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CANADA

MEDICAL & SURGICAL JOURNAL

JUNE, 1883.

Original Communications.

A CASE OF FATTY DIARRHŒA.

By ALGERNON WOOLVERTON, M.A., M.D., HAMILTON.

(Read before the Ontario Medical Association, June 5th, 1883.)

The diversity in the character and nature of matters discharged at times per anum is, upon reflection, something remarkable. The three great kingdoms of Nature—animal, vegetable, and mineral—are, upon occasion, found represented. It is not my purpose to catalogue, even in a summary manner, all these various matters, but merely to introduce to your notice a case illustrative of the above statement, which, I trust, will prove of interest to the members of this Association, not only on account of its great rarity, but from the very nature of the case itself. It has to deal with the discharge of fatty matter in considerable quantity per rectum.

Mrs. G., aged 38, Canadian, of German parentage (both living), has been married over eight years, and during that time has borne four children, one dying aged 2 years, the others being in good health. She first came under my notice some two years ago, suffering from a large abscess under the right pectoral muscles, from which she made a slow, but good, recovery. Since that time I have occasionally treated her for minor ailments, for the most part referable to a disordered digestion, attributed by me to secret alcoholism. Though healthy and robust-looking when I first knew her, she has of late been gradually losing flesh, and acquired a bloated, puffy appearance, no doubt attributable to her habits. On various occasions, during last summer, she

casually mentioned to me that she suffered from diarrhœa, which was sometimes better and sometimes worse. Attributing it to her alcoholic habits, I warned her against her besetting sin, but to no purpose, as she denied any excess. As her appetite felt fairly good, she was able to drift along, attending to her household duties in some sort of manner.

She came to my office on the evening of October 10th, of last year, in considerable trepidation, on account of passing what she called a "yellow scum," which came away from her with a "gush of wind," just before her bowels were going to be moved, and which she stated floated like "grease" on what she passed in the chamber-pot. She also mentioned that her diarrhœa was very troublesome, as many as four or five evacuations taking place during the day, and quite as many more during the night, each evacuation being preceded by this discharge of yellow scum. As her neighbors, including the ubiquitous "old woman," had never seen or heard of the like before, and prognosticated all sorts of direful results, my patient became alarmed, and hence her visit to me. I directed her to go home and to keep what she passed during the night, and that I would call in the morning. On my arrival next day, I was shown a most noisome-smelling mixture, to even a professional nose. To sight, a yellowish greasy-looking substance, very much resembling melted bees-wax, occupied at least half of the superficial area of the fluid contents of the "whited sepulchre" which held it. I was considerably puzzled at first to know what was before me, but a slight examination only was needed to show that it was of a fatty nature. I therefore concluded that it must be a case of that rare disease, *fatty diarrhœa*. The microscope confirmed this opinion, as only fat cells were found. When first passed it was semi-fluid, but speedily became firmer and more consistent, and appeared to be in irregular-sized cakes, about a quarter of an inch in thickness, and, as was stated before, always preceded the fœcal evacuations, and was accompanied with a considerable discharge of flatus, which heralded its delivery. The quantity I saw in the pot would probably weigh between two and three ounces, and on this estimate, the total quantity passed in the 24 hours would at least reach ten or twelve ounces.

On questioning her as to the time when it first appeared in her evacuations, she was positive that it was not longer than two or three days prior to her visit to me, and as it disappeared as suddenly a few days subsequently to my visit, its total duration could not have been longer than ten or twelve days. But it is somewhat singular that in the succeeding week it again put in an appearance for two days only, and then disappeared, with no return up to the present time.

During the progress of the diarrhœa Mrs. G. lost weight rapidly, and felt very languid and debilitated, with nearly total loss of appetite; but she gained 5 lbs. in a week after its final disappearance, with a corresponding improvement in her appetite and general health. I may state that she had no great amount of pain at the time, but complained of some uneasiness and tenderness on pressure in the gastric region. The liver and spleen were not found perceptibly enlarged; and the urine was found free from albumen and sugar. I diligently questioned her as to her diet, and she stated that while at no time was she fond of fatty kinds of food, yet, during the period of the fatty discharge, she had an actual distaste and repugnance for all kinds of fat, and lived chiefly on tea and toast. If her statements be true, and I have no reason to doubt them, it would necessarily seem that the quantity of fat discharged was greater in amount than could be accounted for by the food taken. The short duration of the discharge prevented any systematic comparisons being made between the amount of fat consumed in the food and that discharged per rectum. It is unfortunate that this could not have been done, so as, if possible, to discover whether the fat discharged was simply undigested food-fat or an actual secretion at the expense of the general system. This important point has been too much neglected by most observers, and is at the present moment a subject of dispute.

It is not my intention to enter at any length into the different views held as to the sources of fat in the human economy: Whether oleaginous food is alone the source from whence the fat is derived, and which enters the system, unchanged, in the ordinary manner (this view must ignore the mechanical and physio-

logical difficulty of the passage of an insoluble substance through the cell-walls), or whether fat is derived from the disintegration of the albuminates, or, again, from the carbo-hydrates. It is most probable that fat can be derived from both of these latter foods, or from either one or the other upon necessity. As a proof of this, it has been ascertained that the honey-bee can make wax (an oleaginous substance) when fed on pure sugar alone. The view most generally held now, and probably the most correct one, is that the fat taken is converted into a soap by the action of the pancreatic juice and the alkali of the biliary acids, in which form its passage through the intestinal epithelium and fat cell-walls would be comparatively easy. Without further discussing this matter, it is more pertinent to our present purpose to consider the pathological condition which enables fat to traverse the whole length of the intestinal canal unabsorbed, and be discharged with or without the stools per anum. This can occur in only one of two ways. Either from the ingested food-fat passing undigested and, consequently, unabsorbed through the whole tract of the intestines; or, secondly, directly from the fat stored up in the system becoming reabsorbed, and then discharged into the intestines, to be discharged as before. It is not likely that both conditions would exist at one and the same time; and to discover which of these causes is existent in any particular case is sometimes more difficult than one might at first imagine. Its solution would depend upon a careful comparison of all food ingested that was capable of supplying fat with the amount of fat discharged. When this amount is found to be greater than can be accounted for by the ingested food, it would seem as if no other resource was open to us but to look to the adipose tissues of the body as the storehouse from which the fat is derived. Many observers are sceptical as to the possibility of this latter condition, and think the error arises from a want of careful comparison between the food ingested and the fat discharged, and, perhaps, from trusting too much to the exaggerated statements of the patients themselves. On the other hand, Dr. Wells, in the *New York Med. Times*, in 1854, reports a case where the patient abstained from fat and fatty foods for several weeks, without any apparent de-

crease in the amount of fat passed ; and, singularly, upon a return to a fatty diet, the amount of fat discharged did not seem to increase. A similar case is also reported by Dr. Bright. It is a well known fact that in many cases where a fatty diet is indulged in, more or less fat passes by the stools, as in infants fed on milk, and the amount is proportional to the amount consumed. But this must not be confounded with the pathological condition when the amount of fat passed is excessive, and out of all reasonable proportion, as in the present case.

It would now be advisable to briefly consider the morbid conditions which produce this excretion. Kuntzmann (1820) seems to have been the first to draw attention to the connection between the presence of fat in the stools and a diseased condition of the pancreas ; but it was not till Bright, in 1833, reported 7 cases of that nature that the attention of pathologists was specially directed to it, and many subsequent observers have confirmed this connection. Reeves, for example, collected reports of 16 fatal cases. In 11 of these, disease of the pancreas was found ; in the other 5 cases, it was healthy. Dr. Griscom reports 24 cases, of which 14 were fatal ; 8 of these were found to have diseased pancreas. No post-mortem examination was made in 14 of the cases, and consequently the condition of the pancreas could not be definitely ascertained. Jaundice was present in 6 of the cases, and diabetes in 2. On the other hand, Da Costa reports 37 cases of cancer of the pancreas, and in only 3 of these was fatty diarrhoea present. Barnard thought the pancreatic juice alone enjoyed the power of emulsifying fats, which thus prepared them for absorption from the intestinal canal. And he considered that when this secretion was modified in quantity or quality by any morbid condition, fat would necessarily be present in the stools, on account of its not having undergone the necessary emulsification which fitted it for digestion. In proof of this he made several experiments on dogs by injecting melted tallow into the pancreatic duct, when it was found that large quantities of undigested fat was passed in the stools, accompanied with rapid wasting, notwithstanding a voracious appetite. But this view is now held to be too narrow and exclusive. Frencks, Schmidt,

Lehmann and others are of opinion that the intestinal secretions, but especially the bile, share this emulsifying power with the pancreatic secretion. It has been shown by experiment that when the bile is directed from the intestinal canal, fat appears in the stools, much the same as in the case of the suppression of the pancreatic juice in Barnard's experiment. Cases have been reported of this kind where disease of the liver was alone found, the pancreas being quite healthy, fat having been present in the stools. Again, fatty diarrhoea has occurred where a post-mortem examination showed no recognizable disease of either the liver or pancreas. Such a case is reported by Prout in a woman, where the only pathological condition discovered was ulceration of the large intestine. Fatty stools have also been found in cases of phthisis, diabetes, cholera, typhoid fever, intestinal tuberculosis, and other diseases.

It would seem, then, that any morbid condition which interferes with either the digestion or absorption of fatty matters may produce fatty diarrhoea, provided a fatty diet be indulged in; and from the fact of frequent recoveries having taken place, it is probable that it may be produced by mere functional disturbance. At all events, this explanation seems best to explain the case I have had the honor of presenting to you. Its short duration, the improvement in health, and the absence at the present time of symptoms of any grave organic disease, would harmonize best with this view of the matter. Tulpius (1652) gives the report of a case where fat was not alone found in the stools, but also in the urine. And Jäger relates the finding of fatty concretions in the vagina, but one cannot help indulging in some suspicions as to the genuineness of this latter case, when the many hysterical vagaries of the sex is considered. As analogous to this subject, it might be well to mention that peculiar substance, *ambergris*, which is well known to be a fatty secretion into the intestines of the *Physeter Macrocephalus*, or sperm-whale. Enormous quantities of this is sometimes found. In one whale it amounted to as much as 182 lbs. It is thought to be due to a diseased condition of the intestines, as when found, the whale is in poor condition, being either thin or sickly, or even dead.

Formerly many ridiculous explanations were given for its presence. Some considered it to be solidified sea foam; others, a fungoid growth of the sea, similar to the fungus on trees; and others, the excreta of birds, etc. Elliotson compares the fatty matter in the diarrhœas to this ambergris, and suggests that their different consistency is due simply to their containing different proportions of elaine and stearine. Home (1813) speaks of its resemblance to adipocere, and suggested that the fat might be the product of the albuminoid matters of the food; and he also likens it to the ambergris of the whale, and suggested the bile as the chief cause of the fat metamorphosis.

The little semi-transparent masses that are sometimes seen in diarrhœal and dysenteric discharges, and which have been compared to grains of boiled sago and frog's spawn, must not be confounded with true fat. Heubner and others thought they were composed of mucus, moulded into this shape by ulceration of the follicles of the colon. But Virchow found them to be derived from the starchy articles of food, as they turn blue under the iodine test, and sarcastically says that what has been called sago-like mucus is much more frequently mucus-like sago. Heubner also speaks of these bodies as identical with the "*corpora pinguia*" of the ancients, but though this may have been true of some cases, it is certain that the "*corpora pinguia*" were in other cases really fat. Hippocrates, Philagrius, and especially Galen, have noticed and recorded cases of fat appearing in the stools, and they thought that fat was an ordinary constituent of dysenteric stools in the early stages, and this view continued to be held until the beginning of the 17th century. It is probable that the whitish muco-purulent matters of dysentery were mistaken for fat. Aretæus describes a white, thick substance like "chopped tallow," which subsequently became known as the "*corpora pinguia*" as occurring in dysenteric stools. This must have been true fat. The ancient fathers of medicine considered that this fat was derived from the fat of the intestines and mesentery, which underwent liquifaction from the heat of the disease; and when fat was found in the urine, its source was supposed to be the adipose tissues in the neighborhood of the kidney.

The duration of this peculiar diarrhoea adiposa (so named by Sauvages) is very various—from a few days, as in the present case, up to six years. The prognosis, of course, depends more upon the nature of the morbid condition producing it than upon the quantity of fat discharged.

Very little is to be said about the treatment. My case recovered without any treatment. Griscom and Elliotson report cases from the administration of olive oil, which seems rather Hahnemannic; but whether the case was *post hoc* or *propter hoc* is not very evident. Six to eight ounces of whiskey daily only was needed in another case, reported by Griscom in the New York Hospital, to stop the fatty discharge, which reappeared when the whiskey was not taken. Dr. Wells reports a singular case, where 3 gills of fat was passed daily for over two years, and which recovered in a few weeks by the patient leaving his trade as a carpenter and taking to farming.

The literature on this subject is not very extensive, most authors having very little or nothing to say upon the subject. Probably the fullest account of it is given by Dr. Woodward in the "Medical History of the War of the Rebellion," Vol. II., which was kindly sent me by my friend Dr. Osler, and from which I have procured much of the information given in this paper. I am also indebted to Dr. Osler for this specimen of fat (now presented) passed by my patient, my own supply having, unfortunately, been destroyed.

DROPSY OF THE ANTRUM—PUNCTURED AND DRAINED—CURE.

By A. D. BLACKADER, M.D., M.R.C.S.

Attending Physician, University Dispensary, Department for Children.

(Read before the Medico-Chirurgical Society of Montreal.)

Richard W., aged 10, was first brought to me for advice in the beginning of October 1881, in reference to a fullness of the left cheek and prominence of the malar process on that side. He was a delicate-looking lad, belonging to a somewhat strumous family, but had enjoyed fair health up to the present. During the previous winter he had been hit by a hard snow ball on that cheek, of the effects of which he had complained for some

time; and early in the spring he had received another severe blow on the bridge of his nose, which his mother at the time thought had dislocated the nasal bones. I saw him, however, on the next day, and could not then make out any displacement.

