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THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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Original Communications.

AN UNUSUAL CASE OF INTESTINAL OBSTRUCTION.

BY L. M. SWEETNAM, M.D., C.M.

The following case occurred in the practice of Dr. G. B. Smith, of this city, temporarily out of town, who kindly asked me to see the case with him, and these notes are an almost verbatim copy of those written by him as the case progressed.

January 25. Mrs. B., aged 32, was born in Ireland, and married ten years ago. Although never robust she has always enjoyed reasonably good health. Two years ago she had a miscarriage, losing so much blood as to endanger her life; thinks she never completely regained her strength after this attack. Her mother is alive (aged 68); her father died early. About two weeks ago she moved into the house in which she is now living, may have over exerted herself while moving; when in the house but a few days the cellar became flooded and remains so.

On Monday last the 23rd inst., she was in her usual health, her bowels were moved twice during the day, after the last motion she passed about four drachms of blood, and complained of pain in the bowels, especially in the epigastric region.

On Tuesday, Jan. 24th, Opiates were ordered to relieve the pain, hot applications to the abdomen, and a dose of castor oil.

On Jan. 25, Dr. S. saw her with Dr. McC., the pain was still confined to the epigastric region, stomach irritable, milk and lime water ordered. As the oil taken yesterday failed to

operate, an enema containing an ounce of oil was ordered. Pulse 100, small and hard, temperature normal. Saw her again in the evening, vomiting had set in during the day, and the enema had proved ineffectual; ordered hydrarg. submur, grs. viii. to be taken at once. Pulse more frequent, temperature normal.

Jan. 25. Called between ten and twelve to-day. Stomach unable to retain anything for more than an hour or two; complains of weakness rather than of pain. No motion of the bowels yet, pain in the epigastrium somewhat relieved by mustard poultices. Pulse 120, temperature normal, or a little below.

Jan. 27. Temperature, 98; pulse, 126; stomach more irritable than ever, and vomited stercoraceous matter. Patient becoming very weak, ordered nutritious enemata every four hours. Gave two powders of pulv. jalapæ co., grs. xiv. in each. In the evening found that the pulv. jalapæ co. had been vomited, and that stercoraceous matter had been frequently ejected during the day. Patient cannot retain much of the beef tea injections as the greater portion comes away as soon as the support to the perineum is removed; ordered ol. crotonis gtt. ij. in ol. olivæ ʒij, also chloral hydrate ʒj doses to induce sleep.

Jan. 28th. Pulse small and scarcely perceptible at the wrist, temperature 97½. The ol. crotonis given last evening was vomited in fifteen minutes, as was also the chloral. As no food is being administered by the mouth the stomach is less troublesome, but the tendency to vomit is seen even when the lips are moistened with water. As we had so far failed to relieve the bowels we decided to endeavour to fill the intestines with water, by means of the

stomach pump; when we had injected forty-eight ounces the pain became so great that we were compelled to desist. As soon as the pressure which was being made upon the perineum was removed about six ounces came away. 7 p.m. Found it impossible to count the radial pulse. Patient complained of great pain in the region of the heart. Ordered stimulating enemata, and gave an injection of morphia.

Jan. 29. Mrs. B. died about 11 p.m. yesterday. In connection with the family history I should have said that Mrs. B. lost a sister five years ago, the symptoms in the two cases being almost identical.

Patient's tongue has been fairly normal throughout, abdomen tympanitic, and urine scanty but otherwise normal.

Post mortem. With Dr. S. examined the thoracic and abdominal viscera; lungs normal, a few old pleuritic adhesions, heart abnormally small, walls thin and fatty, liver, stomach, and kidneys healthy; spleen atrophied. Small intestines contained some of the water injected yesterday; found the jejunum and upper two-thirds of the ileum very much dilated, being equal in size with the normal colon. Four feet of the lower end of the ileum were very much contracted, on cutting across this portion of the intestine it was found that the tip of the little finger was with difficulty inserted, the intestinal wall being slightly thickened. The corresponding portion of the mesentery was very much thickened, principally by the deposit of fat, and in places would be three-sixteenths of an inch in thickness. The large intestine was normal as far as the rectum, the upper four inches of which presented the same appearance as the lower portion of the ileum, and past this contraction during life we had found it impossible to pass the tube of the stomach pump.

VIOLA TRICOLOR IN A CASE OF CHRONIC ECZEMA.

BY J. FERGUSON, B.A., M.B., L.R.C.P., EDIN.

Mr. F. G. was in Manitoba for a number of years, I think from 1872 till 1879. During his stay there he became a victim to a very

severe attack of eczema which obstinately resisted treatment. General and local means had been most diligently employed for a period of nearly two years and with no apparent improvement. The disease was mainly seated on the face, and the intense itching and burning pain was almost unendurable. There was great disfigurement. The skin very thick and infiltrated, was deeply fissured in many places. The whole condition was that of great chronicity. There had been formerly a great deal of exudation, but latterly a rather dry and scaly state of the skin.

All other modes of treatment were abandoned and the patient directed to use daily an infusion of *viola tricolor*, made by steeping two drachms in ten ounces of warm water. In a week a very active condition made its appearance. The skin began to discharge a great amount of serum, and there was more inflammatory action. The remedy was then discontinued for a short time, a mild saline diuretic one being substituted in its place. The *viola tricolor* was again ordered in much smaller doses, about forty grains every day, infused as above. This was continued for about six weeks. The treatment began on the 3rd of January, and dropped on the 1st of March. The general health has improved a good deal and the appearance of the skin is very favorable. There is still a slight tendency to scaling on various parts; but the perspiration is now pretty free over the entire surface of the body. I determined to rely wholly upon the *viola* and use no local applications. Large doses were at first given with a view to excite activity in the skin, this having been accomplished, the remedy was intermitted for a little while and then much less given.

The patient now sleeps well and enjoys a state of comfort unknown for several years. He is about sixty and of lymphatic turn. His health, however, had always been good up to the time of the present attack. His habits have been quite steady and no irregularities in diet could be assigned for the outbreak.

VICTOR THEODOR JUNOD, the well-known inventor of "Junod's Boot," and various cupping glasses, is dead, at the age of 78.

GANGRENOUS CELLULITIS WITH SLOUGHING OF THE RECTUM.

BY UZZIEL OGDEN, M.D.,

Lecturer on Midwifery and Diseases of Women, in the Toronto School of Medicine.

On the 7th of January I was called to the country to see a lady suffering from mania, the result of overlactation and menorrhagia. She was 32 years of age, of delicate nervous temperament, the mother of four children, the youngest about seven months old.

The child had just been taken from the breast. Nourishing digestible food, tonics and mild purgatives were recommended, and in three or four days the mania disappeared, the appetite returned, and she became hopeful and cheerful. The improvement lasted about four days, when she became feverish, restless, and weak. She then passed, by a single stool, an enormous quantity of very hard scybalous matter, which was followed during the next few days by several very copious semi-solid evacuations.

On the 19th I was again requested to see her, when her attending physician presented me with "something very strange which she had passed from the bowels" a few hours before my visit. This proved to be a large slough, about four or five inches long, two inches broad, and about a quarter of an inch thick, but somewhat ragged and irregular.

On entering her chamber she was found presenting the ordinary symptoms of septicaemia, while two or three large fungoid growths occupied the left labium and perineum. The uterus was normal to touch and in its right place, and the anus enlarged as if the sphincter were partially destroyed.

On passing my finger through the anus, the whole pelvic cavity appeared to have been dissected out as cleanly as if it had been done with the knife: nothing was left, but the vagina, uterus, muscles, and ligaments, with the bladder in front. I could pass my fingers between the muscles and ligaments at the sides of the pelvis and trace them to their attachments. Every vestige of the lower three inches of the rectum and pelvic cellular tissue had disappeared as far as my finger could reach, and the end of the rectum appeared to hang loosely in the cavity,

about three inches from the anus. As the cavity contained a quantity of horribly offensive matter, which was evidently poisoning the whole system, I washed it out with carbolized water, and while doing so a large quantity of half solid fecal matter was passed by the side of the syringe.

Directions were given to wash out the cavity with carbolized water, three or four times a day, and to let her have quinine and nourishment as freely as she could take them; nevertheless she continued to sink, and died in about nine days after my last visit.

The mania at my first visit presented all the usual characteristics of puerperal mania, although from the length of time it occurred after confinement it is called mania of lactation, and yielded readily to treatment, although at the time of my first visit she was very weak and restless, and very anxious to have her old medical attendant hung.

With regard to the extensive sloughing which took place, I think the large accumulation of hard fecal matter pressing upon tissues much reduced in vitality, excited a low grade of inflammation, which soon ended in the death of the parts affected; and that in all cases where the patient's consciousness is impaired, as in mania, we should ourselves ascertain by actual examination whether accumulations are taking place in the lower bowel, as I am quite satisfied that nurses and attendants are often deceived in these matters.

CONCURRENT MORBILLI (OR RÖTH-ELN) AND VACCINIA?

Reported by Dr L. M. SWEETNAM.

A. B., male, æt. 25. Never had any serious illness. Had mild scarlatina and parotitis. About seven days after exposure to contagium of measles, pain in the head and back (the latter only relieved by recumbency), elevated temperature, increased frequency of pulse, and loss of appetite with general depression occurred. These symptoms were persistent for ten days, gradually increasing in severity. At the end of this time a well-marked rigor occurred followed by still more marked febrile

symptoms. Three days after the occurrence of the rigor the characteristic eruption of measles appeared. The temperature on the evening previous to the appearance of the eruption was 103 three-fifths, on the following morning 104, and on the afternoon of the same day 105 three-fifths. After a cold sponge bath and the administration of a ten-grain dose of quinine the temperature rapidly fell, the thermometer next morning sinking to 99 four-fifths.

During the whole course of the disease no catarrhal symptoms were present, but a little injection of the conjunctival vessels.

The rash was diffused over the whole body in three days and then gradually disappeared in three days more, desquamation ensuing in the usual way. A peculiar feature was a re-appearance of the cutaneous eruption, three or four days after its disappearance and whilst desquamation was still progressing. It was especially noticeable if the patient was slightly chilled and sometimes would entirely disappear only to return again under similar conditions.

The patient was vaccinated with humanized virus, first remove, six days previous to the appearance of the rubeolous rash. At one point the vaccine virus being introduced by minute scarifications and at the second by scraping off the epidermis.

There was no evidence of successful vaccination until the tenth day after inoculation when a small papule appeared at the scarified point. The papule became a vesicle on the twelfth day and a pustule about the eighteenth, desiccation following in the usual way, thus running a regular course after the first appearance of the papule.

About three days after the first point had reached the stage of desiccation a second papule made its appearance at the point which had been denuded of epidermis. This, in due course, presented the characteristic appearance of a typical vaccine vesicle, being distinctly umbilicated. It promises to run through all the stages of a primary vaccination. About the beginning of this stage of vesiculation an erythematous blush—looking very like erysipelas—appeared around the vesicle and spread over the entire circumference of the arm and down as far as the elbow. Some axillary adenitis

was also present. As there were some cases of erysipelas in the hospital at the time, the patient was put on hourly doses of 20 minims each of Tr. Ferri Mur. and Liq. Ammonia Acetatis and the redness subsided in twenty-four hours thereafter. Patient's temperature is, however, still (19th March) supra-normal, 99 three-fifths.

P. S.—The temperature fell to normal point on 23rd March.

The case is interesting, both in view of the unusual incubating stage, and as presenting an instance of concurrence of rubeola (or Rôtheln) and vaccinia, or of one of those lately reported in numbers from the State of Illinois as vaccinia, attended with a Rôtheln eruption, and also as a probable instance of what Dr. Warlomont, of Brussels, terms self *vaccinization*. Were it not for the presence of erysipelas in the building, we should adopt the practice recommended by Warlomont, of re-vaccinating from this and subsequent vesicles, if any, until immunity occurred. If the patient had measles, the temperature 105 three-fifths was very unusually high.

DISLOCATION OF RADIUS AND ULNA FORWARDS.

BY WM. CALDWELL, M.D., LAKEFIELD, ONT.

In completion of a series of rare dislocations, published in our columns in the last few months, we are much pleased to be able to present the following case in Dr. Caldwell's practice:—

On the 16th of May, 1878, I was called to see a little girl, aged about 10 years, daughter of Mr. H., residing within one mile of this place, who had received an injury at the elbow joint by having her crutch knocked out of her hand by her brother.

