exhaustion, consequent upon excessive vomiting, produced by a poisonous dose of tobacco. The case was adjourned by Coroner Flynn, who transmitted the testimony taken to the Board of Health for their action. Mrs. Monaghan was released on \$1,000 bail to await the result of the investigation.

Human life seems to be held at a low valuation in New York!—*Med. & Surg. Rep.*

Turpentine in Uterine Hemorrhage.

Mr. Bradley, of Martley, near Worcester, a few years since, published some very valuable records of the utility of turpentine in hemorrhages of all kinds. As a restorative in certain cases of prostration, especially such as occasionally arise during the puerperal state, it is no less serviceable. Sometimes after a severe labour, accompanied or not with hemorrhage, great debility will ensue about the third day, characterised by a rapid pulse, tympanitic abdomen, and other symptoms not connected with peritoneal or other fever, yet threatening the advent of a typhoid condition. Here turpentine, both as an injection and by the mouth, is invaluable. Mr. Yarroway, of Faversham, records (British Med. Journ., July 10, 1869) a case of this character occurring in a primipara on the third day after labour. One ounce of turpentine, diffused in mucilage, was injected as high as possible into the rectum; the patient had been previously insensible, with cold and sweating skin, and commencing shrivelling of the surface, but in four or five minutes after the turpentine injection the respiration became freer, she soon opened her eyes, deglutition became possible; after which nourishment was administered with the best effects.—*News and Library.*

Trichina.

At the meeting of the Association for the Advancement of Sciences in Salem, Prof. Edwards, of Montreal, read a paper upon the trichina in pork, of which we have heard so much of late years. After the conclusion of this paper, Prof. Agassiz made some remarks, and among other things, he is reported to have said, that he "hoped the appetite of the community would not be disturbed by this scientific discussion, as such worms are present in all meats and even in vegetables, and there is no danger if they are properly cooked."

This statement is very justly criticised by Dr. Snow in the *Providence Journal*. Prof. Agassiz, it is to be hoped, did not make any such loose statement, and it were just as well if he repudiated it.—*Medical and Surgical Reporter.*

Danger of the Drinking Customs of Society.

The following is from an authorative source—and it behoves our profession, whose mission is one of benevolence and mercy, to exert its powerful influence against the cause of so much evil:

Dr. Day, Superintendent of the New York State Inebriate Asylum, recently delivered an address before the inmates of that institution, in which he stated that modern drinking families, more than bar-room groggery, are the schools in which the fundamental principles of intemperance are taught. Among other things he said: "it is my firm belief that no family accustomed to daily use of ardent spirits ever failed to plant the seeds of that fearful disease which sooner or later produced a harvest of griefs. In every such family you may find the scroll of the prophet which was written within and without with mourning, lamentation and woes. It is here that the tender digestive organs of children are perverted and predisposed to habits of intemperance. From long observation I am convinced that one or more of the members of every wine-

drinking family become, sooner or later, 'drunkards. Drunkenness, in every instance, is a simple failure of an attempt to drink moderately.—*Medical and Surgical Reporter.*

Peroxide of Hydrogen, or Ozonic Ether.

It is said that the process for the manufacture of this article, as used by Dr. Richardson and others, is a difficult one, and there is but one pharmacist in England who makes it. It has hitherto, we believe, been unattainable in this country. We are, therefore, pleased to state that Mr. Krause, apothecary, N. W. cor. Chestnut and Twelfth Streets, has imported some of the article from the manufacturer, and can supply it to those who desire to try its therapeutical properties.

Physical Punishment.

Harper thinks it was a little hard upon that poor little school boy in Porter county, Indiana, who administered to him a tremendous cathartic by the school mistress who construed physical punishment to relate simply to the bowels. But we used to know one of the most worthy of Warren county pioneers, who used to give castor oil to the children as a sovereign remedy for *badness*, because no child would be naughty unless the bowels were out of fix. It is said the therapeutics worked well.—*The Cincinnati Lancet and Observer.*

Cholera Morbus.