His mother referred the present trouble to these injuries. The fullness had been first noted some six weeks previously, and had been gradually increasing since. At the time of her visit it was very evident on inspection. On examination there was found to be marked bulging of all the anterior wall of the antrum. The child was in good health otherwise. There was no difficulty in breathing through the nose, nor any sign of tumor in the pharynx or nasal cavities. I saw him at intervals during the next six weeks, during which the fullness slowly increased, but no softening of the bone was discovered. I now asked Dr. Roddick to see the case with me. He agreed with me in regarding it as due to pressure from within the antrum. On careful examination this time, now eight weeks after date of his first consulting me, limited softening and slight fluctuation could be detected on the root of the second bicuspid tooth. His health otherwise remained good. The following week fluctuation was quite evident over the roots of the canine and the two bicuspids—and crackling of the thinned bone was felt distinctly. A puncture with a scalpel was made over the root of the first bicuspid, and about 5ij of glairy colorless fluid escaped, with relief to the local tension. This again shortly accumulated, and five days afterwards the whole facial surface of the bone was pliable, crackling under pressure, and the hard palate on that side for about half an inch back from the alveolar process was bulging.

The lad was taken to the office of Mr. Alf. Wright, Dentist, who carefully removed the canine and two bicuspids on the affected side. Their fangs were almost absorbed. The alveolar process was soft and crumbling, so that care had to be taken to injure it as little as possible. With the removal of the teeth a large quantity of glairy fluid escaped from the antrum through the opening thus made into its floor. Mr. Wright afterwards made a plate supporting a small hard rubber tube about the diameter of a

goose quill, which passed into the cavity through the opening made by the first bicuspid, and kept it drained. A lotion of carbolized water was also given to the mother with directions to have the cavity syringed out frequently. With the removal of the pressure the prominence at once disappeared, reducing completely the deformity of the face. The cavity filled up, and now after the lapse of eighteen months there is no appreciable difference between the two sides.

The diagnosis in this case was somewhat difficult at first, and a more formidable tumour of fibrous or myxomatous character at first feared. The nature of the case was, however, made evident by the first puncture. The injuries the child received probably had a good deal to do with the formation of the cyst; but whether by closing up the aperture connecting the antrum with the nasal cavity, or whether by inducing some morbid change in the mucous glands, naturally existing in the lining membrane of the antrum, it is difficult to say.

After the operation Dr. Roddick, who was present and whose advice was taken throughout the case, and myself, endeavored to make out the position of this aperture in the nostril, but both of us failed.

A very similar case is quoted by Mr. Pollock in Holmes' Surgery, where the cyst occupied a large portion of the left side of the upper jaw. Its anterior wall bulged out the side of the face. A free incision was made into the cyst from within the cheek. The anterior wall was found to be partly membranous, and partly consisted of thin flakes of bone. A portion was readily removed, so that a free opening was left for the escape of the contents, which were of glutinous consistence and brownish in color. At the bottom of the cyst there was found projecting into its cavity the extreme point of the fang of the canine tooth. On its removal the fang was found partially necrosed. The cyst filled and closed in a short time without any further treatment. The patient was about ten years of age, and when he quitted the hospital there was no trace of disease nor the slightest disfigurement.

THE STUART PERIOD FROM A MEDICAL STANDPOINT.

BY R. L. MACDONNELL, B.A., M.D.

[*A Paper read before the Athenæum Club, Nov. 28, 1882.*]

[Continued from page 593.]

Little has been written of the medical history of Charles I. It is probable that he was a man who enjoyed good health all his life. Mayerne was still chief physician, while amongst the medical advisers of the court were Bates and Harvey. Bates was a medical vicar of Bray; whether Roundhead or Cavalier was in power, he always found himself in favor. The medical attendant of Cromwell himself, at heart he was a Royalist. In his record of his own times, entitled "*Elenchus Motuum Nuperorum in Anglia,*" the character of the Protector is thus portrayed: "*Egregius simulandi et dissimulandi artifex, qui sublatis in cœlum oculis, dextraque pectori applicata, Dei nomen invocabit, lacrymabitur, precabitur et aget pœnitentiam donec sub quintâ costâ trajecerit alloquentem.*" The malice of the King's enemies, he says, pursued him even after his death. He mentions in the *Elenchus*, with great disgust, one Trapham who embalmed the King's body, and during the operation uttered several coarse jests and unfeeling expressions. This Trapham was surgeon-in-chief to the army of Oliver Cromwell, and though he did say that he was stitching on the head of a goose, yet he did his work well. After 165 years the features of the King were plainly recognizable, bearing a striking resemblance to his protrait in coins, busts and paintings. The fourth cervical vertebra was found smoothly divided transversely.

Successive generations of Harveian orators at the Royal College of Physicians of London, have left little to be said about Harvey. I wish merely to attempt to do away with the prevalent notion that Harvey was a loser by his discovery, contemporary writers, Aubrey for instance, saying that his practice fell off. It must be remembered that the laborious research which led to his glorious discovery left little time for the cultivation of private practice. Still more unjust

is it to say that his professional brethren threw obstacles in his way and ridiculed his theories. Nothing beyond healthy criticism was called forth by his lectures on this subject, and the publication of his great treatise, "de motu sanguinis."

Harvey's family were distinguished in commerce, his brothers being wealthy merchants in the Eastern trade. At the age of nineteen he took his B.A., in 1597, at Cambridge. After a long course of study abroad he became a Fellow of the College of Physicians in 1607, and in the following year, by the recommendation of the King, the President of the College of Physicians, and several of its senior fellows, was appointed physician to St. Bartholomew's Hospital. After nine years spent in study and experiment, the treatise was published. Harvey was always high in favor at court. In 1615 he was physician extraordinary to James I. In 1629 he was appointed by the King travelling physician to Lord Lennox. In the annals of the College of Physicians it is related how when Harvey gave up the Treasurership he called the Fellows together, and "post splendidum convivium" publicly resigned office.

Harvey was in attendance upon Charles I. at the battle of Edgehill in 1642. In 1645 he was by Royal favor made Warden of Merton College, Oxford. He died in affluent circumstances in 1652. The College of Physicians during his lifetime erected a statue of him in their hall.

Aubrey, a contemporary, describes Harvey as being "not tall, but of the lowest stature; round faced, olivaster (like wainscot) complexion, little eye—round, very black, full of spirit—his hair black as a raven, but quite white twenty years before he died."

Charles I., with all his faults, is greatly to be commended for the encouragement he gave to all arts and sciences, and for the personal interest he took in them. Harvey's experiments interested him greatly, and the fashionables of 1642, instead of, as in 1882, throwing obstacles in the way of advancing science, not only witnessed dissections of living animals, but actually furnished the subjects for them. Aiken tells us that the interest his Majesty took in Harvey's researches were of singular

service to him in his investigations concerning the nature of generation, as the King's favorite diversion of stag hunting furnished him with an opportunity of dissecting a vast number of animals of that species in a pregnant state.

Oliver Cromwell, in his younger days, when he lived in Huntingdonshire, was a hypochondriac. His physical sufferings had much to do with his gloomy ideas of religion. At his country seat he frequently fancied that his death was at hand. It is on record that Dr. Simcott, of Huntingdonshire, was constantly being sent for, and no doubt that worthy practitioner went with a grumble to minister to the woes of the *malade imaginaire*.

At this time Oliver was constantly consulting Dr. Mayerne in London. The court physician undoubtedly must have given him twenty grains of calomel, his favorite dose, although no mention is made of treatment in the Ephemerides. "Monsieur Cromwell valde melancholicus." The records go on to state that the Great Oliver was the victim of a periodic pain in his stomach, whose time of attack was exactly three hours after the future Protector had eaten his dinner. Its favorite site was in his left side. Probably it was an enlarged spleen, the result of malaria. Cromwell had just returned from drinking the waters at Wellingborough, in the county of Northampton. The consultation took place on the 29th September, 1628. This long residence in Huntingdonshire, a tract of country notoriously ill-drained, was probably the origin of the ague from which he suffered during the rest of his life.

During the Scotch campaign he was constantly upon the sick list; and the Parliament were so concerned that they sent Dr. Bates and Dr. Wright to Scotland to advise him, as well as to report to Parliament his condition of health. He refused to follow the advice offered him—that he should retire from active life.

For the next seven years after this, Oliver Cromwell enjoyed good health. He was made Lord Protector in 1653. The year 1658 was one of trouble and anxiety. He lost by death his friend, the Earl of Warwick, his son-in-law, Mr. Rich,

and, worst of all, his favorite daughter, Mrs. Claypole. Her last illness was prolonged and painful. She died, it was thought, of cancer. For fourteen days and nights Cromwell was a constant attendant at her bedside.* It was said that his refusal of the request that the life of Dr. Hewett should be spared, weighed so heavily on the mind of the dying woman that her last words were those of bitter reproach. This Dr. Hewett, who was executed for high treason, was the divine who had officiated at the marriage of Mary, his third daughter, to Lord Fauconberg. All these melancholy causes are said to have so affected him in body as well as in mind as to be considered at the time sufficient cause for the return of his ague. An attack of gout still further reduced him, and his haggard appearance became an occasion of alarm to those who knew him well. Fox,† the Quaker, met him riding in Hampton Court Park, and says: "I saw and felt a waft of death go forth against him; and when I came to him he looked like a dead man."

The physicians of Cromwell were Harvey, Bates, Maidstone and Worth. At this time intermittent fever set in, and the heart, perhaps fattily degenerated, showed early signs of giving out. Dr. Bates tells us that although all were anxious about him, he had sufficient strength to walk about and attend his duties. "But one day," says Bates, "after dinner, his five (I know of but four) physicians coming to wait upon him and having felt his pulse, said it intermitted; at which, being suddenly startled, he looked pale, fell into a cold sweat, almost fainted away, and ordered himself to be carried to bed, where, being refreshed with cordials, he made his will." Strangely enough, in his last illness he was possessed with a firm belief in his recovery. Observing the anxious countenances of the physicians, he is reported to have said: "Ye physicians think I shall die. Don't think I am mad; I speak the word of truth upon surer grounds than Galen or your Hippocrates furnish you with; God Almighty himself hath given that answer, not to my

* An account of the last hours of the late renowned Oliver Cromwell. London, 1659.

Fox Journal, Vol. I, p. 485-6. Quoted by Mr. Cooper.

prayers alone, but also to the prayers of those who entertain a stricter commerce and greater intimacy with him. * * * Ye may have skill in the nature of things, yet Nature can do more than all physicians put together, and God is far above Nature." This account is taken from the "Elenchus" of Dr. Bates, which is scarcely a reliable authority. Death-bed speeches are in the majority of cases imaginary. That night "the chaplains and all who were dear to God," Dr. Bates goes on to say, "being dispersed into several parts of the palace, have prayed to God for his health, and have all brought this answer, 'he shall recover.'" Clarendon tells the same story. "But the fits grew stronger and his spirits much abated; so that he returned again to Whitehall when his physicians began to think him in danger, though the preachers, who prayed always about him and told God Almighty what great things he had done for him, and how much more need he had still of his service, declared as from God, that he should recover."

Cromwell died at Whitehall on the afternoon of Tuesday, September 3rd, 1658, that day being the anniversary both of Dunbar and Worcester. He was the last Englishman of note to die in England of ague. Cinchona bark came into use in England about 1655. Had it been administered judiciously, Cromwell's life would have been saved. Unfortunately, a wretched City Alderman, one Underwood, died whilst taking the bark, which gave rise to so much idle talk about the dangers of the new remedy that the physicians feared to employ it.

Abundant contemporary evidence exists as to the prevalence of ague in England to account for the deaths of two men of note such as James I. and Cromwell. At that time the soil about London was neither drained nor cultivated during some months of the year. The marshes of Cambridgeshire and Lincolnshire were covered with clouds of cranes.* Southwark was a swamp, and at Westminster there is a gate called the Marshgate,† from being situated in a place where there was once a marsh. Ague was less prevalent after the Great Fire. The number of deaths decreased per annum rapidly. In 1728

* Macauley.

† Ellotson.

there were 44; and in 1730 only 16. In the ten years from 1800 to 1810 four deaths were registered. Dr. Caius says that ague was so fatal in London in 1558 that the living could hardly bury the dead. Burnet says it raged like a plague. According to Sydenham, from 1661 to 1665 it was the most fatal disease in England. In the Walcheren expedition, 10,000 men, two-thirds of our force died of marsh fever.

The body of Cromwell was got rid of in some mysterious manner immediately after the autopsy was over. A wax figure in a suit of velvet, richly laced with gold and trimmed in ermine, lay in state in Somerset House in a room hung with black velvet, until 23rd November, when it was buried in the Abbey. The ceremony cost £6,000. In 1660 the Lords and Commons thought that they might then with safety kick the dead lion. An order was passed "that the carcasses of Oliver Cromwell, Henry Ireton, John Bradshaw and Thomas Pride, whether buried in Westminster Abbey or elsewhere, be with all expedition taken up and drawn upon a hurdle to Tyburne and there hanged up in their coffins for some time; and after that buried under the said gallows." In a pamphlet in the Harleian Miscellany it is recorded that a certain clergyman whose name is not given, made a sworn statement shortly after this desecration of Cromwell's remains that Roundheads in disguise had taken that of Charles I. from its resting place, and substituted it for that of Cromwell. Although a dead body of an unknown person took the place, yet it was highly improbable that it was that of the King, for, as has been mentioned, the royal corpse was found intact in the beginning of this century in its coffin.