On examination found the forearm flexed on the arm and shortened; in the situation of the olecranon process the end of the humerus was projecting, leaving a deep depression between it and the forearm. I failed to elicit any crepitation, and not knowing at the time that dislocation of the ulna could take place forward without fracture was quite puzzled, but determined to reduce the dislocation, believing if any fracture existed I would discover

it in the attempt. While one of the friends held the arm I applied extension from the wrist with my left hand and with my right pressed firmly back on upper part of forearm, and soon the two distinct thuds of the dislocated bones relieved me from my anxiety. The arm made a perfect recovery there being no evidence of any fracture.

She was somewhat cachectic having suffered from knee-joint disease, the leg being ankylosed at an angle of about 45 degrees. She could not tell in what particular way she fell.

SUDDEN CANITIES.

BY J. FERGUSON, B.A., M.B., L.R.C.P. EDIN.

(Assistant Demonstrator of Anatomy, Toronto School of Medicine.)

As there have been only a few well-marked cases of sudden canities reported, I take the liberty of stating one, which puts the possibility of its occurrence beyond all doubt.

Sometime ago an acquaintance of mine came to Toronto to stay for a few days to transact some business before his departure to Kansas, where he intended making his home. When I saw him there were only scattered grey hairs among the rest which were very black and glossy and well curled. His hair was coarse and strong, abundant and apparently healthy.

He was under my observation for a period of five days. This effected a complete change from the above condition to almost total grey-ness. He had never used any dressings of any kind on his hair. The microscope showed a great many air vesicles both in the medullary substance, and between the cortical and medullary substances. The coloring matter could be seen in the hair filaments as fine granular particles, evidently a broken-up condition of the diffused state of pigmentation which was still to be found in some hairs.

Mr. B. had met with a series of heavy business losses and was much worried. He stated that the window in the room he slept in was left up and that he felt as if he had caught cold. These were the only causes that could be ascertained for the change in color. It should be mentioned that there was slight loss of cutaneous sensibility in the scalp.

Selections: Medicine.

EXTRACT FROM A LECTURE ON TUBERCLE,

In the Course of Pathological Anatomy at the Middlesex Hospital Medical School, January, 1882.

BY SIDNEY COUPLAND, M.D., F.R.C.P.

Physician to and Lecturer on Pathological Anatomy at the Middlesex Hospital.

GENTLEMEN,—Having, in my last lecture, given you as explicit an account of the general pathology of tubercle as far as I understand it, I propose to-day, before leaving this subject, to recapitulate to you these facts in the form of a concise summary. In doing so, you must allow me to adopt a somewhat aphoristic and dogmatic method; for I feel that upon this subject, of all in pathology, it is necessary for us to have clear and definite ideas. There is hardly any pathological question that has been so swayed by every wind of doctrine as this of tubercle; not even the subject of inflammation has been viewed from so many standpoints, and received so many and varied explanations. The conclusions I am about to give you do not claim to be anything else than the formulated expression of ideas gathered from time to time from various sources. They embody simply the essential points I have learned from others, confirmed, so far as opportunities have been given me, by my own *post-mortem* experience. Therefore, they are in no way original or novel. I hope they may be nearer the truth in consequence; as near, that is, as our present knowledge allows us to go. My sole aim is to teach you the facts which are established, and the inferences that appear to flow from them, in the simplest and plainest manner.

1. Tuberculosis is an infective disease to which man and the higher animals are liable.

2. It is characterized anatomically by the formation of minute nodules or "granulations," composed of elements like those met with in granulation-tissue, the result of simple reparative inflammation.

3. These nodules, or elementary or primary "tubercles," may occur in an isolated manner, or, by their confluence, may form larger or smaller conglomerate masses.

4. The typical structure of each fully formed primary nodule consists in (a) a collection of lymphoid round cells, enclosed in a delicate fibrillar meshwork or stroma; (b) in an internal zone, more or less evident, of larger nucleated epithelioid cells; and (c) a central multinucleated or giant cell.

5. These "tubercles" arise apparently in connection with the lymphatic tissue that pervades the body. No region is exempt from them. They may occur in the substance of organs, in the bones and muscles, in serous membranes, as the pia-archnoid, pleura, pericardium, and peritoneum; in synovial membranes; in mucous membranes (arising in the submucous stratum), as in the mouth, pharynx, larynx, trachea, bronchi, intestines, and genito-urinary tract.

6. Being ill supplied with blood-vessels, they can only attain a certain size, and then perish. The central cells degenerate first, because they are the farthest removed from the nutrient blood-stream, and mutual pressure due to their increasing growth hampers their vital activity. They become fattily degenerated, soft, opaque, caseous, forming "yellow" tubercles, which, when isolated, are larger, and manifestly of older formation than the miliary translucent grey granules. Where such tubercles are confluent, larger and more irregular caseous masses are formed. Caseation may pass into cretification. On the other hand, there is no doubt that occasionally the tubercular nodules take on a fibroid change, passing from the stage of "granulation-tissue" to one resembling "cicatrical tissue".

7. Almost invariably there occurs, in the vicinity of the tubercular formation, some reactive inflammation. This may be protective by ultimately leading to encapsulation by fibrous tissue of the caseated tubercular focus; or, as more frequently happens, it aids in the disintegration of the surrounding tissues, and leads, with the necrosis of the tubercles themselves, to destructive ulceration.

8. Individuals who are prone to the development of tubercle are called "tubercular". The disposition may be inherited. Probably what we recognise as "struma" or "scrofula" is only one form of this: a tendency to tuberculosis of

lymphatic glands especially; just as in phthisical subjects we have a tendency to pulmonary tuberculosis.

9. The tubercular manifestation is, in the majority of cases, at first local, *i.e.*, limited to one organ or tissue. It may remain so limited throughout life—may not even endanger life—or may lead to death by the local destruction to which it gives rise. On the other hand, it may be more or less widely diffused throughout the body of the same individual. This diffusion may be due sometimes to the simultaneous development of tuberculosis in many parts. More frequently, it is due to a secondary dissemination, by a process of infection.

10. This dissemination takes place, as in cancer, in two ways: *viz.*, by direct extension, or infection of neighbouring tissues by contiguity; and by general distribution of the tubercular virus through the medium of the blood-system (including lymphatics).

11. The tubercular virus seems to be most potent, or, at any rate, to retain its potency, *i.e.*, its infective property, in the caseous state.

12. Examples of the local extension of tubercle, or of propagation by contiguous infection are seen: (1) in the development of peritoneal tubercle from intestinal;* (2) in the spreading of tubercle from one part of an organ (*e.g.* lungs) to another part; (3) in extension from lung to pleura;* (4) in bronchial, laryngeal, and intestinal ulceration excited by the passage over their mucous membrane of material expectorated from a phthisical lung; (5) in tuberculosis of bladder and vesiculae seminales following upon renal or testicular tubercle, etc. The mode of its local extension approximates tubercle to the neoplasmata, *viz.*, by its elements exciting in the tissue they infect changes leading to the formation of cell-masses resembling the primary focus.

13. The generalisation of tubercle is shown in the disease known as acute miliary tuberculosis, which is characterised by an eruption of miliary granulations in diverse organs and tissues. Its mode of occurrence may be (*as above*) compared to the general dissemination of secondary cancer, or, perhaps with equal truth, to the metastatic suppuration of pyæmia.

*In these cases, probably by extension along lymphatic channels.

With few exceptions, it appears to necessitate a primary tubercular focus to give rise to it. It is believed that the infective virus, whatever it be, enters the blood-stream at this local focus, and is thence widely disseminated, the resulting growths being for the most part miliary, grey, and translucent; life not, as a rule, being prolonged for a sufficient length of time after the occurrence of the generalisation to permit of the growths becoming confluent or caseous. As the membranes of the brain are generally involved in this widespread infection, death occurs early.

14. Lastly, tuberculosis is inoculable. In this respect it resembles pyæmia, and differs from the cancers; for there is reason to think that it may be and is communicated from one human being to another, *e.g.*, from husband to wife, and *vice versa*; and that it can be inoculated in animals from man (artificial tubercle). There is, further, a possibility, based on certain peculiar morphological resemblances of the formations, that bovine tuberculosis is communicable to man.

15. If the foregoing data be true, it follows that tuberculosis is an infective disease, probably due to the presence of a virus, which gives rise to the development of peculiar tissue-formations, capable of localised or general propagation in the body, and characterised mainly by their tendency to early disintegration.

16. Until the nature of the virus is known, it is impossible to formulate data concerning the conditions under which the disease arises in subjects free from inherited taint.

ON THE TREATMENT OF SOME FORMS OF PNEUMONIA.

BY D. BIDDLE, KINGSTON-ON-THAMES.

I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like, in its general aspect, that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect

in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvellous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged 35, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her, the pulse was 140, the temperature in the axilla 103°, and the sputa of a deep rust colour. I ordered mustard and linseed poultices, and the following mixture: R. Liquoris ferri perchloridi fort. ʒij: acidi hydrocyanici (Scheele) m. viij; aquam ad ʒviiij. M. Two tablespoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After thirty hours, the pulse had fallen to 100, the temperature to 99°, the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse, or syncope; the pulse of 144; the breathing in short gasps; the finger-ends, as seen through the nails, or the colour of a thunder-cloud; and both lungs in a state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her; and her pulse is now 96, temperature all but normal, sputa devoid of blood or discolouration of any kind, and she herself anxious to get up.—*British Medical Journal.*

HYALINE TUBERCLE.

In a lecture on Miliary Tubercle given before the Vienna Medical Society, Dr. Chiari pointed out how considerable has been recent progress in the histology of tubercle, since we now recognise as such not only that which consists exclusively of round cells, large and small, but also miliary tubercles which possess a strongly developed reticulum, in the meshes of which so-called epithelioid cells lie, and also varieties with a distinct fibrous connective tissue. Hence the histological distinction into

lymphoid, reticular, and fibrous tubercles. All three forms ordinarily contain some giant cells, and all exhibit a progressive caseation extending from the centre to the circumference. There are, however, certain exceptions to this usual tendency to caseation. Some miliary tubercles present a peculiar hyaline transformation. This change was first observed in the miliary tubercle from the liver of a child aged four years and a half. The tubercles in the brain, lungs, and bronchial glands, in the same case, presented the ordinary aspect of lymphoid tubercle. The clear hyaline aspect of those in the liver gave them a very peculiar appearance. It is believed to depend on a hyaline degeneration of the reticulum, and resembles most closely the hyaline degeneration of the capillaries of the brain. Dr. Chiari conjectures that it may be regarded as a benign change, opposed to the caseation which tends to infection.—*Lancet*.

SANDERS ON HÆMORRHAGE INTO THE VENTRICLES OF THE BRAIN.—The symptomatology of primary, intermediate, or direct hæmorrhage into the cerebral ventricles, has been carefully investigated by Dr. Edward Sanders of New York, from an analysis of the clinical histories of ninety-four cases which he has diligently collated. The results of the study form an important contribution to the literature of this little known subject, and are published in the October (1881) issue of the *Amer. Jour. of the Med. Sciences*. The premonitory symptoms, as indeed those of onset, do not differ materially, where the effusion takes place primarily into the ventricles, from those of ordinary cerebral hæmorrhage. Cephalalgia is the most common and constant of the premonitory symptoms, and may have existed for a long time; dizziness is less frequently observed. The attack may be immediately fatal, or it may be ushered in by convulsions, by paralysis without loss of consciousness, by paralysis with partial or complete loss of consciousness or by partial or complete loss of consciousness without paralysis: the latter being the most frequent mode of onset met with in primary intraventricular hæmorrhage, at least in this particular series of cases. The

symptoms are elaborately considered. As regards the leading phenomena and their significance, it is stated that coma, whether light or profound, is to be considered "as a constant symptom of primary intraventricular hæmorrhage." As regards motor disturbances, no direct relation can be traced between the seat, amount, and extent of the ventricular extravasation and the presence or absence of muscular contractures; and the greatest variation is noticed in different cases in the amount, persistence, permanence, or tetanic characters of the spasm. Sanders says, in regard to general clonic convulsions, that he believes them to be 'one of the most important and frequent symptoms of immediate ventricular extravasation.' This may be attributable to direct injury from the effusion, or to its pressure upon adjacent motor centres. A careful comparison of simple and complicated cases, however, shows 'that the variety and extent of the complication has no essential bearing in the occurrence of convulsions, the ventricular extravasation itself being undoubtedly the inducing cause.' The *tâche cérébrale* may also be present. Where apparent improvement takes place, it is generally soon followed by symptoms of the most aggravated kind, terminating in death, no second remission having been observed in a single case.—*London Medical Record*.