A correspondent writes to us as follows:—"I am now, and have for the last two years, been treating cholera morbus, cholera infantum and colic, also, the various forms of diarrhoea in adults and children, attended with pain, with salt-water injections, with the best of success. I use but very little medicine in the above-mentioned diseases, and in the majority of the cases none at all.—*Med. Surg. Rep.*

POISONED BEER.—Here is the opinion of the London *Scientific Review* on beer as furnished to the London market. Beer-drinkers would do well to notice and take warning: "About five hundred persons die annually of delirium tremens in England alone, while a much larger number are attacked by the disease. Our most distinguished medical writers agree that about one-third of the insanity in Great Britain may, with certainty, be ascribed to drinking, and we all know that the children of drunkards are very frequently idiotic. Quite recently, out of three hundred idiots in Massachusetts, one hundred and forty-five, or nearly half, were found to be the children of habitual drunkards. All these terrible effects are of course heightened considerably by the habitual use of poisoned beverages. In theory, every kind of beer can be produced by use of malt and hops alone; no other ingredients are required when the process of brewing is conducted by honest and clever men. But, in reality, what an endless list of injurious compounds have we not detected in the various beers, porters and ales recently submitted to our investigations!—cream of tartar, alum, green vitriol, small quantities of copper, sometimes lead, iodic acid, cocculus indicus, grains of paradise, coloring matters of various descriptions, quassa-

wood, and other cheaper and more hurtful bitters, together with the harmless, but still needless compounds, liquorice, molasses, coriander, capsicum, caraway-seeds, ginger, salt, malted horsebeans, etc. To this list, already far too long, we might still add the names of three plants, *Ledum palustre*, *Myrica gale*, *Datura stramonium*, occasionally used to adulterate beer both at home and abroad."

A TEST FOR GLYCERINE.—The increased use for glycerine in the arts of late, has, of course, brought into the market an adulterated article. When sugar and dextrine were mixed in small proportions with glycerine it has hitherto been difficult to detect the adulteration, but is now easily done by the following method: To five drops of the glycerine to be tested add 100 to 120 drops of water, one drop of pure nitric acid, and three or four centigrammes of ammonium molybdate, and boil the mixture, and in less than two minutes it will assume a deep blue color if any sugar or dextrine is present.

Books, Pamphlets, etc., Received.

- The Churchman's Magazine for July and August.
 The Illustrated Annual of Phrenology. By S. R. Wells. New York.
 On the Treatment of Paralysis by Electrization. By A. D. Rockwell, M.D.
 Catalogue of Lindsay & Blakiston's Medical Publications. 1869. Philadelphia.
 Annual Circular and Catalogue of the Bellevue Hospital Medical College, New York. 1869-70.
 Annual Announcement and Catalogue of the Detroit Medical College at Detroit, Mich.
 Announcement of the Medical Department Victoria University at Yorkville. 1869-70.
 Rules and Regulations for the Guidance of Students in Medicine, by the Council of the College of Physicians and Surgeons of Ontario.
 Sixty-second Annual Circular of the School of Medicine, University of Maryland; Session 1869-70.
 Saint Louis College of Physicians and Surgeons; Announcement for the Session 1869-70.
 A Medical Directory of the Province of Ontario: 1869. Prepared by H. Strange, M.D. Hamilton.
 Physician's Visiting list for 1870. Lindsay & Blakiston. Philadelphia.
 New York Daily News; Hamilton Evening Times; Albion.
 Handbook of Vaccination. By E. C. Seaton, M.D. Adam, Stephenson & Co., King St., Toronto.
 Fœticide, or Criminal Abortion. By Hugh L. Hodge, M.D.
 On External Perineal Urethrotomy. By J. W. S. Gouley, M.D.
 Advice to a Mother. Chavasse. Adam, Stephenson & Co.
 Erichsen's Science and Art of Surgery. From the Fifth London Edition. H. C. Lea, Philadelphia. M. Shewan & Co., Toronto.