The last resting place of the Protector is still undiscovered. According to contemporary report it was wrapped in lead and dropped into the Thames. A more circumstantial account is to the effect that in compliance with his dying request, the body was buried in the battlefield at Naseby. Cromwell's family foresaw that his power would die with him, and rightly judging that the return to power of the Royalists would be certain to be followed by the desecration of the remains, took measures to hide the corpse. Early decomposition was very improbable,

but it is likely that this statement was made by the physicians in order that his friends might have an opportunity of getting the body out of sight. Recently a writer in the *London World* stated that the body of Cromwell rests in Newburgh, in Yorkshire, on the estate of Sir George Wombwell. It was said to have been taken there by Cromwell's daughter, Lady Fauconberg, whose grand-daughter married an ancestor of Sir George. This tomb has never been opened.

When the second Charles became King, the court physicians all retained their places, Harvey, Mayerne, Bates and Sir Charles Scarborough; Prijean and Hamey were amongst them. The new additions to the list made by the King were of a sort such as one would suppose the dissolute monarch would have about him, viz. : Archer, Whistler, and the notorious Toby Whittaker and Fraizer. Charles Scarborough, a man of great repute as an anatomist, was the friend and associate of Harvey in his investigations. He was physician to Charles II., James II. and William III., and had the honor of being the adviser of the Duchess of Portsmouth. It seems from his writings that most of the illness of that illustrious beauty were caused by her gluttony. "Madam," Sir Charles Scarborough is reported to have said, "I will deal with you as a physician should do; you must eat less, use more exercise, take physic, or be sick."

In addition to his anatomical lectures in London, he taught mathematics at Cambridge. His epitaph records that he was

Inter Medicos Hippocrates,
Inter Mathematicos Euclides.

Scarborough was a staunch Royalist, and suffered for it. His library was destroyed in the early part of the war, and at a later date he lost his fellowship at Cambridge. He was in exile with Charles II., and returned with him on board the "Naseby." On the 24th May Mr. Pepys, who had been obliged to give up his cabin to make way for the illustrious company on board, entertained in his new quarters, the carpenter's cabin, a party of persons of lesser importance in the royal suite—the two chaplains and the three doctors (Scar-

borough, Quartermaine and Clerk). "At supper the three doctors of physique again at my cabin; where I put Dr. Scarborough in mind of what I had heard him say that children, in every day's experience, look several ways with both their eyes till custom teaches them otherwise." Evelyn was greatly impressed with Scarborough's library, and thought it contained the best collection of mathematical works in Europe. Dr. Clerk was also an anatomist. As it became the fashion in the early days of the Royal Society to take interest in scientific matter, the King devoting his leisure to chemical experiments, so the anatomists came into favor for a time. Pepys tells us that the King witnessed (14th May, 1663) the dissection of three human bodies by Dr. Clarke and Mr. Pierce, the surgeon, with which he was highly pleased.

Of the medical friends of Charles II., Hamey was certainly the most respectable. A fellow of the R.C.P. in 1634, he commenced the uphill drudgery of practice with the mill stone of poverty about his neck. He was a faithful churchman, and a devoted Royalist. The downfall of Charles I caused a great falling off in his practice, indeed to such want was he reduced that he was on the point of quitting London, when a fortunate event occurred which not only relieved present necessities, but which put him at once into affluent circumstances, enabling him to send Charles II sums of money he had obtained by the spoiling of the Egyptians. Mr. Palmer, a kinsman, in his biography of Dr. Hamey, tells the story:

Things had been going the wrong way with Hamey for some time. Most of his cavalier patients were in exile, and those at home had no fees to give him. Anxiety had brought on illness which prevented him entirely from earning his daily bread. There was not a penny in the house. The very first time he dined in his parlor afterwards, a certain great man in high station came to consult him "*ratione vagi sui amoris*," says Dr. Hamey, and "he was one of the godly ones, too, of those times." In fact it was no other than the pious Ireton.

"After the doctor had received him in his study, and modestly attended to his long religious preface, with which he

introduced his ignominious circumstances, and Dr. Hamey had assured him of his fidelity, and given him hopes of success in his affair, the generous soldier drew out of his pocket a bag of gold, and offered it all in a lump to his physician. Dr. Hamey, surprised at so extraordinary a fee, modestly declined the acceptance of it, upon which the great man dipping his hand into the bag, grasped up as much of his coin as his fist could hold and generously put it into the doctor's pocket, and so took his leave."*

"The recovery of this patient brought many more of the same cast, so that the committees for public levies were seldom without one or other of them, who always when Dr. Hamey appeared upon their summons thither, feigned some near relative or friend's extreme illness, for which he was immediately dismissed with contentment, as the lawyers say."

Hamey, though, became sly as the Commonwealth grew stronger, "he thought it sometimes necessary to move with the stream and went to hear what he hated—a barber perhaps or a cobbler hold forth; but always took care that his servant should carry for him an Aldus edition of Virgil upon vellum, in binding and bulk resembling an octavo Bible, to entertain himself with; or a duodecimo edition of Aristophanes canonically bound in red turkey leather, with clasps, resembling a Greek testament." Hamey remitted to Charles II. several sums of money, of which the receipts signed by the royal hand are in existence. On the Restoration he returned to the King a valuable relic of Charles I., a diamond ring, which had been plundered from the royal martyr, and for which the giver had to pay £500.

Drs. Archer, Whittaker, Whistler and Fraizer were a bad lot, and well suited to the court they served. Archer encouraged the King in the pursuit of his sensual pleasures. His essay upon the advantages to be derived from intemperate drinking was entitled "The possibility of maintaining life from infancy to old age without sickness by the use of wine." Whistler was a chatty fellow and told a story well. Pepys

* The Gold-Headed Cane.

describes the conversation at a quiet little dinner on 21st November, 1667.

“With Creed to a tavern where Dean Wilkins and others, and good discourse; among the rest, of a man that is a little frantic, that hath been a kind of minister, Dr. Wilkins saying that he hath read for him in his church, that is poor and debauched man, that the College have hired for 20s to have some of the blood of a sheep let into his body; and it is to be done on Saturday next. They propose to let in about 12 ounces; which they compute is what will be let in in a minute’s time by a watch. On this occasion Dr. Whistler told a pretty story related by Muffett, a good author, of Dr. Caius, that built Caius College; that being very old, and living only at that time upon woman’s milk, he while he fed upon the milk of an angry, fretful woman, became so himself; and then being advised to take it of a good-natured, patient woman, he did become so beyond the common temper of his age. Their discourse was very fine; and if I should be put out of my office, I do take great content in the liberty I shall be at of frequenting these gentlemen’s company.”

John Evelyn was constantly meeting Whistler at little dinners and cosy little suppers. In February, 1676, he supped with Sir John Williamson, “where were our (the Royal) Society—Mr. Robert Boyle, Sir Christopher Wren, Sir William Petty, Dr. Holden, sub-Dean of His Majesty’s chapel, Sir James Shaen, Dr. Whistler (then President of the College of Physicians), and our Secretary, Mr. Oldenburg. The same people met at Sir Joseph Williamson’s in 1683. We are told what they talked about. “The conversation was philosophical and cheerful on divers considerable questions proposed; as of the hereditary succession of the Roman Emperors; the Pica mentioned in the preface of our Common Prayer, which signifies only the Greek Kalendarium. These were mixed with lighter subjects.” After a dinner at the College of Physicians Evelyn speaks of Whistler as being the “most facetious man in nature.”

Charles II. died of apoplexy after an illness of but four days. The history of his case written by Sir Charles Scarborough is

deposited in the Library of the Society of Antiquaries. I obtain my information from the essays of Sir Henry Hallford.* At 8 A.M. the King lost speech and motion. He was engaged at the time in making chemical experiments. Sir Edmund King, surgeon employed in the army, who was giving the King instructions in the laboratory, ran to his assistance and promptly bled him to the extent of sixteen ounces. King, for his presence of mind, was awarded a vote of thanks from Parliament, and a gift of £1,000. He got the thanks, but never the money. The court physicians to the number of fourteen then arrived. They approved of what had been done, and ordered further venesection to the extent of eight additional ounces. An antimonial emetic, a powerful purgative, and several clysters were administered. A blister to the head was applied. The King did not rally, but remained until death in a lethargic dreamy condition. The loss of the power of co-ordinating words added to the misery of his condition. Conflicting ecclesiastics struggled for an audience at each glimmer of consciousness. He probably said "yes, yes," or "no, no," to all interrogations indifferently, agreeing with the last speaker, not knowing the meaning of the words he uttered.

Macaulay's version of the story of the King's death can scarcely be correct. It is unlikely that a person in the King's state, with the brain compressed as it was found to be, would be sitting up in bed exchanging polite speeches with the courtiers, and apologizing for the unconscionable time he took in dying.

Sir Henry Hallford, writing in 1833, thought the treatment did not differ from that of his day, save that for the *spiritus cranii humani*, twenty-five drops of which were ordered in a cordial julep when His Majesty was sinking, might have been substituted a less disgusting and more effectual preparation of ammonia. Sir Henry Hallford thought that the King was not sufficiently bled.

Many of the more prominent physicians of the 17th century

* *Essays and Orations*, read and delivered by Sir Henry Hallford. London, 1842.

I have avoided mentioning. Of Harvey little is said. His life and works would afford material for a very lengthy paper. Sydenham's name is but once mentioned. An account of the times of the court physicians of William and Mary, the famous Mead, the eccentric Ratcliffe, and others, might form a pleasing subject of another paper; but already has this essay exceeded the customary limits, and so I must abruptly bring it to a close.

QUARTERLY RETROSPECT OF SURGERY.

PREPARED BY FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., ENG.

Surgeon to the Montreal General Hospital; Demonstrator of Anatomy and Lecturer on Operative and Minor Surgery, McGill University.

Antiseptic Surgery.—Dr. Robt. F. Weir, in the *Medical News* (Philadelphia), May 5th 1883, has an interesting article on “*The weak points of Listerism and the advantages of corrosive sublimate as an antiseptic.*” He remarks that it must be admitted that the dressings of Lister applied with the strictest attention to details, not infrequently fail in controlling the progress of putrefaction. This is due sometimes no doubt to imperfect construction of the dressings or the carbolic acid solution. Delacroix says ten per cent. of carbolic acid is required to destroy bacteric life, and Koch records that anthrax spores were destroyed by a five per cent. of carbolic acid only after two days immersion. But spores are much more difficult to affect than the bacilli themselves and the anthrax spore is the most resistant to disinfectants of all such micro-organisms. Koch formulates the statement that carbolic acid in one to five per cent. watery solution is a good disinfectant for those organisms which have not passed into the condition of spore growth, and that one part in 400 of water must be *permanently* present to control life in bacteria found in wounds. Dr. Weir has found that the strength of carbolic acid dressings (gauze) varied much with its age. After three months (kept in rubber cloth in a tight box) 1.44 per cent. of carbolic acid was present, although at time of preparation it contained 2.61 per cent. The gauze sold in shops contains about one-half per cent. of carbolic acid. The gauze when used

therefore should be freshly prepared. Another source of failure is encountered in the cat-gut ligature. Kocher, of Berne, gives a case where septicæmia was apparently caused by cat-gut; and Volkmann reports two cases of malignant pustule from inoculation by anthracized cat-gut. Koch has found that solutions of carbolic acid in oil or alcohol are absolutely inert in respect to their action on bacteric life, either on the spores or bacilli. He however remarks that "when it (carbolic oil) comes in contact with substances containing water, as for instance the tissues of the body, wounds, etc., then it undoubtedly gives off part of the acid to these, and in this way an antiseptic effect may be obtained."

Dr. Weir first used *corrosive sublimate* as an antiseptic in 1882, after reading an excerpt from an article of Delacroix. He used it in the strength of 1 to 2,000 for three compound fractures of the thigh and six of the leg with very satisfactory results; but the solution used was found too-weak and a stronger one was employed, as Kümmel and Schede of Hamburg showed that it was free from risk of toxic effects. In 212 extensive wounds in which it was used by Esmarch and Neuber, there was no poisoning and only 3 deaths. In this number were 30 major operations, 32 re-sections, 5 herniotomies, 14 nerve stretchings, and in only 11 cases was the dressing changed more than once. Dr. Weir has himself used this dressing in fourteen major operations, and three compound fractures with the best results. One case of extensive laceration of the thigh died in twelve days of septicæmia.

The following is the mode of employment of this dressing. [Neuber, Kümmel and Bergmann use carbolic acid for the spray and instruments, and sometimes for washing out the wound]. The sponges and compresses are wet with a solution of sublimate, 8 grs. to the Oj (Solution No. 1). Silk, if used for sutures, etc., is dipped for two hours in an 80 gr. to Oj solution, and then permanently kept in an 80 gr. solution. Cat-gut as used by Kümmel is made by immersing it in an 80 gr. to Oj solution for twelve hours, and then it is wound on bobbins and kept in an alcoholic solution of twenty grains to

the pint, with one and a half ounces of glycerine added. This cat-gut, Dr. Weir finds, dissolves too quickly in the wound, and instead of keeping it in an alcoholic solution, he dips the gut for two hours in a solution 1 to 1,000 of chromic acid, and then dries it and keeps it thus. The gauze is prepared by immersing it in a solution of 20 grs. to the pint of alcohol with $\bar{3}$ ss of glycerine added. Drainage is accomplished by rubber tubes or by spun glass twisted or plaited. As absorbents, sand, saw-dust or dried peat are used after rendering them antiseptic by adding to a pound $\bar{3}$ i of sublimate dissolved in $\bar{3}$ iss of sulphuric ether. According to Koch, corrosive sublimate is the most powerful antiseptic known, 1 part in 1,000 destroyed the most resistant micro-organism. According to Sternberg 1 part in 20,000 of mercuric chloride equals 1 part in 100 of carbolic acid.