NOTHNAGEL ON THE PHYSICAL EXAMINATION OF THE FÆCES.—This author considers the macroscopic and microscopic examination of human stools more important than the chemical, and has carried it out in 800 cases, arriving at certain results (*Zeitsch. für Klin. Medicin*, Band iii), of which we give the following. 1. Small round scybalous masses are not necessarily the result of intestinal stricture, but may be caused by paralysis of the peristaltic action of the colon allowing their formation in the pouches of the colon. 2. The reaction is mostly alkaline, but in infantile diarrhoea, frequently acid. 3. The colour is not caused by bile-pigment, which is not found in normal stools, but is present in the greenish-yellow stools of children and in the yellow mucus particles seen in the stools of adults.

Various lime-salts are found microscopically in the stools, but none of clinical importance. 5. Undigested food is also found in the fæces. Starch-granules are rare, even where the food is a plentiful starch-diet. They occur in larger quantity, however, in the stools of convalescents from typhoid fever. Muscle-fibres are commoner than starch-granules, being more difficult of digestion. 6. Mucus appears either as distinct masses or intimately mixed with the fæces, and detected only by the microscope. 7. Cylinder epithelium appears frequently; but round cells, such as are seen in the bronchical section, are comparatively rare. 8. Blood and the eggs of intestinal parasites appear frequently, the blood, although apparently fresh, being almost always disintegrated.—JAMES ANDERSON, M.D., in *London Med. Record*.

SCHULZ ON THE PARALLELISM IN THE ACTION OF CONIIN AND CURARE.—This writer has been induced by the great differences in specimens of curare and curarin to experiment with hydrobromate of coniin as a substitute (*Zeitsch für Klin. Med.*, Band iii). The effect is similar; paralysis of the motor nerve extremities with slight muscular contractions, as with curare. The heart's action persists to the end; the nerve-centres are not directly affected; and the sensorium, as in the well-known case of Socrates, remains clear till shortly before death. The hydrobromate is readily soluble in water, and keeps better than the pure alkaloid.—*London Medical Record*.

FOOT ON HICCOUGH LASTING TWENTY-SIX WEEKS.—In the *Brit. Med. Jour.*, Dec. 1881, p. 983, Dr. A. W. Foot details the history of a lad, aged 15, whom he was called to see after he had been hiccoughing, without ceasing, except during sleep, from Nov. 5, 1880 to April 6th, 1881. The attack came on quite suddenly. He had previously suffered from shorter attacks on two occasions. A month's treatment with hemp and iodoform cured the patient. The average rate of hiccoughing was 840 per hour, and it lasted, without intermission, except during sleep, for twenty-six weeks.—RICHARD NEALE, M.D., in *London Med. Reco d*.

NICOTINISM.—Dr. Allen McLane, Hamilton, in his work on nervous diseases, says, that for the person who presents decided nervous symptoms, traceable to tobacco, no better treatment can be suggested than the continuous use of a tonic containing iron, quinine, and strychnine, such, perhaps, as the following:—

R. Strychniæ sulphatis..... gr. j.
 Quiniæ sulphatis ʒj.
 Tr. Ferri chloridi ʒv̄.
 Acidi phosph. dil.
 Syr. limonis ā ā ʒij.
 M. Sig.—One teaspoonful in water thrice daily.

Dr. Hamilton's prescription for Epilepsy:—

R. Strychniæ sulph. gr. i.
 Fl. ext. ergotæ ʒss.
 Sol. potass. arsenit. ʒij.
 Sodii bromid ʒss.
 Tr. Digitalis. ʒij.
 Aquæ menth. pip. ad. ʒiv.
 M. Sig.—A teaspoonful before eating in a half tumblerful of water.

SMITH ON CHLORAL IN BELLADONNA-POISONING.—In the *Lancet*, Oct. 1881, p. 589, Dr. Protheroe Smith reports a case of belladonna-poisoning from inadvertence, the dose being from half an ounce to an ounce of the liniment, which was taken at 5 A.M. The lady was seen at 9 A.M., and a mustard emetic caused free vomiting. She was treated with opium, stimulants, and food. Next day, at 11 A.M., she remained still incoherent, restless but with a fuller pulse. At this time half a drachm of choral-hydrate was given. In half an hour she regained consciousness, and, after enjoying a refreshing night's rest, was next day quite herself again.—*London Medical Record*.

Prof. Drasche, of Vienna, in a lengthy article shows that many cases of severe neuralgia are caused by diabetes. These neuralgic affections are worse at night, and are usually symmetrical. He recommends morphia and quinine in large doses, with cold packs, and bathing; and a milk diet long continued, greatly improved the condition. The sugar first began to disappear and then the pains.—*Wien. Med. Woch.*

Surgery.

THE DIAGNOSIS OF EPITHELIOMA OF THE TONGUE.

BY HENRY T. BUTLIN, F.R.C.S., ENG.

Assistant-Surgeon, and Demonstrator of Surgery and of Diseases
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Most surgeons will admit that, if operations for the removal of epithelioma of the tongue are to be undertaken with any prospect of permanent success, they should be performed at the earliest possible period of the disease, while yet but a small segment of the tongue is affected and the lymphatic glands are sound. Most surgeons will agree, therefore, that a certain and early diagnosis of epithelioma of the tongue is exceedingly to be desired. No means, however, are described by which a certain and early diagnosis can be effected. The characters which chiefly are relied on are, the sinuous outline of the epithelial ulcer; its raised, everted, nodular borders; its glazed, or foul and ragged surface; and the surrounding induration. But every surgeon knows how often one or the other of these characters is absent, and how often many of them are simulated in a tuberculous or syphilitic ulcer, and how difficult the diagnosis of certain cases is, not merely in their early stages, but when they have existed many months. Mr. T. Smith's case, reported from the St. Bartholomew's Hospital consultations in the last volume of the *JOURNAL* (1881, vol. ii, page 1,015), affords an admirable illustration of the difficulty of distinguishing between epithelioma and tertiary syphilis of the tongue. It shows, too, the disastrous result which follows the practice of deferring an operation until the effect of anti-syphilitic remedies has been observed.

This watching of malignant ulcers, and studying the effect of remedies upon them, is so common, that a surgeon, so far from being blamed for following it until the disease is too far developed for operation, would more probably be blamed for adopting the opposite principle, and freely cutting out a disease of doubtful nature. It is at present almost impossible to make a certain diagnosis of all forms of malignant ulcers in all parts of the body;

but in the tongue I believe it is possible, and not extremely difficult.

The structures of which epithelioma is composed are very characteristic, and lie so close to the surface that they can easily be procured for examination by scraping the surface of the ulcer with a blunt knife or Volkmann's spoon, or any similar instrument. In addition to pus, and blood-corpuscles, *débris*, and microzymes, numerous epithelial cells are always present, but differ widely from the normal epithelium of the tongue. Many of them are smaller than the normal cells; others are much larger; the nuclei of both kinds are several times larger than the normal nuclei. All the cells are granular; some of them are clouded and opaque with granular matter. Some contain large round or oval spaces, clear and well defined. Many of them have more than a single nucleus, and some contain smaller cells with nuclei and nucleoli. The shape of these abnormal cells varies as much as does their size; some are round, some oval, some quadrangular or polygonal, some tapering at one end, and some at both ends. With these distorted and fantastic cells, normal epithelium may be mingled; but the normal cells are few in number, while the diseased cells are many.

Sometimes, and not unfrequently, even more characteristic structures than those described are found, *i. e.*, cell-nests, or portions of cell-nests.

I first applied this method of examination in the case of an epithelioma of the tongue in a young man, where the diagnosis was difficult, partly on account of the patient's age (29). The microscopic characters of a scraping dispelled all doubt of the nature of the disease. I have since used it in several difficult cases with the greatest satisfaction. In order to prove that the test is reliable, I have made sections after removal of the epitheliomata which have been scraped and examined before removal, and have thus been sure that the diagnosis was correct. I have also examined scrapings taken from other kinds of ulcers of the tongue, and have never found structures resembling those of epithelioma. Pus, and blood, and granulation-corpuscles are present in large quantities. Micrococcus-masses, *débris*,

and normal epithelium are almost always present; but diseased and altered epithelial cells are not found.

I can, therefore, confidently state that the structures I have described are found in epithelial carcinoma of the tongue, and they are not found in any other kind of ulcer with which I am acquainted. I cannot yet say when these structures begin to be formed, and, therefore, how soon an epithelioma may be recognised by examining a scraping from it. But I know that they are early formed: for I have found them in ulcers of only a few weeks' duration, which few persons would have ventured certainly to diagnose and treat as cancerous, had it not been for their presence.

I do not, of course, allege that this proposition, thus to examine malignant ulcers, is original; but I desire to place it on a firmer footing than hitherto; to show how far it is reliable, and in what cases it should be used.

The method is very simple, and very easily applied. The surface of the ulcer to be examined is cleaned by lightly brushing it, or gently scraping it with a blunt instrument; a slightly deeper scraping is then taken, mixed with a drop of water on a glass slide, and examined with a quarter-inch power, or No. 7 Hartnack. The pain produced by this operation is so trivial that it seldom calls for a complaint; and the scraping may be repeated several times, if necessary, without seriously inconveniencing the patient. It may be employed, not only for epithelioma of the tongue, but for squamous epithelioma (squamous-celled carcinoma), whenever it occurs in accessible situations. I have used it for epithelioma of the upper jaw, the face, the penis, and the uterus. I am afraid it cannot be employed, however, for malignant ulcers other than squamous epitheliomata with any degree of certainty; for the structures of which most of them are composed are not sufficiently characteristic to be easily recognised.

One caution may be given. It must not be too hastily assumed that an ulcer is not epitheliomatous because these structures are not at once discovered. If its general characters be suspicious, it should be repeatedly examined before a definite conclusion is arrived at.

I hope it will not be believed, because I re-

commend so strongly this method of diagnosis, that I am insensible to the general characters of epithelial ulcers, or that I desire others to take no notice of them. On the contrary, I think they should be as carefully studied in the future as in the past; and, when any of them can be shown to be reliable in diagnosis, the microscope should be dispensed with.—*British Medical Journal*.

NERVE-STRETCHING.

The rapid spread among neurologists and surgeons of the operation of nerve-stretching illustrates alike the barrenness of our therapeutics and the zeal of the profession. It is thirteen years since Billroth, unexpectedly to himself, cured a case of reflex epilepsy by stretching the sciatic nerve. Three years later, in 1872, Nussbaum reported a case in which he had cured a spastic paralysis of the arm by stretching the lower cervical nerves. Nevertheless, as late as 1877, when Vogt first published his monograph upon nerve-stretching, he could collect only ten reported cases. In these cases nerve-stretching had been done chiefly for painful or spasmodic troubles.

The popularity of the operation became first established in 1879, when Langenbuch published his case of nerve-stretching for locomotor ataxia. In so hopeless and painful a disease as this almost any remedial measure which offered any promise would be eagerly adopted. Langenbuch found many imitators, and the operation soon became widely known.

Dr. Carl Gussenbauer, reviewing its history in the *Prager Medicinische Wochenschrift*, states that already about two hundred cases of nerve-stretching for various diseases have been reported.

The application of nerve-stretching has now been widely extended in its application to disease. Neuralgias of the fifth cranial nerve, intercostal neuralgia, sciatica, and traumatic neuralgias of the arm have been treated by this method; also epilepsies and paralysis agitans, spasms, contractures, and anæsthesias, whether of central or peripheral origin. Central diseases, such as myelo-meningitis, transverse myelitis, lateral sclerosis, multiple

sclerosis, progressive muscular atrophy, athetosis, etc., are reported as having been more or less benefited by nerve-stretching. Langenbuch, who has operated in about thirty cases, reports rapid and complete cure of a case of chronic pemphigus, and also of senile pruritus, by this new procedure. De Wecker, of Paris, has even devised an operation for stretching the optic nerve, and it seems as though the surgeon would soon have his hands on every nerve in the body.

Of the absolute therapeutical value of the procedure it is impossible to speak positively as yet, except that in ataxia the results are discouraging. Gussenbauer, however, furnishes some facts regarding what results have so far been accomplished. In nerve-stretching for neuralgia—trigeminal, intercostal, sciatic, etc.—in 65 cases there were 38 cures and 14 improvements.