Th. Kocher (*Sammlung Klinische Vorträge*, No. 244, 1881) has lately been using *Bismuth* as a dressing. It is not poisonous or irritating, and is quite as antiseptic as iodoform or carbolic acid, besides by using bismuth it is unnecessary to drain, and the wound can be closed up immediately and unites by first intention. The method of procedure is as follows: The wound is, during and after the operation, washed with a mixture of bismuth and water, 1 part in 100, well shaken. The bleeding having been completely arrested, the wound is stuffed with a 10 per cent. bismuth gauze before the stitches close the wound. This gauze is removed after 12-36 hours, and the wound closed by stitches. No drainage is used. The wound is then dressed with a 10 per cent bismuth gauze and covered with gum paper and cotton wool, and this is kept in place by a gum bandage, and strips of strong plaster are used to ensure even pressure. The instruments, hands and sponges during the operation are disinfected with carbolic acid, or, in already suppurating wounds, chloride of zinc.—(*Fortschritte der Medicin*, Feb. 1883.) At the recent Congress of the German Surgical Society held in Berlin in April last, Dr. Riedel of Aix la Chapelle read a paper on the use of bismuth as an antiseptic. He advocated the use of primary sutures

instead of secondary ones as recommended by Kocher, and said also that bismuth was useful not only in fresh wounds but also in those that were suppurating. His conclusion from an extensive use of bismuth was that it was a good antiseptic, but that like all others was not an unfailing one. He had combined bismuth with corrosive sublimate with good results. In the discussion which followed Prof. Kocher remarked that his increased experience had increased his confidence in bismuth. Prof. von Langenbeck also spoke in high praise of bismuth as a remedy most useful in promoting the union of wounds by first intention. His method was to wash the wound with bismuth suspended in water, and after closing the wound carefully and inserting a drainage tube, to apply pads of bismuth, and then carefully to bandage. Dr. Israel related a case of excision of the breast treated with bismuth, in which a severe stomatitis resulted, but no other surgeon present had had a similar experience.

Dr. John Duncan (*Ed. Med. Jour.* March 1883) in an article on "*Germs and the Spray*," states that a few years ago he made an attempt to discover the percentage which remained aseptic of cases in which major operations had been performed when the skin was previously sound, and was astonished to find that in more than half the cases, most of which he had hitherto regarded as aseptic, organisms could at one time or other be discovered. He is confident this result was not due to any error of manipulation. He asks whence do these organisms come, from within or without. That organisms of various kinds easily find their way into the blood by other channels than by palpable wounds may be held as certain, and that when present in the blood they are liable to attack tissues devitalized by injury. Dr. Duncan has found that in most acute abscesses organisms exist, and he has found them in strumous and chronic abscesses. Dr. Ogston found also that in a long series of acute abscesses examined by him, chains or groups of micrococci were invariably present. The author then says that it is impossible to avoid the conclusion that if the abscess be the effect of the presence of organisms, their entrance into the blood is com-

paratively common, and that sometimes they present themselves by this means in surgical injuries, and that the severity of the resultant effects will be determined by the same causes as influence them under other circumstances. Moisture and warmth, says Dr. Duncan, favor the multiplication of these organisms, and dryness and drainage are inimical to them. Under antiseptic dressings they are less harmful than otherwise. Healthy structures may destroy a certain quantity of microbia. After relating some cases of excision which healed in three weeks, in which, though apparently aseptic, the discharge contained abundant rod-like bacteria, Dr. Duncan states that it must also be admitted that contamination comes from without, and inquires if we can by our present mode of antiseptic dressing insure exclusion of external septic influences. He goes on to relate a great number of experiments with fluids in flasks from which he draws the following conclusions: (1.) That ordinary carbolized gauze maintains a wound aseptic not because it contains an antiseptic, but because of the filtering material of which it is composed, and in which respect it is much excelled by dry cotton wool and other dressings. (2.) That so far as the destruction of floating germs in the air is concerned, the spray is perfectly ineffectual. It may be a convenient method of throwing a solution of carbolic acid on the wound, but it can be of little value in operations which deal with deep cavities. (He exposed thirty-eight flasks under the spray, and seven became putrescent; thirty-seven exposed without the spray, nine became putrescent. Again, seven flasks $2\frac{3}{4}$ inches in diameter were exposed for the same periods with and without the spray, on both sides two remained clear and five became cloudy.) Dr. Duncan holds that the risk of contamination from the air has been greatly exaggerated. His conclusion is "that in the matter of wounds our prime object ought to be the attainment of the most absolute purity in all substances brought into actual contact with them, while rare contamination which may come through the air is guarded against by washing with antiseptic solutions, or by giving the germicide powers of living textures a fair opportunity of coming into play." Dr. Duncan's experi-

ments are most valuable in assisting to clear away the clouds of uncertainty which still envelop the spray. Lawson Tait and Keith have been most successful without it in abdominal operations, and if in these why not in others.

Preliminary Tracheotomy.—In a paper on the above subject read before the New York Surgical Society (*Annals of Anatomy and Surgery*, April 1883) Dr. Chas. McBurney says the objects are several. Firstly, to prevent the passage of blood down the trachea. Secondly, to facilitate the continuous and safe administration of the anæsthetic. Thirdly, to avoid the possibility of being called upon in the course of the operation to open the wind-pipe under forced adverse circumstances. Fourthly, to permit of a continuous, rapid and complete operative procedure, and thus avoid much unnecessary loss of blood. Fifthly, to secure to the patient after the operation an abundant supply of air, which is not contaminated by the discharge from the seat of operation. It does not appear from the article that Dr. McBurney had ever himself performed a preliminary tracheotomy; he evidently comes to the above conclusions on theoretical grounds and from the experience of others. In the discussion which followed most of the speakers were opposed to the operation as being unnecessary and often dangerous, though some advocated it not very strongly. Dr. Wm. T. Bull had performed preliminary tracheotomy four times with the ordinary tracheotomy tube, Tredenlenburg's tube he saw no advantage in.

Pharyngeal Tubes.—Dr. L. A. Stimson, at the meeting of the New York Surgical Society, held Jan. 23rd 1883, (*New York Med. Jour.*, April 7th, 1883) said that since the last meeting of the Society at which Dr. McBurney read a paper on tracheotomy as a preliminary operation, he had had a patient under his care with a tumour of the superior maxilla, and it had occurred to him that possibly a substitute could be devised for the tracheotomy tube, consisting of a tube to be introduced through the mouth into the pharynx, the space around it to be blocked with sponges in a manner that would prevent the passage of blood into the pharynx, air passages, or

oesophagus. He, with Dr. Burney's assistance, had constructed an apparatus which consisted of a tube six or seven inches in length, and of the diameter of a No. 38 urethral sound. About an inch and a half of its extremity curved to almost a quarter of a circle, and provided with a flange one-eighth of an inch in breadth, perforated with small openings through which threads could be passed. About that curved portion he tied a sponge, stitching it fast to the flange and placing behind it a piece of impervious tissue, in order to favor the retention of such blood as might soak through the sponge. After complete anæsthesia had been produced in the usual way, the tube was passed into the mouth and carried well behind the root of the tongue; but it caused so much gagging that it was necessary to withdraw it until it reached only a little behind the uvula. Anæsthesia was maintained without difficulty through the tube. Sponges were packed around it, and as soon as they were filled with blood they were changed. The suggestion he thought so simple that he was sure it must have been acted on by others. The instrument was shown to the Society in the hopes that further trials might be made with it, which would increase its efficiency.

Removal of the Tongue by Scissors.—In the *Lancet* of April 21st 1883, Mr. W. H. N. Jacobson discusses the various methods of removal of the tongue, and comes to the conclusion that any surgeon who having made use of other methods of removing the tongue, shall be led to try Mr. Whitehead's operation (described in the *Retrospect* of Sept. 1882) will give it a decided preference; as being equally safe, while it is far simpler and more speedy than any other. Mr. Fred. Treves in the same number of the *Lancet* reports four cases of excision of the entire tongue by scissors, by what is known as Billroth's operation, the lingual arteries having been previously ligatured in the neck, and comes to these conclusions: (1.) That it is comparatively simple and requires no elaborate apparatus. (2.) By its means more of the tongue can probably be excised than can be removed by the ecraseur. (3.) It is a practically bloodless operation. (4.) The wound that is left is an extremely simple one, and is actually a clear incised wound. (5.) The

intra-oral part of the operation requires but a short time, the actual excision occupying only about two minutes. (6.) Through the incision made in the neck for tying the lingual arteries, the surgeon is enabled to remove enlarged glands, and to detect such bodies when not able to be felt through the skin. Each lingual is reached by a curved incision that commences behind at a point some little way below the jaw opposite the anterior edge of the masseter, and that is continued down to the level of the hyoid bone, and finally carried up to the point behind and below the symphysis menti. Care should be taken not to disturb the sub-maxillary gland more than possible.

Local Origin of Malignant Growths.—In a most able address on the above subject delivered before the last meeting of the British Medical Association, and published in the *British Medical Journal* of March 24th 1883, Mr. Jonathan Hutchinson again strongly urged that cancer, in the main, is a disease local in its beginning, and insisted on the paramount importance of this doctrine as the only basis for surgical treatment. He also stated his belief that cancer by no means occupies a position of such absolute isolation as has been supposed, and that, when not the result of inheritance, it is not only sometimes, but almost invariably preceded by conditions of cell change, which are identical with those of chronic inflammation, and that inflammatory processes may pass by almost insensible gradations into those of malignancy. For this he proposes the name *Precancerous Stage*. He further suggested that there are cases in which the changes never advance beyond this introductory condition, and the malady remains ill characterized to the last. It is his conviction which grows with each year's experience, that in the rules of practice which would spring out of the full and hearty adoption of the doctrine of the local origin of cancer, rests our only hope of being able to save those who consult us from the horrors of this dreadful malady. He is sure that he has repeatedly seen syphilitic ulceration with inflammatory hypertrophy glide into cancer so imperceptibly and gradually, that he could not tell where one ended and the other began, and his impression is strong that parts formerly

affected by syphilitic inflammation possess a special degree of proneness to take on malignancy. He remarked that the causes of cancer, as we meet with it in practice, may perhaps be usefully classed as three. (1.) Senility of tissue. (2.) Local irritation, and (3.) Inheritance. Of these only the two first can rank as true causes; the latter although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. He instanced chimney sweep's cancer as giving the best illustration of what he meant.

With regard to its connection with inflammation, Mr. Hutchinson remarked that the infection of glands, of the viscera, and of the organism generally, is a power which cancer shares with inflammatory processes. The more we investigate, the more we shall see that all inflammations are really infective. If we could find, he goes on to say, some remedy the internal administration of which should cause a malignant ulcer to heal, or a malignant growth to melt away, as we witness when mercury or iodide of potassium is given for syphilitic formations, we should cease to notice any clearly marked clinical distinction between cancer and inflammation. And further on he states that his wish has been that our minds should be brought to that point of view in which we may see that it is, after all, just possible that what we call cancer, is only a modification of the inflammatory process; or, at any rate, to put the proposition in a more restricted form, that it is almost always preceded and initiated by changes which are of that character. He looks upon certain rare and exceptional forms of chronic ulceration (as for example rodent ulcer) which histologists will not admit as cancer, but which run a chronically malignant course, as forms of morbid action, which stand half-way between common inflammation and true cancer. Mr. Hutchinson also remarks that an ingenious argument in support of the doctrine of the constitutional origin of cancer has been based upon the fact that it almost constantly recurs after removal. But before any weight can be allowed to this contention, we must enquire where it recurs. If the

recurrence be in the lymphatic glands, or in other parts in close proximity to the growth, it proves only that excision was delayed too long, and that infection has already been accomplished, and the speaker quaintly proceeds to say that a farmer who allowed a thistle to seed before it was cut down would have no right to infer from next year's crop that his field had a constitutional tendency to the production of thistles. Mr. Hutchinson concludes his admirable and practical address with the remark that "When the doctrine of the pre-cancerous stage shall be widely adopted, and when surgeons generally shall recognize the propriety—let me say the duty—of operation for purposes of prevention, then, and I believe not till then, shall we witness a considerable reduction in the mortality of cancer."

In the discussion which followed the reading of the address, Sir James Paget, while admitting the existence of a pre-cancerous stage, the importance of which Mr. Hutchinson had urged, said it was impossible to exclude the general or constitutional influence, without which local influence would not operate to promote the disease. Dr. Thin remarked on the absence of all positive knowledge regarding the changes by which a physiologically healthy epithelial cell acquired the properties of stimulating an abnormal increase in the number of cells present in a part. Cancer cells differed in their vital properties, and in their chemical constitution, from healthy epithelial cells. Their contact was not tolerated by the adjacent vascular tissues, on which they acted like an irritating foreign body, and the action of staining re-agents showed that they differed chemically from normal. He was unable to follow Mr. Hutchinson in regarding rodent ulcer as representing a transition between inflammatory conditions and cancerous changes, the specific cancerous changes were as highly developed in rodent ulcer as in any other form of cancer.

Mr. Butlin said we were now aware of preceding conditions to tumors of two different kinds, those which were merely interesting and those which were valuable. To the first belonged traumatism, deep seated inflammations and inheritance; to the second class belonged certain typical morbid conditions, some

of which were hypertrophic, as moles, warts, etc., some inflammatory as certain chronic inflammatory conditions of the tongue, and of the vessels and areola of the breast.

Dr. Coupland suggested that the fact of long delay in recurrence of cancer might be explained by assuming that the organ secondarily infected might be the seat of cancer in the latent state.

Mr. Hutchinson in reply agreed entirely with Sir James Paget in assigning great influence to inherited tendency, but as he had urged in his paper, such a tendency must have been acquired in the first instance. In reply to Dr. Thin, that cancer and rodent ulcer were identical in the late and well characterized stages, he admitted; but there was a period in which he believed it was quite impossible to recognize it as cancer, and this assertion was to be applied also to early stages of malignant disease of the lip, tongue, penis and other parts. In all of these it was, he feared, true that the microscope, for the most part, became of use just when to the experienced eye it became unnecessary.

Treatment of Gunshot Wounds.—Dr. Roswell Park, (*Annals of Anatomy and Surgery*, Feb. 1883) in an article on the above subject, gives a *resumé* of the most recent methods of treatment. Summing up a monograph of Reyher's, he says: That the sooner the wounds of entrance and exit are antiseptically occluded, the better the prospect for life and limb. For wounds resulting from small arms this can be done in either of two ways. The surgeon may occlude the opening with antiseptic materials, and then clean and disinfect the surrounding parts; or he may cleanse and disinfect the bullet tracks, and then resort to drainage. In the vast majority of cases no exploration of any kind should be made; but if the nature of the wound seems imperatively to demand it, the search and all other operative measures should be postponed until they can be done under thoroughly antiseptic precautions, and the wound will then require to be drained. Esmarch says: "The damage done by the bullet is caused by it in its course; the harm that is added comes mostly from the examiner's finger."

Pulmonary Surgery.—Koch remarks that nine years have passed since he brought forward a method of procedure by means of which certain portions of lung tissue, even whole lobes, could be converted into fibrous tissue. He used then a concentrated solution of potassium iodide, but observed that the same end was attainable by means of the galvano-cautery. He pointed out finally that since November, 1873, he had found a considerable number of cases in which the first or milder treatment had been put in actual operation. By means of parenchymatous injections, pure iodine tincture had been introduced into portions of lung where tubercular degeneration had been demonstrated either by physical diagnosis or aspiration. His second plan was to destroy with the galvano-cautery those truly circumscribed tubercloses of the apex, and especially to treat by these means those processes in the lungs which develop independently of specific infection. After relating two cases in which he had used the galvano-cautery in Prof. Leyden's clinic, in Berlin, he gives the indications for, and the method of employing, the galvano-cautery in the destruction of portions of lung tissue. (1.) In acute gangrene developing from sacular bronchiectases. If a cavity is found during the operation it must be laid open by a more or less capacious passage through the lung tissue, drained and irrigated. When a number of small bronchiectases inter-communicate, they must be converted into one large cavity, and treated in the same manner. (2.) If acute pulmonary gangrene be present, with (as after bullet wounds of the lung) dead and putrid tissue, surrounded by œdematous, hepatized parenchyma, cauterization of the necrotic area, must be freely performed, whilst at the same time a fistula is set up. (3.) A funnel-shaped opening through lung tissue is indicated when a foreign body in a bronchus is not expelled by the natural means, and is giving rise to extensive secondary changes. Koch regards excision of portions of lung unfavorably. In pulmonary prolapse resection is an *operation de luxe*, for we know that such prolapses soon shrivel of themselves; whilst, on the other hand, it is our duty by immediate reposition of the prolapsed portion to prevent any curtailment of the

respiratory area. In cases of bullet wounds of the lung, Koch would resect the ribs and draw the root of the lung forward for inspection. Hæmorrhage being arrested, the lung is to be replaced and the pleural sac drained under antiseptic dressing. [Wm. Koch in the *Separat abdruck aus der Deutsch Med. Woch.*, No. 32, 1883. Quoted in *Edin. Med. Jour.*, April, 1883.]

Treatment of Warts on the Genitals with Chromic Acid.—Dr. Cadell (*Edin Med. Jour.*, April, 1883) advises this treatment instead of the usual one of glacial acetic acid, or nitric acid. It was recommended by Mr. John Marshall as long ago as 1857. One hundred grains of the acid to one ounce of water is a sufficiently strong solution for ordinary cases. The warts should be carefully dried before the acid is used, and afterwards dry cotton wool applied. Dr. Cadell says chromic acid efficiently takes the place of ablation by the knife or scissors, and has the advantage of being a bloodless method, and much less painful. He looks on warts of the genitals and other parts of the body as strictly local in their nature, and believes that the so-called syphilitic warts have no existence.

Treatment of Chordee.—Dr. Cambillard in his *Thèse de Paris*, for 1881, advocates the employment of a solution of potassic bromide to quiet chordee. Every one will admit, he truly says, that the painful erections called chordee are very difficult to relieve, and that the number of remedies proposed is only equalled by their inefficiency. He has obtained uniformly good results from urethral injections of the following: \mathcal{R} Aquæ, $\bar{3}$ ii; glycerini, $\bar{3}$ ij; potassii bromidi, $\bar{5}$ iss; tinct. opii, $\bar{5}$ i. M. Sig. Four injections of this quantity in twenty-four hours. To prevent the nocturnal attacks, he insists that the last injection be practiced just before retiring for the night, the injections cause almost no pain, and are very effective in relieving the distress. (*Dublin Jour. Med. Science*, April, 1883). Might not this injection be of service to prevent the erections which occur after the operation of circumcision in adults?

On the Simple Treatment of Congenital Club Foot.—Mr. Edmund Owen (*Lancet*, April 28, 1883) considers that in

most, if not all, the cases of congenital talipes equino-varus, the tendo Achillis is the head and front of the offending. That when this tendon is shortened to the utmost in the elevation of the os calcis, it can contract still further by effecting a rotation of the bone upon its antero-posterior axis, the astragalus also participating in the inversion. In the many cases of slight equino-varus, section of the tendo Achillis will remove the talipes varus, and a prolonged and intimate acquaintance with the employment of plaster-of-Paris has shown Mr. Owen that in many instances of the two-fold deformity of infants division of the tendo Achillis is the only cutting operation required. His method is as follows: About three or four days after section of the tendon, the foot is to be put in a thickish sock which fits evenly and smoothly. Then from about the line of the clefts of the toes to a few inches above the ankle, the foot is to be quickly and firmly encased in the wet plaster bandage, and immediately that the last turn is finished, the foot is to be forcibly manipulated, so that as the plaster is setting, it may be steadily held in position towards flexion and eversion. In three minutes or less when the plaster has hardened, the tip of the sock should be cut off in order that the toes may be exposed to view, to allow the surgeon to see that the bandage is not applied too tightly. The plaster should be left on for two or three weeks, and at the end of that time the bandage should be removed, and the foot rubbed with oil and again enclosed as before, only as the plaster is hardening the position of the foot should be absolutely rectified, and again left for two or three weeks and then re-applied. After this the child should wear a stiff leather boot.

This method of treatment is not altogether novel. Dr. T. G. Roddick read a paper in 1880 before the Medico-Chirurgical Society of Montreal, which was published in the *Can. Med. and Surg. Jour.*, 1880, on the treatment of club foot by plaster-of-Paris. His method differs from that of Mr. Owen's in that he applies the plaster-of-Paris directly to the skin, and after dividing the tendo Achillis he maintains the foot in position by strips of rubber adhesive plaster.

Reviews and Notices of Books.

The Systematic Treatment of Nerve-Prostration and Hysteria.—By W. S. PLAYFAIR, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College; late President of the Obstetrical Society of London, etc. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Dr. Playfair is well understood to be in England the great advocate of the plan of treatment of inveterate hysteria and neurasthenia so ably brought forward by Dr. Weir Mitchell of Philadelphia,—viz., rest, isolation, massage and electricity. Those who have followed the subject will already have read his addresses, which are here brought together as they have appeared in the *Lancet* and other papers. To any one who has not seen these articles, this book will prove highly interesting, as it contains the author's views with reference to the proven possibility of, in this way, restoring to friends and usefulness women otherwise condemned to a valetudinarian and worse-than-useless existence. He strongly corroborates the teachings of Weir Mitchell, and insists that each part of the treatment must be carefully carried out in order to ensure success. The difficulties of diagnosis and the care that must be exercised in this respect are specially alluded to. An appendix contains a description of the exact manner in which the massage is carried out.

Students' Guide to Diseases of the Eye.—By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas' Hospital for sick children. Second American from the second revised and enlarged English edition; with a chapter on Examination for color perception. By WILLIAM THOMSON, M.D., Professor of Ophthalmology in the Jefferson Medical College. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Very considerable alterations and amendments have been made in this second edition, the calling for which within a year of the original publication shows that it has been appreciated.

Its success no doubt depends upon the fact that it is complete in all points, but concise and as free as possible from all unnecessary ophthalmological refinements and minutiae. It is just the book for a student, and for the general practitioner it is an excellent and safe guide for the practical management of all ordinary cases of eye disease.

A System of Human Anatomy, Including its Medical and Surgical Relations.—By HARRISON ALLEN, M.D. Professor of Physiology in the University of Pennsylvania, etc. Illustrated. Section IV. Arteries, Veins and Lymphatics. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

This new and valuable treatise on anatomy by an American author, is being rapidly brought out. We have already had occasion to speak in high terms of the preceding parts, and can say now without hesitation that the more we see of it the better we like it. This remark applies both to the letter-press which, drawn on new lines, gives much information to the reader, that is not to be found in any of the ordinary text-books, and also to the colored plates which are numerous, accurate, and executed in admirable style. When complete, Dr. Allen's work will be an ornament (a *useful* ornament) to every physician's library.

Scrofula and its Gland Diseases—An Introduction to the General Pathology of Scrofula, with an Account of the Histology, Diagnosis, and Treatment of its Glandular Affections.—By FREDERICK TREVES, F.R.C.S., Eng. Assistant Surgeon to, and Senior Demonstrator of Anatomy at, the London Hospital, etc. Philadelphia: Henry C. Lea's Son & Co.

This is one of the cheap series published by the well-known Philadelphia firm, and may be had for the modest sum of ten cents. It is an excellent scientific modern treatise on what continues to be one of the most interesting subjects in all pathology, viz., the true nature of scrofula and tubercle. Interesting as these points are in their discussion to all earnest

physicians, yet even still more important to practical men is a knowledge of the characters and diagnosis of the scrofulous affections of the external glands. These matters are here thoroughly discussed, and the appropriate treatment clearly pointed out. It is a useful and instructive book for any student or medical man to have and—to read.

Books and Pamphlets Received.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M.D. Second Edition. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

A TREATISE ON INSANITY IN ITS MEDICAL RELATIONS. By William A. Hammond, M.D. New York: D. Appleton & Co. Montreal: Dawson Bros.

ILLUSTRATED MEDICINE AND SURGERY. Vol. II.; No. 2. New York: E. B. Treat.

MEDICAL ESSAYS. 1842-1882. By Oliver Wendell Holmes. Boston, Houghton Mifflin & Co. Montreal: Dawson Bros.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 13th, 1883.

DR. KENNEDY, PRESIDENT, IN THE CHAIR.

Dr. Trenholme exhibited the *Ovaries and Fallopian Tubes* removed from a patient three weeks ago. This is the first time Tait's operation has been made in Canada. The right ovary was cystic, and weighed about one pound; the other ovary and both tubes were normal.

The patient, aged 33, had been a sufferer for the last fourteen years from pelvic derangement, and general prostration of health had followed, so that of late years she was incapacitated for any usefulness in life. The uterus was retroverted and could not be maintained in its natural position. It is too soon to express an opinion as to the results of the operation, but so far everything looks favorable for a perfect cure. The menses have not appeared though four weeks have passed. The abdominal incision was completely united by the third day, and all the sutures removed on the sixth day. She was sitting up on the tenth day, down stairs to her dinner at end of the third week.

Dr. Osler showed the following specimens:—

Aneurism of Aorta, Rupture into Pericardium.—The specimen was taken from a gentleman, about 70 years old, who had never, so far as is known, suffered from any symptoms of heart disease, and had not consulted a medical man. Death took place suddenly while at stool. The sac, as large as the closed fist, was connected with the arch, and projected above and anteriorly, crossing the first piece of the sternum. It was lined with thick laminae of fibrin. Below, it was attached to the pericardium, and a small rent had occurred 4 by 2 mm., through which the blood had escaped into the pericardium. The valves of the heart were a little atheromatous and the muscles very fatty.

Double Hernia.—From a man aged 80, an inmate of the House of Refuge, who had died of cerebral softening. There was double inguinal hernia, both the sacs very large. The left one contained the whole of a very long and lax sigmoid flexure, which was full of hard scybalous masses; the right sac contained the caecum and appendix, the first three or four inches of the colon, and the last twelve inches of the ilium.

Puerperal Convulsions, Ventricular Haemorrhage.—Dr. Osler showed the specimen taken from a primipara in ninth month, aged 40, who was admitted to the Lying-in-Hospital on 23rd of March. Seemed pretty well, but at times acted strangely; had been intemperate, never complained of swelled feet. Thursday, April 5th, she seemed as well as usual, and ate heavy meals. A little after 11 p.m. she vomited, but after 2 a.m. laughed and talked with the other patients. At 3.30 a.m. she was found sitting up in bed with the chamber-pot between her knees. Soon after, she had a convulsive seizure, became profoundly comatose, and died at about 5 a.m. The urine was drawn off and found loaded with albumen, and contained numerous casts. At the autopsy the condition of the brain as here seen was found. An extensive hæmorrhage had taken place into the ventricles, and the clots form perfect casts of the lateral, 3rd and 4th; that in the left lateral is the largest, and the blood has come from the corpus striatum of this side, the intra-ventricular portion of which is swollen and infiltrated with

clot. In the uterus there was a mature foetus. The kidneys were enlarged, congested, and the tubules of cortex swollen; epithelium cloudy and granular.

Fibroid Heart and Atrophic Kidneys.—The specimens were taken from a man aged about 80, who died of softening of the brain (thrombotic) in the House of Refuge under Dr. Burland's care. The left ventricle presents, as seen in the specimen, a large area of fibroid degeneration occupying the usual position at the apex and lower part of the septum. The valves were all thickened, but the atheromatous changes in the aorta were slight. The kidneys show advanced senile atrophy, cortices much reduced, pelvic fat greatly increased, arteries very prominent.

Dr. Roddick read a short paper entitled "*Notes on Hare-Lip.*" (See page 594.)

Dr. Fenwick asked Dr. Roddick how to get over the fact that you have rudimentary teeth in intermaxillary bone? Rarely met with a case without these rudimentary teeth.

Dr. Blackader reported a case in point through alveolar border—operated on by Dr. Roddick with excellent results. Suggested the feeding of these cases with cream and lime water.