In reflex epilepsy, clonic spasms, and painless contractures, among 23 cases there were 12 cures and 9 improvements reported.

In trismus and tetanus, among 28 cases, only 8 were relieved; the remainder died, 8 with some previous evidences of improvement.

Many cases of anæsthesia have been improved. Lawrie, of Calcutta, reports 30 cases in which nerve-stretching had been done to relieve the anæsthesia of leprosy. The results were more or less favourable.

The reasonableness of nerve-stretching as a therapeutical measure can be better understood when we remember that it is simply a mechanical procedure, allied in kind to nerve-pounding, massage, powerful electrical currents, etc.

The nerve is a ribbon of slight elasticity, but quite extensible. The sciatic nerve can be stretched 10 ctm. with a weight of 60 pounds (Vogt). The ulnar nerve can be stretched one-twenty-fifth of its length, and it will then resume its original length if the stretching is not prolonged. The extension of the nerve affects various parts differently. It slides in its sheath, and Vogt, without good grounds, considers this to be the chief thing that happens in nerve-stretching. If stretching is slight, and does not go beyond the limits of

the normal elasticity of the nerve-structures, this sliding may be all that happens. But if nerve-stretching is violent or prolonged, not only the relations of the sheath and the elasticity of the tissue, but the cohesion of the nerve-tissue itself is affected. Microscopical examinations of stretched nerves show that there may be a more rapid coagulability of the medullary sheath (Schleith), a separation of this sheath from the neurolemma (Valentin), or a solution in the continuity of the axis-cylinder and medulla, as a result of the violence done.

The question whether by stretching the nerves the cord can be appreciably moved, is not settled. There is about an equal number of experimenters upholding each view. Some of the evidence, *pro* and *con*, was given at the last meeting of the Neurological Society, reported in this issue. It is quite certain, at any rate, that the stretching affects the cord in some way, in a minority of cases.

What the results of nerve-stretching upon the function or nutrition of the cord may be is also doubtful. So far it seems, as a rule, to have been very slight. Its effect upon the nerve-trunks, however, is a direct and appreciable one. Many experimenters have confirmed the fact that stretching a nerve impairs or destroys its irritability, and this independent of the circulation. We know, also, that it can break up the inflammatory adhesions of a perineuritis, and can alter the relations of the nerve with its blood-supply.

It is evident, on the whole, that we have in nerve-stretching an addition of some value to mechanical therapeutics.

Furthermore, it seems probable that the so-called subcutaneous nerve-stretching may, in many cases, take the place of the cutting operation. This will make the procedure a very simple one.

It should be added that American neurologists and surgeons have added not a little to our knowledge of the value of this operation, as may be seen by the recent paper read at the Neurological Society, by Dr. Morton, and by a recent article of Dr. Ashurst's in the *Philadelphia Medical Times*.—*New York Medical Record*.

IMPURITIES OF CHLOROFORM.

M. Regnault, at the Academy of Medicine, recalled the discussions relative to the impurities in chloroform used for surgical purposes, and the accidents which may supervene in consequence. He mentioned the unreliability of the ordinary permanganate test.

M. Gosselin had long been of the opinion that the accidents were due to the faulty method of administration, rather than to the impurities of chloroform. His method of administration was to cause the patient to take four chloroform inspirations, then two inspirations of pure air, then six of chloroform and two of air, then eight of chloroform and two of air, and so on, separating by two inspirations of pure air the lengthening series of chloroform inspirations. He thought the accidents were due to individual disposition, for all patients were not affected in the same manner by the same chloroform on the same day.

M. Verneuil considered the best, surest, and most practical test for the impurities of chloroform was the sense of smell. He, like M. Gosselin, considered the fault to be in the method of administration rather than in the contained impurities. He considers the accidents largely due to personal habits and diatheses. The only objection he had to chloroform was that it produced by its instant action upon the pharynx a spasm of suffocation—this did not occur in patients previously tracheotomized. The quality of the chloroform he considered of secondary importance; all depends upon the mode of administration. M. Maurice Perrin, on the contrary, considers the minor accidents, such as inability to produce anaesthesia, vomiting, &c., of which alone he is speaking, to be due to the contained impurities, and that they have nothing to do with the mode of administration. For thirty years he has used chloroform, yet it is only since 1878 that he has noticed it acting differently; with purified specimens he has obtained the good results of former times without being able to state precisely in what these impurities consist, he considers himself justified in attributing these accidents to the impurities of the drug.

M. Regnault thought that even the purest chloroform was susceptible of rapid alteration on exposure to the light, and in contact with a fatty body. He recognised as good chloroform that which poured upon a piece of paper folded in two retained its agreeable odour until complete evaporation. He thought some people had the chloroform sickness as others had seasickness.

SUCCESSFUL REMOVAL OF A TWENTY POUND CYST OF THE PANCREAS.

Dr. N. Bozeman, of the Woman's Hospital, New York, reported at a late meeting of the N. Y. Pathological Society (*Medical Record*, Jan. 14, 1882), the case of a lady, wife of a distinguished physician of Texas, who came to the hospital for the removal of a supposed ovarian tumor. Such had been the diagnosis given by all who examined her. The tumor had been growing for five years. It was exposed and two and a half gallons of fluid removed by tapping. On passing the hand into the abdomen the operator soon found that it was not attached to the ovaries or to the uterus, and after some difficulty traced it to the tail of the spleen, from which it was removed by careful dissection. The pedicle was about three-fourths of an inch long, and the same in diameter, and though it contained several large veins, there was no hæmorrhage, and not a single ligature was required. The weight of the fluid and tumor was twenty and one-half pounds. Its point of attachment, says Dr. B., was almost precisely in the position occupied by the bullet in the late case of our deceased President. The patient underwent special preparation for the operation. She took salicin, fifteen grains three times a day for two weeks. On the morning of the day on which the operation was performed she received fifteen grains of quinine with one of opium, and when she went upon the table she was thoroughly "cinchonized." The patient rallied from the anaesthetic and from the operation without any shock whatever. After the operation she took by the rectum, at intervals of six hours, ten grains of quinine with two ounces of beef-juice, half a drachm of liquor

opii comp., and two drachms of brandy. On the third day the temperature reached its highest point, 101.5° F., but the pulse never rose above 98. Subsequently the pulse fell to 80, and the quantity of quinine was gradually lessened, but on the eighth day after stopping the quinine the temperature rose to 102.8° F. The quinine was again resumed, ten grains every six hours, and the temperature, in the course of thirty-six hours, fell to 99.5° F., and subsequently the patient had progressed in the most satisfactory manner, and there was every prospect of a complete recovery. She was discharged cured, January 9, 1882, the thirty-eighth day after the operation.—*Pacific Medical and Surgical Journal*.

ANÆSTHETIC MIXTURES.—The Vienna mixture, with which eight thousand operations have been performed without an accident, consists of ether, 3 parts; chloroform, 1 part. Billroth's favourite anæsthetic mixture is chloroform, 3 parts; ether 1 part; alcohol, 1 part. An English mixture, known as the A. C. E. mixture, consists of alcohol, 1 part; chloroform, 2 parts; ether, 3 parts.

Owing to the different volatility and specific gravity of the various anæsthetic liquids, the vapors have, necessarily, a different composition from that of the mixture themselves. The value of a mixture must, therefore, in part, be determined empirically. Some experiments have been made in the mixing of heart-stimulants with chloroform. Sanford mixed one pound of chloroform with two drachms of amylnitrite. Others have added oil of turpentine to the chloroform. The objection so far has been that such mixtures cause a headache.—*N. Y. Medical Record*.

PERILS OF ETHER.—Professor Briggs (*Nashville Journal of Medicine and Surgery*) had an unpleasant experience during the administration of ether. The vapours of the anæsthetic agent were ignited by the flame of the spirit-lamp of the spray-producer. Fortunately no serious effects resulted, and the operation proceeded to a successful termination. This was the first accident of the kind that had ever occurred at the Hospital Clinic.

CHRYSOPHANIC ACID EXTERNALLY.—Dr. Geo. Henry Fox, in the *Medical News*, recommends the following method of employing chrysophanic acid, so as to avoid the severe dermatitis, and the spoiling of underclothing and bed-linen apt to ensue from its use:—"A soft paste is made by rubbing the chrysophanic acid with a sufficient quantity of water, and smeared upon the psoriatic patches, the scales of which have been previously removed by one or more hot baths, with soap friction. As soon as the paste has dried, which it does in one or two minutes, a layer of collodion should be allowed to flow over each patch, and to harden into a protective coating?" This will remain for several days; when it falls, or is displaced, the application should be renewed.

OLD STANDING LUXATION OF SHOULDER—REDUCTION.—M. Pollaillon reports the reduction of an intra-coracoid luxation of the left shoulder, of four months' duration. In a first trial, using a traction force of 115 kilo. for fifteen minutes, he reduced it to a sub-coracoid. After a rest, he sub-cutaneously divided the fibrous bands which existed at the external part of the articulation, and which had appeared to be an obstacle to the re-entrance of the head into its cavity. Afterwards the head was easily drawn into its position, and the patient has recovered all the motions of the arm.

UNNA ON THE TREATMENT OF CICATRICES.—Unna has found (abstract in *Viertelj. fur Derm. und Syph.*, Heft 2 and 3, 1881, p. 499) the cicatrices of smallpox, and after ulceration, much improved in appearance by daily rubbing with fine sand. A small sponge soaked with soap lather, is dipped in the powder collected from the *debris* of marble, and is then steadily rubbed over the cicatrix. The resulting improvement is attributed to the stimulating effect of the mechanical irritation.—*London Med. Record*.

Billroth has exhibited arsenic in large doses in malignant lymphomata. He gave gr. v. Fowler's solution and gradually increased to gr. xxx. or xl., and only stopped increasing if troublesome intoxication came on. He has in this way secured good results, and, as it were watched a self cure. There was passing fever, and the remedy seemed to cause diarrhoea and vomiting at times.—*Wien. Med. Woch.*

Midwifery.

DEATH AFTER OVARIOTOMY, DUE TO PRELIMINARY TAPPING.

BY LAWSON TAIT, F.R.C.S., BIRMINGHAM, ENGLAND.

In the last series of one hundred operations which I have performed for the removal of ovarian cystoma, there have been three deaths, and in all of these cases the patients had been previously tapped. The deaths were all of the same kind, and were due to the same cause—heart-clot; and they would, I feel sure, most certainly not have occurred but for the tapping. With such an experience, I think it quite time that a strong opinion was pronounced against the practice of tapping ovarian tumors in all cases where removal of the disease is possible.

I propose to allude particularly to only one of these cases, and to give it without any details, such as might lead to its identification, for I do not desire to convey an impression that I blame the gentleman who performed the tapplings. He was but carrying out the principle which until lately governed our practice in such cases: to palliate and stave off the major operation as long as possible. Whilst the mortality of ovariectomy with the clamp was *twenty-five per cent.* this was the correct thing to do, but now that the mortality is only *three or four per cent.*, especially when the whole of that very small death-rate seems to be due entirely to conditions produced by delaying the operation, we must reverse our practice and perform ovariectomy in an early stage of the disease. If my operations were confined to cases which had never been tapped, I think I should have no mortality at all, or, at any rate, less than one per cent.

The case in question was one in which neither the age of the patient nor the character of the tumor were such as to warrant an unfavorable prognosis, but I told my friend who sent me the case that she would probably die of heart-clot in thirty or forty hours after the operation, because she had been tapped a great many times. On the day of operation she was of immense girth, yet sixty pints of fluid had been taken from her only a few days before.

The fluid was intensely albuminous, that is to say, it was made viscid by a large amount of one or more of those mysterious inconstant coagulable substances found in ovarian and ascitic fluid. I have made prolonged researches on the nature of these substances, and so far I have found no two exactly alike, and, therefore, I look upon it as hopeless to expect that we shall ever be able to reduce them to order or to a satisfactory nomenclature. It is perfectly certain that the abstraction of these albuminous substances in large quantities deprives the blood of some very important items of its constitution, and it is no less certain that when the blood has been robbed of these substances the rest of its constituents, or some of them, have a tendency to coagulate in a most unusual way. The patient of whose case I am speaking did not look anæmic, and she was not very much emaciated, but within three years she had had at least seventy gallons of fluid, with about eight per cent. of solid matter in it, removed by tapping.