Dr. Hingston agreed in general with paper, but there were some features to which he did not assent. First, as to life, he thought the selection of the second or third month of infantile life somewhat arbitrary, and preferred to operate immediately after birth. His success was almost in direct ratio to the early period at which the operation was performed. If a few months elapsed before seeing the child, he preferred waiting till after teething. He was not in favor of the hare lip pin, and had discarded it nearly twenty years ago. He had found that at the point of entrance and of exit marks were left, and if the pin were left four days, as recommended by the reader of the paper, the marks would necessarily be unseemly. He preferred wire sutures, but relieved tension on them by the plasters on the cheek of a deltoid form, broad behind and drawn towards each other by wire. Wire had an advantage over thread; as the plaster yielded, a twist or two made all tight again, whereas loosening a knot and retying disturbed the parts, and sometimes

occasioned separation. He thought no general rule could be laid down as to treatment of the inter-maxillary bone. Generally it could be utilized, and in this he agreed with Dr. Roddick, rather than with Dr. Fenwick, and the danger of having the teeth which might be growing in it turning back, as alluded to by one speaker, was chimerical, as the bone was merely brought back to its normal position. Where the hard palate was separated, treatment necessarily varied. Where the fissure was wide, Langenbeck's uranoplastic operation had to be deferred; but where the fissure was narrow and of uniform width throughout, the operation could safely be performed immediately after birth, paring the edges of the fissure, pressing the maxillary bones together, and retaining them *in situ*. Of the latter operation, however, he had not sufficient experience to warrant him in giving it preference over the later uranoplastic.

Dr. Henry Howard spoke of a case operated upon at birth where there was double hare lip with cleft palate with good results. Dr. Shepherd asked for statistics as to heredity. Dr. Hingston denied heredity, but accepted nervous influence. Dr. Roddick made a few remarks in reply to members who had spoken on the paper. As to the question of heredity, the last case on which he had operated bore out the law, the grandfather of the child having suffered from hare lip. Notwithstanding the strong ground taken by Dr. Hingston in favor of operation immediately after birth, he still thought that in the vast majority of cases it should be deferred for at least three or four weeks.

Dr. Trenholme related a case of *Utero-tubal Gestation*, where the use of the sharp curette was followed by the escape of a dead embryo *into*, and then from, the uterine cavity. This was the second case of irregular gestation he had met with this winter. It was of special interest as shewing what can be done in those cases where the foetus is partly within the cavity of the uterus. The patient made a good recovery.

Dr. Shepherd mentioned having lately seen a boy eight years of age suffering from chaneroid and gonorrhœa.

The Secretary, Dr. Henderson, handed in his resignation, which was accepted. A resolution was passed by the society to

to present Dr. Henderson with an illuminated address, expressing appreciation of past services and good wishes for future success in his new sphere of labor.

Dr. Gurd was appointed Secretary, and Dr. J. Leslie Foley, Librarian.

Stated Meeting, April 27th, 1883.

THE PRESIDENT, R. A. KENNEDY, M.D., IN THE CHAIR.

Case for Localization.—Dr. Osler presented a patient with the following history: Francis —, aged 41, married fifteen years. Not known to have had syphilis, though he lost one child shortly after birth with a skin eruption. Has enjoyed good health, with exception of present trouble. For six years he has had epileptic fits; at first at rare intervals—one in three months—but now one every fortnight. Liable to have them at any time if much excited. They are, his wife says, confined to the right side, towards which, also, he tends to fall. Not known whether they begin in hand or foot, as he has not had a fit since under observation; always loses consciousness. Nearly two years ago he began to have trouble in the right leg, jerkings and stiffness, which have steadily increased. The right arm was also weak, and for the past five months the speech has been affected. His memory is not so good as it was, and at times he is irascible. He has had two injuries to the head; the first when a lad of seven or eight, which has left a long scar on the right side, high on the parietal bone. There is no adhesion of the skin and no depression. The other was received by the fall of a scantling, seventeen years ago, and is a flat scar a little behind bregma on the left parietal bone. It is not depressed, and the skin not adherent. At present, nutrition of muscles good; he walks with difficulty, owing to stiffness of right leg, in which the spastic gait is well marked. Reflexes greatly increased in the leg. Knee-tap somewhat exaggerated also in the left. Right arm does not appear much affected; but he says it feels weak. Grip is good; dynamometer shows it to be a little weaker than the left. Slight paralysis of lower facial muscles; tongue deviates strongly to the right, uvula drawn towards the

left. Speaks with hesitancy, and is often at a loss for a word. No impairment of sensation. No optic neuritis or retinitis. The patient's head was shaved and Broca's lines drawn, in order to define the exact position of the old injury on the left side. It is just behind the bregma, and would correspond on the cortex of the brain to hinder part of the superior frontal convolution. The symptoms point to a lesion of the motor area on the left hemisphere, situated about the upper end of the fissure of Rolando, along the ascending frontal, and extending to the inferior frontal sinus. The character of the convulsive seizures, unilateral, the monocrural rigidity, the dissociation of the paresis, leg and face, and gradual extension, point to a cortical lesion; but whether connected in any way with the old injury is somewhat doubtful. The question of trephining in such a case naturally suggests itself, and may come after further study of the case.

Dr. Roddick stated that he had known the patient for some time, and he had suggested the advisability of trephining at the site of the old injury, but had been overruled by his colleagues.

Chyluria, not Parasitic; Autopsy.—Dr. McConnell read the report of the case. A woman, aged 33, native of the Province; married ten years, two children. Eleven years ago she noticed that the urine was milky. Had been healthy up to that time, but ever since had not been so strong. The white appearance of the urine has persisted with occasional periods of intermission, two of which were while she was pregnant. Came under observation on October 27th. Was pale, anaemic, moderately emaciated. Appetite good, is constantly hungry, and eats five or six meals a day; sleeps well; bowels very constipated. Has to make water very frequently, nearly every half hour, and is of the color of milk. Sometimes very painful to pass from the presence of thick, clotted portions. A sample passed was quite fluid when fresh, but in a few minutes a large part of it curdled. Examination of abdominal organs negative. In chest, râles at apices of lungs. On three occasions the blood was carefully examined by Dr. Osler and myself, a number of slides at a time, and the blood taken after midnight, but no filarian embryos were

ever discovered. The quantity of urine passed was estimated for several days, and ranged from six to eight quarts; often the clots were blood-stained. Microscopically, it presented fatty molecules, like the molecular base of the chyle, a few blood-cells and leucocytes. Repeated examinations failed to detect any parasites. The condition of the patient grew gradually worse through the winter; the cough became more distressing, and the digestion much impaired. Death took place on the 5th of March. For three days before dissolution, the urine was bloody and not so abundant. The *post-mortem* was held on the 18th inst., the body, which had been in vault of the cemetery, was in a good state of preservation. A careful dissection was first made of the thoracic duct and receptaculum, but, as the specimen shows, it appeared perfectly normal, perhaps a little small, but pervious throughout, and contained a bloody lymph. No dilated lymph vessels about the kidneys, or any special connection between renal and abdominal lymphatics. The mesentric and retro-peritoneal glands were a little enlarged and firm, and, on section, presented opaque areas of fatty degeneration. No caseous or calcareous glands. Lacteals not distended. Kidneys were of average size, capsules detached easily, substance a little blood-stained, but looking very natural. Ureters normal. Bladder contained six or eight ounces of bloody fluid, which had clotted. Mucosa normal. Inguinal and pelvic lymph glands not enlarged. Tubercular cavities at apices of lungs, and a few ulcers in the ilium. The lymph glands, retro-peritoneal tissues, mesentery, and kidneys were subjected to prolonged microscopical examination without producing a trace of anything parasitic, or, indeed, of anything which threw any light on the nature of the affection.

Dr. Roddick asked if it were not possible that in the course of the disease the filaria might disappear?

Dr. Osler thought it not probable, without leaving some trace of the presence of the adult worms which live in and about the lymph glands in pelvic and peritoneal tissues. The value of this case was considerable, as it showed that we should not regard, as some recent writers do, chyluria and the filarian disease as identical.

Inflamed Umbilical Hernia.—Dr. F. W. Campbell read the notes of the case: Stout woman, aged 64, had had irreducible umbilical hernia for fifteen years. Had been seen four years ago, with a painful attack in the hernia which subsided in a few days. On the morning of April 9th, was sent for, and found her suffering great pain in the sac. The pad had got off, and without waiting to replace it, she had jumped out of bed, and was at once seized with severe pain. The hernia has been getting a little larger of late, and the pad was too small. It was at once reduced to the usual size without difficulty, but the pain continued. . Liq. opii sed. was given. An enema brought away many scybala. In the afternoon, she was not so well, and vomiting set in. On the 10th she was easier, and on the 11th pain was well kept down, but the vomiting was excessive. An injection brought away a large fecal stool. Had a restless night on the 12th; pain has returned, but not so severe.

Was seen by Drs. Howard and Fenwick, but it was decided that the symptoms scarcely justified an operation. Through the 13th and 14th she kept about the same; the vomiting not so frequent; and on the evening of the 14th she seemed very much better. Early in the morning of the 15th she got much worse, became cold, sank rapidly, and died in a few hours. The autopsy showed a thin-walled umbilical sac, not inflamed. In it were two coils of intestine; one, about thirteen inches in length, was dark-colored, deeply congested, and inflamed; the other, nine or ten inches in length, was natural looking, though a little swollen. Two fingers could be passed into the ring; there was no strangulation. There was no adhesion of the bowel to the sac. The inflamed portion of the bowel presented two flat bands of slightly thickened peritoneal tissue, where it has been probably for years in contact with the ring. The inflammation had extended along the adjacent coils in the abdomen for a few inches. When slit open, mucosa intensely inflamed, of a deep, livid-red color, and covered with closely adherent flakes of croupous exudation. Heart fatty. No other changes of note.

A difference of opinion had existed regarding the existence of strangulation in this case, and the propriety of operating. From

the *post mortem* appearance, it did not seem probable that nipping of the bowel had occurred, as the ring was large, and a healthy coil was in the sac. It may have been simply the result of a primary inflammation of the hernial coil, which had evidently been in the sac for years, as it was dark with pigment. One of the most inexplicable features of the case was the sudden heart failure; but she had been taking very little nourishment, and the vomiting had reduced her strength very much.

Cancer of the Stomach.—Dr. Wood presented the specimen and narrated the case. A woman, aged 55, had suffered for a year or more with dyspeptic symptoms, and two months ago had vomited a small amount of blood; had lost flesh, but was not cachectic. No tumor of abdomen could be made out, but cancer of the stomach was suspected. The details of the last week of her illness are as follows: On April 14th, 15th, and 16th, she had a good deal of nausea and vomiting; on the 17th she went to bed and I saw her for the first time in several weeks. There was vomiting and considerable epigastric pain; pulse about 90. On the 18th she was easier; 19th much worse; fainted in the night; pulse weak, 115; face pale, feet cold, vomiting frequent. In the evening the temperature was 101°; pulse, 120; the pain in abdomen was more diffuse, and there was considerable distention. On the 20th, condition did not improve, though, under opium, the distress was not so great. On the 21st prostration more marked, and the next day the vomiting was distinctly fecal and frequent. Death on the 23rd.

At the autopsy, the small intestine from an inch or two below the duodenum to within two inches of the valve, was dark in color, distended, and covered in places with a thin sheeting of lymph. Several spots in the ileum looked almost gangrenous, and here and there extravasations had taken place. The coats were infiltrated, the mucosa soft, and there were three spots (ulcers) from which the membrane had disappeared.

The stomach, as shown by the specimen, presented a large open cancer, involving the cardiac end, and completely encircling the organ. Several loose sloughs adhered to the surface, but over a great part of its extent the muscle fibres were bare.

There was thickening of the peritoneal surface and a few secondary nodules. In looking for the cause of the condition of the bowel, the vessels were carefully examined, and the superior mesentric artery found to be plugged.

Sarcoma of Kidney in child 5 years of age.—Dr. Alloway briefly related the following history of this case:—The disease, when first noticed, appeared as a tumor, extending from below the ribs to within an inch of the crest of ilium, on the right side. The growth gradually increased during the next three months, until, at death, it filled the whole abdominal cavity. The tumor weighed nine pounds, and was, on microscopical examination, found to be a round-celled sarcoma.

Dr. Osler also exhibited *Scirrhus disease of pancreas and colloid lung*, taken from the same patient, and the *kidneys* from a man found in a comatose condition outside the city. He was brought first to a police station, and from there sent to hospital. He never became conscious, but died a few hours after entering hospital. Albuminuria was suspected; the catheter was used, and urine loaded with albumen withdrawn. The kidneys were about normal size, and but slightly congested.

Dr. Shepherd then exhibited specimens as follows:—

1. *Abnormalities of Aortic Arch.*—(a) A case of large middle thyroid artery. It passed up the middle of the neck lying on the trachea, and divided about half an inch below the cricoid cartilage into two branches, which went to right and left side of the trachea. (b) Two examples of the left carotid arising from innominate artery instead of from the arch. This was mentioned as being the normal arrangement in many animals, as the dog, rabbit, &c. (c) One example of a left vertebral arising from the arch of aorta instead of from the subclavian. It was of large size. The right vertebral was very small, not being larger than a crow quill. The branches from the right subclavian in this case came off separately, no thyroid axis being present.

2. *Persistence of the Left Duct of Cuvier, or double superior vena cava.*—This specimen was obtained from a female subject aged about 65. The vein was about the size of a pen-handle. The left vena innominata was not much reduced in size, as is the

case when the persistent duct is large. This was the second example of this anomaly that Dr. Shepherd had met with. The left duct of Cuvier persists normally in birds and some mammals.

3. *Dissection of a case of Talipes Varus.*—Dr. Shepherd obtained this specimen from a subject in the dissecting room, aged about 45. The foot had never been operated on, and was a pure case of talipes varus. The deformity was due principally to the contraction of the tibialis anticus, extensor proprius hallucis, and extensor communis digitorum tendons.

4. *A preparation of an abnormal right obturator artery* given off from the epigastric and passing to the inner side of the femoral ring.

5. *An inferior Maxilla*, having a large sinus in the body leading down to the decayed root of an incisor tooth.

6. *The Uterus of a young girl*, aged about 16, which had the os uteri so narrowed as to admit a fine probe with difficulty.

(To be continued.)

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Deafness After Mumps.—One of the most formidable sequelæ of this common affection is sudden and permanent deafness of one or both ears. Several instances of this have recently been reported. Knapp in the last number of the *Archives of Otology* records a case in which the deafness was absolute in both ears and without evidence of any middle ear affection. The hearing was lost on the eighth day of the attack, and was preceded by earache and headache and dizziness. She could hear nothing either by ear or bone conduction. He regards the lesion as labyrinthic, but impossible to say what the nature may be—whether hæmorrhagic or purulent. Seitz (*Centralblatt*, No. 5, 1883) has reported a case in which deafness in the right ear, with dizziness and tinnitus, came on upon the 7th day, and the hearing was permanently lost on that side. He regards it as due to a secondary inflammation of the labyrinth, with a copious serous exudation which rapidly destroys the delicate structures of the inner ear.

Congenital Malformations of both Knee-Joints.—

Mr. Hubert Sells, Senior Resident Obstetric of Guy's Hospital, describes the following case of malformation in a new-born infant, very fairly developed: On looking at the lower limbs, the first thing that struck one was, that the patellæ on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forwards naturally, and the ankle-joint was normal. The patella was placed at the back of the joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the ham-string tendons. There was also, running down a little to the inner side of centre of this space, a strong tendon, which was continued downwards to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joint were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a *post mortem* examination.—*British Medical Journal*.

Funnel-Drainage in Anasarca is a method of removing large quantities of fluid devised (*Glasgow Medical Journal*) by Dr. Straub, Tübingen. It is simpler and affords more relief in equal time than Southey's. The apparatus consists of an ordinary glass funnel, of two inches diameter, attached to the end of which is an India-rubber tube one eighth inch in diameter, and long enough to reach to the floor. If the apparatus is filled with water, and the mouth of the funnel firmly applied to the skin of a patient lying in bed, while the end of the tube is immersed in a vessel on the floor containing a little water, it will be found to adhere quickly and act as a sucker; and when the funnel is applied over several small incisions or punctures in a case of œdema, the tube acting as a siphon will keep up a continuous drainage of serum into the vessel. The force of the suction can, of course, be regulated by altering the level of the vessel, and the flow of fluid can be watched by a piece of glass tubing let into the India-rubber tube. The apparatus, if protected by a small cage or cradle, can be left on for any length of time, and is not displaced by movements of the patient if ordinary care is taken. Enormous quantities of serum have been drained off in this way. In one case of chronic Bright's disease there were drawn off in two and a quarter hours, over seventy-eight ounces; in seven hours, over ninety-six ounces; and in twenty-four hours two hundred and seventy-eight ounces; and in another case of extreme general dropsy from Bright's disease, nearly forty-three pints were removed in seventy-nine hours.—*Gaillard's Medical Journal*.

Tubercle Bacilli in the Urine.—Professor Rosenstein of London has been able to determine (*Centralblatt*, No. 5, 1883) the presence of these structures in the urine of a man with nodular masses in the epididymis of either side, but no signs of lung affection. The greyish white sediment dried on top covers, and treated by Ehrlich's method, showed the tubercle bacilli with distinctness. As a means of diagnosis in obscure renal affections, with muco-purulent urine, this may prove of great use.

CANADA

Medical and Surgical Journal.

MONTREAL, JUNE, 1883.

THE TRIENNIAL MEETING.

It is nearly three years since the present Provincial Board was elected in Montreal, and we shall be called upon to choose their successors in Quebec on the 11th July next. It is to be hoped that a large meeting will be collected there on that day. Every one who is unable to attend should take care to send his proxy to some friend. To avoid mistakes we would draw attention to the section of the law on this subject. To be valid, it is necessary for a proxy to be in the hands of the Registrar, on or before the 1st July, it being his duty to certify that the signer is a Licentiate, and to return the document five days afterwards. Any one in arrears, moreover, is not entitled to vote.

We are convinced that far more interest would be taken in these elections if the Province were divided into electoral districts, the members in each of which would elect their own representatives. As it is, a great many feel that the nominations for this large Board really lie in the hands of a comparative few, and that their presence, or the casting of their vote, cannot be of the least consequence. It is a matter for regret that any such feeling should exist, for the Province will never be (medically) so well governed as when each individual member is made to feel the greatest interest in the selection of the best local member to represent that section on the governing board. We have already given our views upon this subject, and we believe it would be for the general good if some one would raise the question for discussion at this meeting.

As regards the outgoing Board, we think they are entitled

to credit for the manner in which their duties have been performed during the past three years. The semi-annual meetings have been conducted in a business-like manner, the matters brought before them have been discussed in a fair and judicial spirit, and the decisions reached have given general satisfaction. A competent and active person has been appointed for the prosecution of quacks, and several convictions obtained. Indeed, at the present time, few places are as free from these obnoxious persons as the Province of Quebec. The assessors of the College have duly visited at the examinations of the different Universities, and complete harmony between these bodies and their official Provincial superior has existed. We congratulate the retiring President upon this satisfactory state of things, and trust that his successor may have an equally prosperous and peaceful reign.

PROFESSOR MACCALLUM.

We have already announced, amongst the changes recently brought about in the Medical Faculty of McGill College, the resignation of Dr. MacCallum. After having faithfully served the University in several capacities for a long series of years, he only quitted his post when he felt that he was fairly entitled to devote more of his energies to his private *clientèle*. His colleagues part from Dr. MacCallum with great regret, and they, as well as the governors of the University, have, by resolution, expressed their opinion of the services he has rendered during his term of office. These resolutions are as follows:—

At the meeting of the Medical Faculty, it was

Resolved,—That this Faculty accept the proffered resignation of Prof. MacCallum, a step which has been forced upon him by the increase in his private engagements, and his inability both to satisfy so many claims upon his time and to continue engaged in the arduous work of regular instruction. That in so doing, they desire to place upon record their deep appreciation of the many excellent qualities found in him, so recently their colleague, qualities which have enabled him to fill most important chairs in this University during a period of twenty-nine years, with the

highest credit to himself and the happiest results to those privileged to receive his teaching; and in parting with Prof. MacCallum as an active member of the Faculty, they feel the loss of one whose best exertions have always been placed at their service, and whose every energy has always been used to render his department thorough and efficient. That as a slight recognition of his long and faithful services to the University, the name of Prof. MacCallum be recommended for the honorary title of Emeritus Professor.

At the meeting of the Board of Governors, it was

Resolved,—1st. That the resignation of Dr. D. C. MacCallum of the Chair of Midwifery and Diseases of Women and Children be accepted. 2nd. That this Board desires to record its sense of the long and able services of Dr. MacCallum as a Professor in the Faculty of Medicine, and to express its great regret that it should have become necessary for him on account of the arduous duties of his profession to retire from the Chair of Midwifery he has so ably filled. 3rd. That Dr. MacCallum be, and hereby is, continued as Professor Emeritus in the Faculty of Medicine, retaining his present precedence in the University.

CHAIR OF ANATOMY.—Dr. F. J. Shepherd has been appointed to the Chair of Anatomy in McGill College, made vacant by the death of Prof. Scott. The length of time during which Dr. S. has acted as Demonstrator of Anatomy in this university (8 years) renders him particularly well qualified to enter upon the important duties of this chair, and the success which has attended his teachings hitherto will no doubt continue to follow him in the higher sphere. Dr. Richard MacDonnell has been made Demonstrator of Anatomy and Dr. R. J. B. Howard assistant Demonstrator.

MONTREAL GENERAL HOSPITAL.—The contest for the post of attending surgeon, made vacant by the resignation of Dr. Wright, was filled by the Governors on the 17th ult. The candidates were Dr. Shepherd, outdoor surgeon, and Dr. F. W. Campbell. We have already expressed our opinion upon the

superior fitness of the former, and it is with pleasure we record that Dr. Shepherd was elected by the Governors by a considerable majority. We congratulate the doctor upon his appointment, one to which he was fairly entitled by well performed hospital service in the surgical department for several years, and which he is well qualified to fill with credit to himself and usefulness to the hospital and its reputation. On the same day, to fill the vacancy created by the promotion of Dr. Shepherd, Dr. Richard MacDonnell was made one of the attending physicians to the outdoor department.

ONTARIO MEDICAL ASSOCIATION.

THIRD ANNUAL MEETING.

The third annual meeting of this Association was held in Toronto on the 6th and 7th inst. Dr. Macdonald, the President, owing to indisposition, was unable to attend on the first day, and Dr. Richardson was voted into the chair.

In the afternoon session, Dr. Burt exhibited a patient treated for traumatic tetanus by neurotomy, and Dr. Campbell a case of primary lateral sclerosis.

The following papers were read: "On the use of Jaborandi in certain cases of Fever," by Dr. McKay of Woodstock; "On Fatty Diarrhoea," by Dr. Woolverton of Hamilton; "On the Removal of an Ovarian Tumor," by Dr. Grove of Fergus; and "On Fracture of the Forearm," by Dr. McNaughton, the latter exhibiting a new splint which restored the radial curve of the arm.

Dr. Clark of Kingston read a paper on "Anomalous cases of Nervous Disease," and gave a history of one of hystero-epilepsy.

Dr. Workman read a paper on "Aphasia."

Dr. Graham read a paper on "Bacillus Tuberculosis," and gave the results of the examination of the sputa of 40 patients which he had examined. The conclusions arrived at by the doctor from the experiments were: 1st, That bacilli are found in the sputa of almost, if not all, cases of phthisis; it was doubtful if there was any case of active disease in which bacilli will not be found, provided the sputa came from the lungs, and five or six examinations were made. 2nd, They were found on the first

examination in three-quarters of the cases. 3rd, The presence of the bacilli is a positive evidence of the disease. 4th, There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. 5th, As to prognosis, it was found that the number was in proportion to the amount and rapidity of the process of destruction. 6th, It might be said as a general rule that in the more chronic cases bacilli were fewer, and, he thought, smaller. His experience convinced him of the contagiousness of the disease, of which he gave instances.

Dr. F. N. Strange then read a paper on "Acetonæmia." He gave the history of a case which had come under his own observation, with that of a similar one recorded in England. The opinion was expressed that the coma of diabetes is due to chemical reaction of the blood.

On the second day, the Secretary read a paper by Dr. Battersby of Port Dover, on "Umbilical Hernia," and Dr. Mitchell one on "Some cases of Poisoning," one by carbolic acid and two by Paris green.

Dr. Macdonald, the President, then delivered his annual address. He enumerated the advantages to be derived from the meetings of the Association, both from a social and professional point of view. Ontario being a large province, the members of the Association suffered from isolation, and the reunion brought about by the meetings of the Association tended to bring the members of the profession who lived at a distance from one another into closer social relations, and aid much to remove the feeling of distrust that was supposed to exist in their ranks. The Association also was intended to fill the gap between the Dominion Association and the local organizations of the town and country. He thought that London and Kingston should be visited every year alternately with Toronto by the Association, as such a course would extend the benefits derived from their meetings over the province. He then referred to the question of the attitude to be assumed by the members of the profession towards the Homœopathists in consultation. There was not that hostile feeling towards the disciples of Hahnemann in Canada that was

felt in the United States, a result owing probably to the terms on which Homœopathists were received by the Medical Council of the College of Physicians and Surgeons. But, although there was no hostility, there was no change in the opinion in which the doctrines of Hahnemann were regarded by Allopaths. He thought they should do nothing that would throw obstacles in the way of others giving professional aid in the cases of urgency when Homœopathists were called in in consultation. He alluded incidentally to the museum proposed to be started by the Association, and mentioned the advantages which would result from such an institution. He had no doubt that the College of Physicians and Surgeons would find the room required for such a museum if it were started.

The following papers were read: "On Cancer of the Pharynx," by Dr. Ryerson; "On Hip-Joint Disease," by Dr. Ferguson; "On a supposed case of Super-Fœtation," by Dr. Davison of Toronto; "On some cases of Euteric Fever," by Dr. Cassidy.

Dr. Oldright presented the report of the Committee on Sanitary Science.

This matter was subsequently referred to a special committee as recommended.

A report on Medical Ethics was presented by the committee in charge of the subject, and there being no time for discussion, it was referred back to the committee.

The Nomination Committee recommended the following officers for the ensuing year:—President, Dr. D. Clark; Vice-Presidents, Drs. Worthington, Philips, Richardson and McGill; Secretary, Dr. J. C. White; Treasurer, Dr. J. E. Graham.

A resolution was adopted pressing upon the attention of the Government the necessity of having Boards of Health and Medical Health officers in the local municipalities.

In the evening a conversazione was held, which was attended by about eight hundred visitors.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

HELD AT CLEVELAND, OHIO, JUNE 5TH, 6TH AND 7TH, 1883.

The Association, to the number of about one thousand, met in the Case Hall on the morning of the 5th, and was called to

order by Dr. X. C. Scott, Chairman of the Committee of Arrangements. After a few remarks from the President of the Association, the venerable John L. Atlee, General Edward S. Meyer, an eminent lawyer of Cleveland, delivered a most eloquent address of welcome. Then followed the annual address by the President, who referred at some length to the study and practice of medicine as he knew them about the year 1815-18. One of his preceptors was the celebrated Dr. Physic, of Philadelphia, regarding whom some interesting reminiscences were given.

The afternoon was devoted to work by the sections. In the medical section nearly the whole time was taken up with a discussion on "Yellow Fever," a paper having been read on that subject by Dr. Robt. D. Murray, of the Marine Hospital Service. In the section on Surgery and Anatomy, Dr. Dudley P. Allan read a very able and interesting paper on the comparison of "Antiseptic and Non-Antiseptic Methods of Treatment." Dr. Allan is a thorough convert to Antiseptic Surgery, but is undecided as to whether the spray as employed by Lister or *irrigation* as used by Volkmann affords the better protection against the entrance of micro-organisms into wounds. In the discussion which followed many members took part and others had signified their intention to do so, but owing to the length of time occupied by some of the speakers in making their remarks, and the short time at the disposal of the section, the debate was brought abruptly to a close by the chairman.