Unfortunately the result of the operation fulfilled my prediction. In a few hours the swelling of her legs, the difficulty in breathing, the slight delirium, the rapid rising of her pulse and its speedy disappearance from the extremities, showed me that my previous experiences were being repeated. From the point of ligature in the stump a firm, colorless clot began to grow. It gradually occupied the whole venous system, finishing its work in thirty-six hours. Such an ending I have never seen in any case in which there had been no repeated previous tapping. I conclude from this and from the fact that all the three deaths in my last hundred cases have been of exactly the same kind, that ovarian tumors should never be tapped until it has been ascertained that they cannot be removed.

If a patient is once tapped she insists on its repetition, as long as she gets a few weeks' relief from it, whereas, if she had the tumor removed in an early stage, she would have permanent relief without risk. The first tapping is, therefore, the step that is to be avoided, for not only is it risky in itself—far more risky, I believe, than the removal of an untapped ovarian tumor—but it complicates the subse-

quent operation in a very fatal manner.—*N. Y. Medical Record.*

STATISTICS IN THIRTY-TWO CONSECUTIVE OVARIOTOMIES.—During the year 1881, Dr. John Homans, of Boston, has undertaken to operate upon ovarian tumors on thirty-five different occasions. In three of them exploratory incisions were made, and further operative procedures abandoned. These patients all subsequently recovered. Of the thirty-two cases, twenty-nine recovered. The tumors varied in weight from five to forty-two and one-half pounds. In twelve, adhesions existed. Among the successful operations was one upon a lady seventy-three years of age.—*N. Y. Med. Record.*

INCONTINENCE OF URINE IN CHILDREN.—Dr. Janeway, in the *N. Y. Medical Record* says, the combination of ergot, belladonna, and iodide of iron, proves more useful for incontinence of urine in children than either of the drugs alone, or than any other combination which has been tried.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

OUR MEDICAL TARIFF ASSAILED BY A COUNTY COURT JUDGE.

GRATUITOUS INSULT TO THE PROFESSION.

DEAR SIR,—I send you a short history of a rather unique case in order that those who meet with similar cases may benefit by this one, and not allow the treatment of it by our Division Court Judge to become a precedent. The case is as follows:—In the spring of 1880, Dr. Clarke, of this town, and I were asked by a solicitor, on behalf of members of a family, to provide them with a joint certificate containing an opinion of their father's competency to take charge of his affairs. We did so. The aged father was, previous to this and some time afterwards, under my care. Dr. Clarke received his fee from a member of the family shortly after rendering his services. I received mine—six dollars—one dollar for mileage, in due time from the solicitor for the estate. Nearly three

months after the certificate referred to was given, another member of the family asked me if I could furnish him with a certificate such as I had given the estate. I told him I could not give him a copy as I did not keep one, but that I could furnish him with a similar certificate. He called afterwards with a brother, and asked for a certificate to be furnished by Dr. Clarke and myself. He called again and got it. I rendered him an account of five dollars on three separate occasions, after which he called on me and denied any responsibility for payment, stating that he had been acting for his brother, and asked why I did not send it into the estate. I placed the account in a collector's hands, and he sued it in the Division Court on March 1st. inst., Judge Jones presiding. After hearing the facts of the case, the Judge did not question defendant's responsibility in the matter, but remarked that the services rendered in giving the second certificate were not equal to those of the first, and consequently reduced the account to three dollars, notwithstanding a legalized tariff was placed in his hands which permits us to make a charge of from five to ten dollars for the services rendered. I had charged the lowest. The defendant at no time, in or out of Court, in my hearing, objected to the largeness of the account. From the history of the patient recorded in my note-book, and the knowledge in my possession as his medical adviser, I was enabled to do my part in drawing up both certificates, which were similar. Wherein do the services differ? Take it for granted the services were not the same, it was not for the Judge to say what was a reasonable charge. That was settled for him by the tariff placed in his hands, and the Ontario Medical Act, of which two sections I transcribe:—

XXXV. Every person registered under the provision of this Act shall be entitled, according to his qualification or qualifications, to practice medicine, surgery, or midwifery, or any of them, as the case may be, in the Province of Ontario, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicine or other medical or surgical appliances rendered or supplied by him to his patients.

XVI. The said Division Association may from time to time submit to the council a tariff or tariffs of professional fees, suitable to their Division, or to separate portions of their Division, and upon the said tariff or tariffs of fees receiving the approval of the Council, signified by the seal of the College, and by the signature of the President thereof being appended thereto, such tariff or tariffs shall be held to be a scale of reasonable charges within the meaning of section thirty-five of this Act for the Division or section of a Division where the member making the charge resides.

Written opinions involving a question of law were furnished to opposing parties, for which our tariff allows us to claim for each five dollars in a Court of Justice, and the Judge has no alternative, in case it is proven that the certificate has been rendered and not paid for, but to give judgment for the full amount. While stating the case to the Judge, he asked me *if it was an opposite opinion to the first that I had given the second party.* I answered, "No, sir; I could not do such a thing," when he remarked that *he (defendant) would have required another doctor to do that.* Such a question and such a remark would ill become the lowest pettifogger in an attempt to disconcert a witness in any Court of Justice. The document furnished the defendant was produced to the Judge who, a moment after reading it, made the remark that he had carefully read the certificate, but did not find an opinion, that he had simply observed some statements from which there had been no deduction made. Now, sir, said certificate read as follows:—"We, the undersigned, hereby certify that we examined Mr. —, of the township of —, during the last four months, and that we found him suffering from *senile dementia* to such an extent that he is wholly incapable of transacting any business whatever—not even directing his household affairs. The following is a short account upon which we base the above." Then follow the statements to which the Judge referred. Think, sir, of a Judge who, after a *careful* perusal of a not very lengthy certificate, would forget what was at the beginning. I may state that on the strength of our first certificate, on the written opinion, on the deduction, on the

statement of facts contained therein, a guardian was appointed to the estate. And this second certificate, which contained the same opinion, the same deduction, the same statement of facts, and for which we were as responsible as that of the first, supplied three months afterwards to an opposing party, whereby the information in possession of the solicitor for the estate might be ascertained, is only worth half that of the first in the judgment of the Judge. Truly this is an assault upon our tariff when we consider that the charge in each case was the lowest we are entitled to. The decision, I believe, is without a parallel. It would be a great rarity to find a town or country practitioner making an overcharge. If they are enjoying a lucrative practice it is due to overwork, and at the expense of their days, and it is a little disconsoling to find a Court of Justice assaulting our tariff in defiance of the Medical Act, considering the large amount of services rendered gratuitously by the profession to the poor members of society. I would like to ask what right has a County Judge to reduce our tariff, and without any provocation grossly insult members of the medical profession, and the profession at large? From men occupying the position of County Court Judges we would at least expect better things, and it is to be hoped that the decision of Judge Jones in this case is simply a malpractice due to a want of knowledge, and a more careful perusal of the Ontario Medical Act.

I am, sir, yours faithfully,

W. BURT.

PARIS, March 3rd, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

UNPROFESSIONAL.

SIR,—Since I began the practice of medicine about ten years ago, it never fell to my lot to come in contact with so gross a specimen of unprofessional conduct as occurred in this town about three weeks ago, and to which the following facts will bear testimony:—

On a Sabbath morning I was called to attend a young woman, whom I found suffering from circumscribed peritonitis. I left her two powders composed of pulv. opii, 1½ grs. each, with a little bismuth, to be taken within three hours

of each other. These had the effect of removing all pain; but, unfortunately, the patient feeling so much better, left the bed, dressed and came down a flight of stairs, when the pain returned with much greater violence, and attended with more severe constitutional symptoms. I prescribed a few more opiate powders in the afternoon, and on Monday morning I had the satisfaction of finding my patient again free from pain, temperature falling and pulse less frequent, which improvement continued to progress all day. On Tuesday morning I was confined to my bed with congestion of the lungs. The mother of the patient came to report. She told me her daughter was free from pain, and feeling comfortable, with the exception of a feeling of nausea, which I informed her was the effect of the powders she had taken, and would soon pass away. However, I asked her to have another physician see her daughter that day, if she thought it necessary, as I was unable to attend. Acting on this advice she called in a doctor of the town, when he at once condemned my treatment, stating that he did not see the necessity of opiates, and that they were only "baking" the bowels and doing harm. He began his treatment with quinine, brandy, and purgatives, with a faithful use of Davidson's syringe with no effect so far as movement of the bowels was concerned, but very naturally with this result,—death of the patient the next night from general peritonitis. I might mention that hot fomentations and poultices were used from the beginning, and they were discontinued by the doctor's orders. Had I known of the change of treatment on Tuesday morning, the patient's life would have been spared, for I would at once have advised a consultation, which, with a moral certainty, would have rescued the poor girl from the consequences of such cruel and ignorant treatment.

Trusting, Mr. Editor, that I have not transgressed too much on your time and space,

I am, yours &c.,

W. McCLURE.

THOROLD, March 6th, 1882.

N.B.—We are not anxious to foster correspondence of this sort, failing to see the good to be accomplished. The pillory *incog.* is not much dreaded by the unscrupulous.—ED.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—I am glad you did me the kindness to say regarding this newspaper business that you know me too well to believe that I had any knowledge of the scandalous article that appeared in the Arthur paper. Still, lest your kindly word was said out of simple courtesy, and to remove any possible misgiving in the minds of your readers, I have to say:—

1st. That when this worthy Francis Morris was about to leave the Hospital, he showed me a long article that he had prepared for our local papers. Of course I refused to allow him to have it inserted. He went to his home, a distance of about 30 miles, in December last, and excepting that he wrote me a note a week after he left, I neither saw him nor heard from him till some time in February.

2nd. I never saw the newspaper mentioned, and did not yet see the article referred to, only as copied by one of our local papers, about the middle of last month.

3rd. In the past four years I can recollect only one other instance where I was made the victim of a newspaper scandal of a similar character. In that case also, it was done entirely without my knowledge or sanction in any way.

4th. I do not yet think I was wrong in calling attention to the occurrence I alluded to regarding Dr. Groves, and for the following reason, though he may have been innocent in that particular case, yet it was only one of many. Scarcely a week passed that we did not see a paragraph announcing to the public that Dr. Groves performed this or that operation. But since the circumstance was noticed in the JOURNAL, we have seen only one such announcement in four months. If the Dr. had given the patients and their friends to understand, as many medical men have done, that he could not permit his name to be so used, this gratuitous advertising could not occur very often.

Yours respectfully,

ANGUS MCKINNON.

MR. JAS. P. WHITE, the late eminent Doctor's son, has donated his father's valuable medical library to the Medical Department of the University of Buffalo.

THE CANADIAN
Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1882.

THE PROVINCIAL BOARD OF
HEALTH.

It is with a feeling of great satisfaction that we refer to the passage of the "Act," introduced by Hon. Mr. Hardy, "to establish a Provincial Board of Health, and to give increased powers to Local Boards of Health." The Act is similar to that of the State of Michigan, but with some changes for the better. We have elsewhere given the constitution of the Board.

Among the duties of the Board, special reference is made to the study of vital statistics and records of deaths and sickness, of the causes of disease (especially when endemic or epidemic), and of the influences of various localities, employments, conditions, habits, etc. The Board is also to make suggestions as to the limitation and prevention of contagious and infectious diseases, to inform the Government and Local Boards and, by various means, the people generally, regarding matters connected with public health; and to advise concerning the sanitary conditions and arrangements of public buildings and institutions. In the event of an outbreak of any epidemic, the Board will be the Central Board under cap. 190, R.S.O.

We have had some very good reports on the death-statistics of the Province, and we are pleased to see that increased attention is to be paid to the lessons which may be drawn therefrom. We are also glad that the Provincial Secretary has referred to "records of sickness,"

and we would indulge the hope that before long provision will be made for the collection of such records. Much misery, and loss of strength, and energy, and time, and money may exist without greatly influencing the death rate, and it is highly desirable that we should know the causes and be able, if possible, to furnish means of rectifying them. Take, for instance, one common example:—Intermittent Fever—not one of the worst, but one commonly known and better understood than some others:—How little the death-rate would tell us about it; and yet how much may be done by sanitary reform in preventing its occurrence! It is also very undesirable to have to wait in any class of cases till the death-rate warns us of the mischief that has been abroad, and which might, to better purpose, have been learned earlier from the "records of sickness." The labours of Mr. Monk will have left fresh in the minds of many of our readers the details of his scheme of disease-registration and the arguments in its favour. The advantages to be derived from the other duties assigned to the Board, in the above enumeration, are too self-apparent to need any remarks from us.