The paper which next engaged the attention of the surgeons was read by the venerable and esteemed Prof. S. D. Gross, of Philadelphia, on the "Value of early and late Operations in Morbid Growths, especially Malignant." He laid great stress on the necessity of a correct diagnosis between benign and malignant tumors, especially of the breast, although he frankly admitted that in not a few cases the best of surgeons were sometimes puzzled, in which case the patient should get the benefit of the doubt and the whole gland be extirpated. He denounced in the strongest possible terms the practice of those who would operate in cancer, no matter how far advanced. The reader of

the paper took occasion to refer in not very complimentary terms to the charlatanical practice of many who see cancer in every tumor, and who consequently get the credit of curing that dread disease when in reality it never existed.

Dr. Henry A. Martin, of Boston, followed with some remarks on the "Treatment of Synovial Diseases by a New Method." This consisted simply in the removal of the synovial effusion by means of aspiration, and the subsequent application of the rubber bandage which bears his name. He is in the habit also of treating bursal effusions in the same way.

A paper by Dr. R. A. Vance, of Cleveland, was then read, entitled the "Radical Cure of Hernia by a New Method." This proved to be a slight modification of the operation already recommended whereby the skin and subcutaneous tissues are invaginated and utilized as a plug to fill the ring. As the operations, had, however, all been done recently, it was thought by many present that the comparative value of the method could fairly be considered only at a future meeting. Dr. Vance was forced to admit that he already knew of one case where the hernia had recurred.

At the opening of the general meeting on the morning of the second day, the Canadian delegates, Drs. Harrison, Osler and Roddick, were courteously requested by the President to take a seat on the platform. Then followed the report on medicine by Dr. Hollister of Illinois, and that on Obstetrics and Diseases of Women by Dr. J. K. Bartlett of Milwaukee. A lengthy and somewhat animated discussion took place at this meeting with reference to the establishment of an Association Journal. The majority of the members present decided in favor of the project, and that able and experienced journalist, Dr. N. S. Davis, of Chicago, was elected editor almost unanimously.

In the Surgical Section, which was called to order at 2 p.m., there were two papers only which received a lengthened notice, namely, one on the "Treatment of Fractures of the Long Bones," by Dr. J. R. Taylor, of New York, and another by Dr. G. M. Moore, of Rochester, N.Y., on the "Treatment

of Unreduced Cases of Dislocation of the Ulna in connection with Colles' Fracture." Dr. Taylor discards the weight and pulley in the treatment of fractured thigh, and substitutes an extension bar attached above to a species of perineal crutch. In the case of fractured clavicle, he employs a modification of Sayre's method, securing the arm to the side by means of broad straps of adhesive plaster, a large pad being placed over the scapula of the affected side in order to control the movements of that bone. In the treatment of fractured ribs nothing new was suggested beyond this, that the retentive straps should be applied with the arms of the patient raised above the head, as in this position it was thought that the muscular spasm was lessened considerably. Dr. H. O. Marcy, of Cambridge, read a lengthy paper on the "Comparative Value of Antiseptics." There was no new light thrown upon the subject, the experiments and results being almost identical with those already made and obtained by Kock and other investigators. Dr. Lewis H. Sayre, son of the eminent Orthopædic Surgeon of New York, reported two cases of amputation below the knee joint, that operation being preferred to excision in certain cases of ankylosis.

In the section devoted to children, nearly the entire afternoon was taken up with the discussion on a paper by Dr. Harris, of Virginia, entitled the "Unity of Diphtheria and Membranous Croup." The speakers were pretty evenly divided on the subject, although the weight of argument was probably in favor of the duality theory. Dr. W. H. Myer, of Fort Wayne, Ind., presented a short but interesting paper on "Surgical Treatment of Purulent Pleuritic Effusions in Childhood." After the first aspiration he prefers the exclusive use of the knife and free drainage, being strongly opposed to the method of frequent aspiration so strongly advocated by some authorities. His experience was, however, limited to a single case, so that he could hardly afford to be dogmatical in his opinion.

In the section devoted to Obstetrics and Gynæcology the papers which attracted most attention were the following: "The immediate application of Sutures in Laceration of the Cervix

and Perineum," by Dr. E. C. Dudley of Illinois; "The Restoration of the Perineum by a New Method," by Dr. Marey, who prefers pins to sutures; and "Enterotomy as a complication in Ovariectomy and Oophorectomy," by Dr. Sutton of Pittsburg.

The resident medicos of Cleveland and the citizens generally deserve the thanks of the Convention for providing a series of the most pleasurable social entertainments it has ever been our privilege to witness. On the evening of the first day a ball and reception were held in the Euclid Avenue Opera House, which was tastefully decorated for the occasion. The guests were received by Dr. X. C. Scott, Chairman of the Committee of Arrangements, assisted by Prof. Gross and Drs. Atlee and N. S. Davis. An elegant supper was served in a most orderly manner in the Roller Rink adjoining, and about 11 o'clock dancing began and was indulged in to a late hour. The Committee also arranged for a series of brilliant receptions to be held each evening at the residences of the most prominent citizens.

The meeting altogether was a great success, and we take this opportunity, on behalf of the Canadian delegates, of thanking the medical men and citizens of Cleveland for the many courtesies extended toward them during their sojourn there.

Obituary.

W. E. SCOTT, M.D.

Since our last issue, in which we had to announce the persistence of most unfavorable symptoms in the illness of Dr. Scott, the fatal termination has occurred. On the 24th of May he breathed his last. During the past winter the Doctor had been somewhat affected by shortness of breath, but always maintained that he was quite well. At the end of March, however, this symptom became aggravated, and he reluctantly agreed to consult a medical friend. It was then found that he had chronic renal disease, and consecutive cardiac derangements. The heart's power was beginning to fail, and dropsy of the extremities very

soon set in. This spread rapidly, and soon became general. Cerebral symptoms showed themselves, and for some days before his death he was only semi-conscious.

Dr. Scott was born in London, England, in 1823. He came to this country in 1831, and adopting the study of medicine, was a pupil, first of Dr. Holmes and then of Dr. McCulloch. He received the Provincial License in 1843, under which he practiced; and was appointed House Surgeon to the Montreal General Hospital, in which capacity he acted during the years 1841-13. In 1844 he received the degree of M.D. at McGill College, and the following year he was appointed Demonstrator of Anatomy. He subsequently held the following chairs in this University, viz., in 1851, Lecturer on Forensic Medicine; in 1853, Professor of Clinical Surgery; and in 1856, Professor of Anatomy—the last-named being that with which he has been so long identified, and which he held up to the time of his death.

Dr. Scott was the senior member of the Faculty of McGill University; he was one of the oldest members of the Board of Governors of the Province of Quebec, and had enjoyed the honor of being President of the same; he was the oldest consulting physician on the staff of the Hospital. Besides these special honorable positions in the profession which he had held, he also filled posts of great trust in the community. Thus he was for many years the surgeon of the 1st Prince of Wales Rifles, and likewise consulting surgeon to the Grand Trunk Railway.

A high-minded, honorable man in all his dealings, a warm friend and generous colleague, Dr. Scott passed a long lifetime, beloved and highly respected by all who knew him. Keen, active, vigorous, he worked away until the very last, although himself painfully conscious of his failing health.

CHARLES N. BEER.—Of the many industrious, intelligent students who have attended McGill College from Prince Edward Island, few that we remember gave such promise of professional success as Charles N. Beer. For two sessions he worked hard, and became deeply interested in his studies. At the Primary

Examination, he took high honors and the prize in Practical Anatomy. His dissections were among the best that had been seen in the College, and some of them are preserved in the museum. Returning for the third session, he had not been long in attendance when symptoms of pulmonary trouble developed, and at first made rapid progress. For nearly four years he energetically fought his enemy, never relinquishing hope, always buoyed up by the thought of resuming his studies; but at last, on May 24th, he gave up the struggle, and passed among the "inheritors of unfulfilled renown." We extend to his sorrowing family the sincere sympathy of his old teachers.

Personal.

O. H. E. Clarke, M.D. (McGill, '70), has moved from Cohoes to St. Louis, Mo.

Edmund Christie, M.D. (McGill, '82), is practising with his brother in Chicago.

Robt. S. O'Brien, M.D. (McGill, '73), has moved from Grenville, Que., to Nanimo, B.C.

E. J. Laurin, M.D. (McGill, '81), has moved from Virginia City to Deer Lodge, Mon.

George Carruthers, M.D. (McGill '83), of North Bedeque, P.E.I., has left for London, Eng.

J. C. Bowser, M.D. (McGill, '83), and And. Stewart, M.D., have left for London to pursue their studies.

C. J. B. Hanvey, M.D. (McGill, '83), of Cleveland, Ohio, has gone to British Columbia to assist Dr. E. B. C. Hannington.

Drs. Duncan and McLean, late resident medical officers of the Montreal General Hospital, have commenced practice together in Fergus Falls, Minn.

Reuben Levi, M.D. (McGill, '76), J. H. Betts, M.D. (Queen's) and Herbert Mickle, M.B. (Toronto), have been admitted members of the R.C.S., Eng.

D. W. Houston, M.D. (McGill, '81), was in town last month on his way to join the Benedicts. He and his class-mate, J. W. Ross, have established a large and successful practice in Cohoes.

Professor Darling, F.R.C.S., Eng., of the University of New York, was in town last month, and we were very glad to have an opportunity of meeting this well known teacher of Anatomy.

Robt. J. B. Howard, M.D. (McGill, '82), has passed the primary examination for the Fellowship of the Royal College of Surgeons. We see by the *British Medical Journal* that of 56 who presented themselves at this examination only 24 passed.

Dr. McLean of Ann Arbor has been appointed surgeon to the Michigan Central R.R. This will necessitate his resignation of the chair of Surgery in the University of Michigan. He has moved to Detroit. His successor has not yet been nominated.

Dr. T. A. Rodger has been appointed surgeon to the Grand Trunk Railway in place of the late Dr. Scott. This appointment has given great satisfaction to the profession in the city, and no doubt also to the physicians along the line of the Railway. His long residence at Point St. Charles, his successful practice of surgery in this district, and his well-known popularity amongst the *employés* of all classes naturally pointed him out to the authorities as the one to be, as he now is, the right man in the right place.

Medical Items.

CORRECTION.—Dr. Fenwick, not Dr. Arnott, as stated in our last issue, has been appointed to represent the Medical Faculty of Western University, London, in the Ontario Medical Council.

MONTREAL DISPENSARY.—In consequence of his appointment to the General Hospital, Dr. MacDonnell has resigned his connection with the Montreal Dispensary, and Dr. Wm. Stephen has been appointed to the latter institution in his stead.

HOSPITAL INTERNES.—At the annual meeting of Governors of the Montreal General Hospital, held on the 17th ult., the following gentlemen were appointed resident medical officers for the ensuing year, viz., Drs. John Gardner, Wm. Henry and James Gray. They are all graduates of McGill, Class '83.

SCHOOL OF MEDICINE FOR WOMEN, TORONTO.—The Faculty has been arranged as follows: Dr. Barrett, President and Professor of the Institutes of Medicine; Dr. George Wright, Practice of Medicine; Dr. I. H. Cameron, Surgery; Dr. Adam Wright, Obstetrics; Dr. McPhedran, Materia Medica and Botany; Dr. Duncan, Anatomy and Microscopy; Dr. R. A. Reeve, Diseases of the Eye and Ear; Dr. Krauss, Medical Jurisprudence and Toxicology; Dr. R. B. Nevitt, Sanitary Science, and Mr. Pyne, Chemistry.

—Mrs. Fraser, widow of the late Professor Fraser, has presented the library and surgical apparatus of her husband to the Medical Faculty of McGill College.

—We had an opportunity recently of visiting the celebrated establishment of Parke, Davis & Co., Detroit. Our thought on leaving was: Small wonder that they enjoy the confidence of the profession in an unusual degree.

—The last volume (XV) of the *Encyclopædia Britannica*, just issued, contains two articles of considerable interest to the profession, one on "Animal Magnetism," by Prof. McKendrick of Glasgow, and the other on "Medicine," by Dr. Charles Creighton and Dr. J. F. Payne.

—Rumor has it that a School of Medicine for Women is to be started in Kingston, and the *Canada Lancet* thinks it is not improbable that a second Woman's College may be started in Toronto, as the one at present organized is controlled by men of the Faculty of the Trinity School of Medicine. For the information of the numerous candidates we may state that there is no present intention of establishing such a school in Montreal, Quebec, Halifax, or London, Ont.

—It is a pleasing indication of the advance of Canadian science when our workers enter the field of authorship and achieve marked success. Mr. W. Saunders, of London, Ont., who is so well known to our profession as a skilled pharmacist, has just brought out a work on "Insects Injurious to Fruits" (J. B. Lippincott & Co., Philadelphia), which will take a position with Harris' well known text-book, and be of inestimable service to horticulturists. The volume appears in the best style of the well-known publishing house of Lippincott's, and is illustrated with nearly 500 woodcuts.

—We have frequently prescribed Dr. McArthur's Syrup of Hypophosphites during the past three years with the most favorable results in almost every case. It is a chemically pure preparation, and in our opinion much superior to similar preparations found in the market. Give it a trial if you have never used it.—*Dr. R. H. Andrews, in Medical Summary.*

GLYCEROLE OF CELERY COMPOUND.—This safe mixture (containing no opium) for the relief of infants fretting, and for adults suffering from nervousness, headaches, etc., supplies a want long felt by the profession, and should meet with their hearty support, as its advantages over the strong narcotics will be at once apparent to every physician.