To the Local Boards of Health are given increased powers in regard to infectious diseases: they may, at any time, establish hospitals for the reception of persons afflicted with "infectious diseases dangerous to the public health;" and if the disease has actually broken out they must do so. Full powers are given for the removal or isolation of persons so afflicted. We must call the attention of our fellow-practitioners to the fact that under the new law they are required to give notice to the Local Board, (to the clerk of the municipality if no special Health Board exists) when called to see any such cases. Rules may be laid down and enforced for disinfection of clothing, etc., in connection with hospitals, but they are not made applicable to patients not sent to Hospitals. Nor is there any penalty attached to infected persons entering public conveyances or buildings. We think it is a crying evil that persons may carry about the scales of scarlet fever, and other infectious matter, and disseminate them broad-cast. Store-keepers just cut off bed from scarlet fever, for example, may.

send the infection out to their customers, and in numerous like ways disease is spread without let or hindrance.

We have no doubt the Board will take cognizance of this and other matters to which we might refer in connection with the Act, and we believe the Provincial Secretary and the Government are anxious that all that is practicable and reasonable shall be done for the preservation of health.

We have heard it objected that the Act will be inoperative, inasmuch as the compulsory powers are so small, and that it should be more like the English Act; but we must remember *c'est le premier pas qui coute*, and we hope that much that is desirable will follow. It is necessary to enlist the sympathies of the people individually, and, as represented by their municipal bodies, and the condition of things here and in England is very different in many respects.

It will be one of the first duties of the Board and its Secretary to arouse the bodies mentioned to the consideration of the importance of preventitive medicine, and to show what a profitable investment money spent in] that direction will be.

The profession has long been agitating for the formation of a Provincial Board; this has, at length, been attained, and all that is now necessary to remove from our fair Province the stigma of being behind some of her neighbours in this path of civilization—a due attention to sanitary matters—is, that the members of the profession, one and all, should do what they can to aid the Board, both by making suggestions to it, and by helping and even anticipating its efforts in the localities where they reside and have influence.

In carrying through this Bill, Mr. Hardy has done a good work, and one which ought to gain him the gratitude of the community at large, one which will certainly earn him the thanks of those who are best fitted to appreciate its necessity and importance.

ERRATUM.—It is, perhaps, scarcely necessary to say that the name "Christian" was a typographical mistake for *Christison* in the obituary notice of that distinguished Scotsman in our last issue.

AMBITION AND LIBERALITY: THE CANADA LANCET AND CONSULTATION WITH HOMCEOPATHS.

We fear that we must plead guilty to the charge of being ambitious lately made at the hands of our great city contemporary who modestly announces in prominent places throughout his journal the largest circulation of any medical journal in Canada. But our ambition is scarcely equal to his own in its loftiness of flight, for "by that sin fell the angels," and we soar in some directions only. For instance, modesty compels us to decline the honour of being dubbed the Organ of the Toronto School of Medicine, estimable and worthy as that School is justly deemed to be, and our ambition prompts us to aspire to being the Organ and the mouthpiece of the profession throughout the Province. Our contemporary's School bias is so strong that he can scarcely realize the possibility of independence, and even while charging us with being ambitious he fails to see that we audaciously desire to represent his School with all the rest. Our ambition, however, does not, as does his own, extend so far as to include the representation and championship of the interests of Homœopaths and other irregulars, the enemies and parasites of the profession, and for this moderation we are duly thankful to the Fates, else we should fear the dread day of dissolution to be approaching, for "*Quem Deus vult perdere prius dementat.*"

But while we seem ambitious in the eyes of our contemporary, it, at the same time, appears to him that we are lacking in liberality, because, forsooth, we cannot see the propriety of consultations with exclusive dogmatists, involving as they must a sacrifice of principle on the part of one or both consultants, or a farcical formality devoid of every thing but fraud. If by liberality is meant a readiness to forego a principle at the beck of circumstance or to yield a point of truth at the call of convenience or of profit, then truly we must again plead guilty to the naive impeachment of lacking liberality. But if, as we opine, true liberality consists in the pursuit of truth in every channel and its acceptance from every source, then do we claim to

be liberal as Science herself, and hold those most illiberal who promulgate an exclusive theory, or recognize the dogmatists as fellow-searchers after truth. In the matter of principle the *Lancet's* liberality smacks of chicanery; we cannot vie with it in bidding for the support of the irregulars, and in this respect we "fling away ambition."

We deny the correctness of the *Lancet's* assertion that "professional courtesies between the homœopathic and *regular* practitioners in this city . . . have been of frequent occurrence," and we are persuaded that in this and previous articles we have voiced the sentiments of at least nine-tenths of the profession of the Province. The *Lancet* informs its readers that two prominent homœopaths in London, Eng., Drs. Wyld and Dudgeon "are quite pleased with the resolution of the Royal College of Physicians," but it omits to state that the former a few years ago, when Vice-President of the Homœopathic body in England, made a specific recantation of every one of the fundamental doctrines of homœopathy when seeking admission to the London Medical Societies; and that the latter is so honest a homœopath that he concurs entirely in the impossibility of good resulting from such meetings, and declares that he could not conscientiously consult with any other than a homœopathic practitioner. We are not surprised to find our city contemporary falling in the rear in this contention for pure principle and not for gain, for it is but too true "the path of honour is a strait so narrow where one but goes abreast," but our high ambition overvaults itself in the still living aspiration that our contemporary may yet be found to follow in our wake amenable at length to the purifying influence of the contagion of a good example.

UNIVERSITY OF TORONTO—MEDICAL EXAMINATIONS.

The Annual Spring Examinations in medicine in this University take place this month. We are pleased to observe that at a late meeting of the Senate the views which we have frequently promulgated with reference to the appointment of examiners in such subjects as

anatomy have at length prevailed. When the Editor of this Journal lately declined to examine in anatomy and surgery (heretofore coupled) on the ground that he was not a teacher of the former subject and, therefore, quite unlikely to be capable of properly conducting an Honours-examination in that department, it appeared not unlikely that the question would be brought to a focus in the Senate, and the issue has happily been the appointment of Dr. M. H. Aikins, Lecturer on Primary Anatomy in the Toronto School of Medicine, as Examiner in Anatomy. But, strange to say, the union hitherto existent between anatomy and surgery has been suddenly divorced, and the examinership in surgery conferred on Dr. F. LeM. Grasset, Professor of Medical Jurisprudence in Trinity Medical School. Now, while we can find no fault on the score of competency with this appointment, Dr. Grasset, indeed, being specially qualified for the post, we are at a loss to know why the change should have been made just at this present juncture, no man in the Province being more capable, either by reason of education or of personal experience of examining in surgery than the newly-appointed examiner in anatomy. A shrewd suspicion occurs to us, however, that this is another instance and evidence of a tendency, or disposition in the Senate to pander to the insane jealousies and ungenerous rivalries of the schools. Against this, in the name of the graduates, we ardently protest. If an examiner, being a schoolman, cannot be trusted upon the Board without having his impartiality and fairness corroborated and confirmed by the presence of another examiner from a rival school, he is not a fit companion for the independent gentlemen he will be there associated with, and convocation and the world should know it. The fact still lacks demonstration that the conjunction of two unfair men engenders impartiality, although "set a thief to catch a thief" is a time-honoured maxim. The great body of Convocation utterly contemns and despises the bickerings, the wranglings, the jealousies, and suspicions of the schools, and the representatives of Convocation in the Senate would do well not only to imbibe but also to manifest this same spirit of inde-

pendence of, and total disregard for, sectional prejudices and distempers. "Do right and fear not" may well be their rule of life and conduct, and we can assure them that in following it out to the letter the countenance and support of their constituents will not fail them, and the interests of the University will not suffer, nor be endangered.

THE LIMITS OF UNPAID SERVICE.

The Medical Profession has been appropriately termed the GREAT UNPAID; for indubitably no other class of the community expends so large a portion of its substance, strength, and time, and mind gratuitously for the service and relief of others. People do not often notice or remark the fact, for it always has been so and must continue to be so "while the races of mankind endure." The human heart is involuntarily moved to sympathy by the knowledge of suffering or distress; and to the cry of pain the human hand intuitively responds. We do not, therefore, grudge the many acts of private charity in a professional way which every physician freely dispenses, to the world unknown. Nor yet do we object to much of the gratuitous service rendered in dispensaries and hospitals, for here there is in a certain sense a sort of *quid pro quo*, an opportunity of partly satisfying the inexorable thirst for knowledge by study and experiment. But surely the expectation of its extent must attain finality in the case of the public service. The people, as a whole, can afford to, are expected to, and do pay well and fairly for the benefits they derive from the service of the individual in all ranks and classes of the community. We can conceive of no reasonable or equitable grounds why an exception should be made of members of the medical profession. It is with considerable surprise and disappointment, therefore, that we find the Ontario Public Health Bill passing its third reading and becoming law, providing that the Provincial Board of Health shall consist of seven members, of whom at least four are to be medical practitioners, and two only (the chairman and secretary) are to receive remuneration. The probabilities are, in point of fact, that six out of the seven mem-

bers of the Board will be medical men, and the proposition is that the public should avail themselves of the brains, experience, time, and foresight of these gentlemen, and give them nothing in return, although it has the magnanimity to offer to defray their travelling expenses where travelling is necessary. We had fondly hoped that the utmost limits of unpaid service would fall far short of the public service; and, in spite of recent indications of the contrary, we still hold most strongly that the least that could be done would be to pay these gentlemen at consultation rates for their loss of time whenever they are called upon to meet in consultation on the public health. It is inexplicable to us how this piece of simple justice to the profession could have been omitted in a House numbering amongst its members so many doctors as does the Provincial Legislature of Ontario.

THE ONTARIO MEDICAL COUNCIL—ITS FUNCTIONS AND USE.

From an editorial in the *Woodstock Times*, part of which is elsewhere quoted, and from remarks by laymen, often heard in private conversation, it is evident that many people believe that the Medical Council of Ontario exists solely for the protection and advantage of the Medical Profession. No misconception could be more egregious. For, in point of fact, the public, and the public solely, are the great beneficiaries by its existence. It is quite true that the medical men in the Province were chiefly instrumental in securing the passage of the Act whereby the College of Physicians and Surgeons of Ontario was erected. But in what good work in the public interest, as far as medical influence can be felt, do they not take a foremost, self-sacrificing part? The chief use of the Council is to further and improve the work of medical education in the Province, and its chief function is to test and stamp with the mark of its approval every candidate fitted for the legal practice of physic. But whom does this advantage? Surely not existing practitioners, for it must be easier for them to compete with uneducated than with educated men! Surely the people are the gainers, for they therein have a means of knowing who are fairly

qualified to be entrusted with their lives and limbs, and who "are mere pretenders to the name." Again, it may be urged that registered practitioners secure by the Act the right to recover their just dues by legal process; but on the other hand the fact must not be lost sight of that physicians have the remedy of such abuses in their own hands, by demanding pre-payment of their services. The penal clauses of the Act are practically largely impotent, and after all the punishment of quacks does not profit much the physician's purse, since they probably make as much work for him as they deprive him of; it does, however, conduce materially to the public safety.

On the whole, then, we opine that the Profession and its Press can afford to smile at the empty threat we have lately heard from the *Woodstock Times*, *et hoc genus omne*, about the abolition of a "monopoly," and "privileges" by the people's representatives in Parliament. The repeal of the Ontario Medical Act would concern the doctors personally but little, or not at all; it is the people's vital interests which are involved in its integral maintenance or amendment. The public press is blind if it cannot see that fact; and the end of "blind leaders of the blind" is in "the ditch."

NEWSPAPER OFFENCES AGAINST THE PROFESSION.

From the replies elicited by the article having the above caption in our last issue, from the *Woodstock Times* and the *Arthur Enterprise*, it appears that we have personally verified the ancient metaphorical proverb, "If you cast pearls before swine they will turn again and rend you." Both papers, as was perhaps to be expected, view the matter solely from the lay, unprofessional standpoint; and both are wilfully blind to the generally recognized fact that preparation for and practice in any one of the three learned professions do powerfully tend to a refinement of feeling and delicacy of perception which distinctly separate their object from the *profanum vulgus* in matters ethical and æsthetic. Accordingly there are many circumstances in which what may be inoffensive, and even pleasing to one man, may

be utterly abhorrent to the finer susceptibilities of another. Modesty—personal, self or individual subordination—is amongst the most constant outcomes of scientific training; and to the true disciple of Hippocrates, the private character of whose calling is unequalled even by that of the spiritual adviser, publicity in the discharge of duty is the quintessence of abominations. We should very much like to reproduce, *in extenso* in our columns, the views of our lay contemporaries for the edification of our readers; but lack of space will not permit. Neither can we enter into a controversy with the writers on the subject failing to find a common ground of meeting or understanding; and the only criticism we are disposed to make is that we do not believe that the adoption of more gentlemanly language in the statement of their views would in any wise detract from the force or pertinence of their observations.

THE LETTER OF "MEDICUS" AND THE MEDICAL SCHOOLS.

Our homœopathic contemporary of this city, in an article entitled "The Ontario Medical Council and its (friends?)" in the March number, expresses regret that we should publish a "letter written with the transparent purpose of injuring any of our well-conducted medical schools," and in the *Journal* of the same month Dr. Geikie complains of an "attack made on one of our schools." In the first place there was no attack made on any school, but only a comparative statement given, showing the percentage of the rejected from each of the schools, sending students up to the Council examination held last spring. In the second place this statement was not given for the purpose of injuring any teaching institution, but simply as a reply to the unjust accusations of dishonesty and partiality against one of the examiners. It was openly, as well as privately, stated that the examiner in question had favoured the Kingston students, and, in order to carry out more easily such an iniquitous procedure, had used different coloured paper in Kingston. What more natural after such a statement than an analysis of the results which

is so displeasing to one who encouraged letter writing last summer?

We quite agree with the assertion that the percentage from the different schools varies from year to year, and if at the next examination the school which was least successful at the last happens to head the list, we shall cheerfully give the fact all the prominence in this journal which, under the circumstances, it is fairly entitled to.

TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

The first annual meeting of this Society for the election of officers and reception of reports, &c., was held at the building of the school, March 10th. The report of the General Committee showed a membership of one hundred and two in addition to the members of the faculty. The students have found the reading-room and library a great benefit, and have availed themselves largely of the privileges connected therewith. The leading daily papers from the principal cities of Canada, many weeklies, magazines, and a number of medical journals have been kept on file. The library contains a number of books, and during the summer many others will be added.

Great interest was taken in the elections which resulted as follows: President, Dr. A. H. Wright (by acclamation); first Vice-President, Mr. J. W. Meldrum; second Vice-President, Mr. J. W. Patterson, M.A.; Recording-Secretary, Mr. J. Spence; Treasurer, Mr. A. T. Rice; Corresponding-Secretary, Mr. F. P. Drake; Curator, Mr. H. A. Wright; Councillors, Messrs. F. J. Dolsen, B.A., W. J. Robinson, W. J. Lepper, G. S. Wattam, B.A., and H. S. Martin.

ADMONTORY.

*Nisi se melius gesserint
"Delenda est Carthago,"*

Says the Woodstock Times of 30th March: "Doctors who do well, and are prompt, tender, and careful in the performance of their duties, will always find a word of commendation in our columns, and those who are the reverse, may be thankful we pass over their laches in silence, even although the priggish editors of

the *Canadian Journal of Medical Science* may choose to say that we are guilty of 'offences against the profession.' We have a word of advice to give the editors in question. A conviction is becoming general in the minds of the public, that the Ontario Medical Trades' Union Act requires great amendment, and if they wish to conserve their privileges and maintain their monopoly, the less they have to say about 'newspaper offences against the profession,' the better for themselves." We trust the Profession will forgive us for incurring this dreadful commination which threatens to involve the body medical in ruin.

THE SECRETARYSHIP OF THE BOARD OF HEALTH.

The success of the newly-appointed Provincial Board of Health will doubtless depend in large measure upon the zeal and capacity of its Secretary, upon whom will devolve the lion's share of the labour, and no slight responsibility. We think, therefore, that a mistake has been made in limiting his salary, by Act of Parliament, to one thousand dollars *per annum*. This sum is totally inadequate to attract to the office any man of experience and standing in the profession. We should much like to have seen a sufficient appropriation for this purpose made to have induced some one of the older heads in the profession, well versed in the nature of men and things, well read in the literature of preventive medicine, well trained in intellect and judgment, well acquainted with the special needs and requirements of our country, and, above all, "well fouled in kind by the dirty nurse, Experience," to be content to abandon practice for the future, and devote the full energy and ripe experience of his declining years to the inauguration and permanent establishment in our midst of a satisfactory, efficient, vigorous, and comprehensive system of health-maintaining, disease-recording and preventing Government.

DR. MATTHEW D. MANN has been elected the late James P. White's successor in the Chair of Obstetrics and Diseases of Women, in the University of Buffalo.

CHAIRMANSHIP OF THE PROVINCIAL BOARD OF HEALTH.

Members of the Profession throughout the country will be glad to know that William Oldright, M.A., M.D., (University of Toronto) of this city, Lecturer on Sanitary Science in the Toronto School of Medicine, has been properly selected by the Ontario Government for the Chairmanship of the Provincial Board of Health, as having probably paid more attention to the subject than any man in the Province. We trust that his experience on the Board may fully convince him that in another sphere of public utility—the Senate of the University of Toronto—he may greatly further the great and good work just begun, and establish a further claim upon the gratitude of his fellow-citizens by securing a post-graduate examination for Sanitary Science Certificates, as Cambridge and Dublin have already done. Here members of the great life-saving army of medical officers of health may properly, as we have long contended, have their special fitness for the discharge of their important duties duly tested and attested.

A DISCLAIMER.

The Arthur *Enterprise* in a late editorial insinuates that in our last issue we endeavoured to hit Dr. McKinnon, of Guelph, over its shoulder. We should, indeed, be sorry to have any such impression go abroad. Should occasion ever demand the casting of an editorial dart in that direction we shall not be foolish enough to attempt to penetrate the protecting ægis of a country newspaper. For the present, however, we have neither occasion nor desire to quarrel with the worthy doctor, having every reason to regard him as a highly honourable and straightforward man—in other words, a gentleman—and a most intelligent practitioner. Moreover, we doubt not, both from his letter in our columns some time ago, and again to-day, and upon general principles, he is ready to endorse every word we have written anent the "newspaper offences against the profession."

Professor Freund, of Strasbourg, is reported to have been offered and to have accepted the chair of Obstetrics in Breslau, formerly occupied by the late Professor Spiegelberg.

EXAMINATIONS.

Among the students at the present time there is the usual excitement over the ever-dreaded examinations which are going on. The most important feature is the fact that they are every year becoming more practical, and, therefore, more useful in a proportionate degree. To the Council must be given full credit for its persistent efforts in this direction during the last few years. At the examination to be held by that body in April we notice with pleasure that the students will be subjected to a thoroughly practical test in both primary and final subjects. The various universities (especially Toronto) are advancing in the same direction, and becoming more practical every year. From a pretty close observation of the students of this city during the session now completed, we can bear testimony to the unusual assiduity exhibited by them both in hospital and school work, and we have much pleasure in wishing them, one and all, the highest success.

TO THIS YEAR'S GRADUATES.

At the expense of considerable space, we reproduce in this issue, from the *Medical News*, for the benefit of our graduating classes this year, the admirable Valedictory Address, pronounced last month by Surgeon John S. Billings, M.D., to the graduates of Bellevue Hospital Medical College. We sincerely trust that those young men who, simultaneously with this issue, now go out into the world, will ponder the wisdom it pithily expresses well, and pay due heed to the wise precepts and sage maxims it contains; for wise men acquire from the experience of others those wholesome, although bitter, truths, which fools learn only, and that not easily, for themselves.

A correspondent tells us there are fifty doctors in Winnipeg with a population of about fifteen thousand, and others are coming every week. The *Free Press* of that city says they are becoming as numerous as land agents.

ALBRECHT VON GRAEFE.—A memorial statue of this illustrious Ophthalmologist has been erected in Berlin. It will be unveiled on the 22nd May, his birthday.

LECTURES AT THE ONTARIO COLLEGE OF PHARMACY.—We are much pleased to observe that the College has at length seen its way to the filling of a hiatus hitherto existent in the sphere of its utility, by the establishment of a course of lectures at which young men may be prepared for the examinations of that body, which every one desirous of practising pharmacy in Ontario is now obliged to pass. The following lecturers have been chosen:—Messrs. E. B. Shuttleworth, H. J. Rose, W. T. Robinson, and H. Montgomery, M.A., B. Sc.; their respective subjects being chemistry and pharmacy, materia medica, demonstrations in dispensing and botany. An assistant to the lecturer on chemistry will also be appointed. The spring term extends from April 4th to July 14th. From the staff selected it will be seen that the course will be inaugurated with every earnest of success, and this in the fullest measure we wish it heartily.

UNIVERSITY OF VICTORIA COLLEGE.—The Examinations in Medicine of this University have been held in the Medical Council Chamber, Bay Street, on the 30th and 31st ult. and will be brought to a conclusion to-day (1st April). Following is a list of the examiners: Chemistry and Botany, M. Barrett, M.A., M.D.; Anatomy, W. J. Wagner, M.B.; Medical Jurisprudence and Materia Medica, W. W. Ogden, M.B.; Medicine and Physiology, A. H. Wright, B.A., M.B., M.R.C.S., Eng.; Midwifery and Gynæcology and Surgery, I. H. Cameron, M.B.

The Popular Science Monthly is again before us. The April number contains nineteen articles amongst which the following will specially interest medical men: "The Scholastic Prelude to Modern Science," by H. D. Macleod, M.A.; "Has Science yet Found a New Basis for Charity?" by Professor Goldwin Smith; "Recent Wonders of Electricity," by W. H. Preece, F.R.S.; "The Germ Theory," Prof. Louis Pasteur; "Dean Swift's Disease," by Dr. Bucknill, F.R.S., and a "Sketch of Louis Pasteur," (with portrait). We know of no periodical to which our readers can more profitably subscribe. The publishers are Messrs. D. Appleton & Co., New York. The yearly subscription, \$5.00 Single number 50 cents.

Book Notices.

The Case of Guiteau.—A Psychological Study. By GEO. M. BEARD, M.D., New York. (Reprint from *Journal of Nervous and Mental Diseases*, Vol. IX).

Vascular Tumours of the Female Urethra, with a Description of a Speculum Devised to Facilitate their Removal. By A. REEVES JACKSON, A.M., M.D., Chicago, Ill. (Reprint from Vol. II., *Gynæcological Transactions*).

Nervous Diseases: Their Description and Treatment. By ALLAN McLANE HAMILTON, M.D., Fellow of the New York Academy of Medicine, Physician at Hospital for Epileptics and Paralytics, &c. Philadelphia: Henry C. Lea's Son & Co.

This work is written for the general practitioner and the student, and the author's aim is to write a treatise on Nervous Diseases which is both concise and practical, while it is at the same time sufficiently comprehensive. We have pleasure in bearing testimony to the fact that his efforts have been crowned with success. There is nothing striking in the style of writing, nor evidence of great scientific research, but the various diseases have been well described, the directions as to how to arrive at a correct diagnosis are very clear, and the hints in treatment are plain, practical, and sound. This is the second edition, the first having appeared in '78, and is far from being a simple reprint; indeed, so much has been added, and so many changes have been made, that it may almost be considered a new work. The rather numerous typographical errors of the first edition have been mostly corrected, although a few old mistakes are repeated, such as *tr. nux vomica*, and new ones occur, *Rj. strychninæ sulphas*, etc.

A very valuable feature of the book is the citation of cases in practice to illustrate the different diseases, or different phases of the same disease. Chapter XII. on Diseases of the Lateral Columns of the Cord, is new, and a great deal that is new is given in other chapters on the spinal cord and cerebrum, especially on the localization of diseases in these organs. The plates are good, many being taken from Charcot, Gowers, Clarke,

Fothergill, and others, all being duly acknowledged. The author draws largely from the various authorities, but at the same time, gives clearly his own views attained through a wide experience in the treatment of these diseases.

We need hardly say that such a book should be considered a necessity in every medical library, as the ailments described are among the most common that come under observation in the every-day work of the general physician. To him, therefore, we recommend it with pleasure; in fact we may go farther and say, that all things considered, it is for his purpose the best book of the kind now available, except perhaps the larger work of Ross, of Manchester.

A System of Surgery, Theoretical and Practical, in Treatises by Various Authors. Edited by T. HOLMES, M.A., Cantab. First American from second English edition. Thoroughly revised and much enlarged. By JOHN H. PACKARD, A.M., M.D., of Philadelphia, assisted by a large corps of the most eminent American surgeons. In III. Vols., with many illustrations. Philadelphia: Henry C. Lea's, Son, & Co., 1882. Toronto: Hart & Co., King St. West.

The appearance of Volume III. completes the American re-print of this, the best and most authoritative Treatise on Surgery which has yet appeared in the English language. The subjects comprised in this volume are: Diseases of the Respiratory Organs, Diseases of the Bones, Joints, and Muscles, Diseases of the Nervous System, Gunshot Wounds, Operations and Minor Surgery, and Miscellaneous Subjects, including Diseases of the Breast, Diseases of the Skin, Parasites, Venomous Insects and Reptiles, the Surgical Diseases of Childhood, Surgical Diagnosis and Regional Surgery, and Hospitals. Apart from additions and interpolations scattered throughout, the sections wholly American are: Operations upon the Arteries, Trephining, Colotomy, and Excision of the Rectum, by John H. Packard. One hundred pages on Diseases of the Skin, by Arthur Van Harlingen; and an appendix to the chapter on Hospitals. Thus presented, Holmes' System of Surgery may fairly be regarded as the chief exponent of the surgical

science of the day. We fear to add anything to what we have said in former notices, lest we should seem capable of fulsome flattery. Doubtless we might point out many deficiencies or defects if at all hypercritically inclined; but we are not of the optimistic school, which looks for absolute perfection in human enterprises, and we are glad to recognize in this composite production of many minds a fair and reasonable realization of a high ideal. Comment on the Publisher's work would, at this day, be indeed superfluous, and we shall only say that those who have the work in the half Russia binding, possess a substantial friend and companion, at once-pleasing to the eye and instructive to the mind.

Report Relating to the Registration of Births, Marriages, and Deaths in the Province of Ontario, for the year ending 31st December, 1880. Appended to which is a review showing the results of the working of the Registration Act from 1870 to 1880, inclusive. Printed by order of the Legislative Assembly.

It is regrettable that the vital statistics of Ontario for 1880 should only lie upon our table now; but under present circumstances this delay seems inevitable, the report having to be presented to Parliament before being made public. Under the auspices of the newly created Provincial Board of Health we hope soon to be in possession of weekly and quarterly returns. The present Report bears gratifying evidence of great improvement in the completeness of its subject matter; and, though still manifesting much room for further achievements in that direction, still affords reason and opportunity for congratulation on what has been accomplished. The Review of the Ten Years' Working of the Act is a very interesting feature of the present Report; and has been as ably handled by Mr. H. S. Crewe as was possible to a layman. We much regret that pressure on our space forbids analysis or comment. Another opportunity, however, may, perhaps, present itself.

Dr. Theo. S. Covernton, late of the Toronto Asylum for the Insane, has settled in practice in Winnipeg, in partnership, we believe, with Dr. Kittson, late of Hamilton.

Meetings of Medical Societies.

NORTH-WESTERN BRANCH OF THE ONTARIO MEDICAL ASSOCIATION.

The first regular meeting of the above Association was held in Palmerston, on Wednesday, Feb. 15th. The following members were present: Drs. Clarke, Collinge, and Stewart, of Palmerston; Nichol, Philp, Dillabough, Burgess, and Dingman, of Listowel; Allan and Cowan, of Harriston; Yeomans, Ecroyd, and Jones, of Mount Forest; McLaren, Baird and McArton, of Paisley; Holmes and Graham, of Brussels; Martyn, of Kincardine; Stalker, of Ripley; Mackid, of Lucknow; Clapp, of Mildmay; Hodge, of Mitchell; Gun, of Durham; Holstein, of Cedarville, and Stewart, of Brucefield.

Communications were received from Drs. Henderson, of Arthur; C. E. Barnhart, of Owen Sound; Robertson, of Markdale; Hyndman, of Exeter; Sloan, of Blyth; Gillies, of Teeswater; McDonald, Bethune, and Tamblin, of Wingham, regretting their inability to attend.

During the early part of the meeting the chair was occupied by Dr. Clarke, of Palmerston, and afterwards by the President, Dr. Yeomans, of Mount Forest.

Dr. Collinge, of Palmerston, read a very carefully prepared report of a case of Gangrene which he had recently under observation. The patient was a married woman, aged 32, who, when she first came under Dr. Collinge's care, on the 29th of July, 1881, complained of a pain in the lumbar region, general weakness, and a discharge from the vagina. On examination there was found some abrasion around the os uteri, which, with the discharge, entirely disappeared in a week after the application of nitric acid. On the 4th of August she complained of numbness and loss of power in the left arm, followed in a few days by a similar condition of the right arm. She vomited frequently, became drowsy and semi-conscious. A blister to the nape of the neck was followed by a permanent disappearance of the cerebral symptoms. On the 17th of August she was suddenly seized with a violent pain in the

gluteal region, extending down the outside of the thigh. The right thigh and leg were found to be larger than the left. On the 24th of August the right great toe had a purplish hue, and was painful. In a few days the color was changed to a white, mottled appearance, and the gangrenous process had now involved the whole foot. There was a line of hardness along the course of the right internal saphenous vein in the lower part of the thigh. The gangrene steadily progressed until an oblique line of demarcation formed, four inches above the ankle-joint. Previous to her death, on the 28th of September, the gangrene had extended upwards to within four inches of the knee-joint, and the soft tissues over the sacrum, to the extent of 5x3 inches, sloughed away. The great toe of the left foot was livid and painful. The reading of this paper was followed by a discussion, in which Drs. Allen, Cowen, Clarke, Burgess, Gun, McLaren, Clapp, and others took part.

Dr. Graham, of Brussels, read a paper on "Pernicious Anæmia." He gave the details of two cases which well illustrate the wonderful hæmatinic powers possessed by arsenic. The first case was that of a married woman, aged 35, who was found in the following state five weeks after her confinement: The hæmorrhage during the labour was trifling. Her face was swollen and bloodless. Mucous membranes pale. Troubled frequently with diarrhœa and vomiting. She had frequent and severe pyrexial attacks. The blood was found to contain a large number of microcytes. The red corpuscles varied much in form. There was no increase in the number of white cells. Under quinine and iron she became rapidly worse. Under arsenic she rapidly and permanently recovered. The second case is a somewhat similar one, occurring in a female, aged 24, who two weeks after her confinement presented the well-known symptoms, including the pyrexial attacks of pernicious anæmia. Arsenic was soon followed by complete recovery.

Dr. Stewart, of Brucefield, read a paper on "Some of the Uses of the Sphygmograph in Practical Medicine."

Traces, illustrative of the actions of alcohol,

digitalis, nitro-glycerine, and other drugs, were shown. Traces were also shown which prove that in many cases of pneumonia, even during the first twenty-four hours, the tension of the radial artery is much lowered.

Drs. Yeomans, Mackid, Burgess, and Ciapp were appointed to read papers at the next meeting of the Association, which will be held in Palmerston, two or three weeks after the meeting of the Ontario Association.

Miscellaneous.

ADDRESS TO THE GRADUATING CLASS OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

Delivered March 15th, 1882.

BY JOHN S. BILLINGS, M.D.,
Surgeon U. S. Army.

I vaguely remember that once upon a time—a long while ago it seems, for I look back at it across the gulf of a great war, in which the days were like weeks, and the months almost counted for years—I spent one evening on a platform in a large hall, in the character of a new graduate in medicine. A part of the ceremonies on that auspicious occasion consisted of a valedictory address to the graduates, delivered by the most eloquent member of the faculty—an address which was highly praised, but of which I have vainly tried to remember either the ideas or the phraseology. Fearing that this specially localized loss of memory might be a symptom of a new nervous disease which I should have to name and describe, I have consulted several of my medical friends as to their experience in this respect, and I am much pleased to be able to say that I have found very few who have not totally forgotten the words of congratulation and of counsel given to them when they received their diplomas.

Nor is the reason of this far to seek. The new doctor, in the pride and vigour of youth, just stepping out of leading-strings, and realizing that he is really his own man at last—standing at the threshold of that wonderful, glittering world which beckons him on so enticingly, and in which fame, and love, and

wealth await his coming—this learned and skilful physician is held back yet another hour, and compelled to listen to advice from one whom he does not know, but who can surely have nothing to tell him beyond some well-worn platitudes about the dignity and honour of the profession which he has chosen, and that if he will be virtuous he will be happy, or words to that effect. Small wonder then that, after a moment's attention, his thoughts wander, and he drifts away on that beautiful river of reverie upon whose banks are Spanish castles unmatched by those of the Rhine or the Danube, and which are in strange contrast to the practical, prosaic, warehouse sort of view which his orator is trying to present. If, therefore, I observe five minutes hence that some of my special audience here, the new graduates, are gazing reflectively upon some point of infinite distance, or are evidently magnetized by some particular wave in the sea of this other audience before me, I shall know that it is all quite as it should be, and that my remarks are fulfilling their purpose.

Being unable, as I have just explained, to remember what was said to me by way of valedictory, and never having been present at a similar ceremony from that day to this, I thought it would be prudent to consult the literature of the subject and find out what is usually said upon such occasions. For this purpose I have examined about a hundred valedictory addresses, and have obtained from them a vast amount of instruction, and some little amusement. From them I gather that this is an epoch in your lives, that you are entering a remarkable age of the world's history (it is customary here to allude to steam and electricity), that you live in the most wonderful country under the sun, and that the eyes of the world are upon you. All are agreed upon these points, and also as to the importance and dignity of the science and art of medicine, and the necessity of continued study on your part to keep pace with its advances. But the addresses are not equally harmonious on all points. Some of them assert that the condition of medical education in this country is not altogether satisfactory, that there are some medical colleges (not, of course, the

college of the graduates, but some other medical college) which might be spared, and that some of these not only have not as clear ideas about the precession of the equinoxes, or the authorship of the book of Job, as a member of one of the learned professions should have, but that there are even graduates in medicine (of other schools of course), to whom the addition of vulgar fractions is a stumbling-block, and correct spelling vexation of spirit. On the other hand I find some who assert, first, that the above statements are unfounded; second, that it is not necessary to know how to spell correctly in order to cure the chills or set a broken leg; and third, that the demand for higher medical education is essentially a pernicious aristocratic movement, calculated to oppress the poor, and prevent them from obtaining the sheepskins so desirable to cover their nakedness. As, however, I am sure that all of you are just now strongly in favour of higher medical education, without regard to what you may have thought about it a few weeks ago, or what you may think of it a few years hence, when you get a little steam-hatching machine of your own, I feel that I shall most contribute to the harmony which this case demands by—entirely agreeing with you.

Upon the whole, I came to the conclusion that on this occasion it is safest to talk platitudes; in fact, I must do this if I am to advise you as a body. The inexorable laws of statistics tell me that among you are those having the most diverse capacities, purposes, and destinations. Two or three of you will go on with your studies for the next ten or fifteen years, observing, experimenting, reading, and comparing, until some fine day you will know something that other people don't know, and will become writers and teachers, leaders in your profession, famous in your day and generation. One or two of you may become popular physicians, for whom being called in consultation is an everyday matter, and a large income a matter of course. Many of you will become plain, solid, common-sense practitioners, who will do a vast amount of good, be indispensable to the comfort and safety of the community, and be happy because satisfied, which is more than I can predict of the others. A few will

abandon medicine because it does not pay, and turn to some occupation of better promise. And one or two will slip farther and faster down the broad, smooth path of dissipation on which their feet have already taken the first step, and will pass on to the inevitable end.

Fortunately for all of us, nobody knows who are to be the black sheep and who are to win the prizes. Each of you must live out that which is in your brains and blood, the result of generations gone before; but, you have also to live out that which you yourselves add to the inheritance.

Now you are going out into Vanity Fair duly armed and equipped, and provided with maps and guide-books of the latest and most approved editions. Probably you will never again be so fully conscious of, or so thoroughly satisfied with, your knowledge of the science and art of medicine as you are to-night. What would I not give now to know as much as I thought I knew the day I received my diploma. And yet the seven world problems of Du Bois-Raymond are still unsolved.

I congratulate you on your prospects. Shall I tell you what some of them are? Our American life will present to you as much variety, as vivid contrasts, as subtle mysteries, and as many giants, demons, and sirens to be overcome or outwitted as any that the legends of old depict. No doubt you will soon come across some of that curious sect, the *antis*, who are beginning to make their appearance amongst us; anti-vaccinationists, anti-vivisectionists, anti-anything, so that it gives them an excuse to keep their names before the public. And when you are asked how you account for the voluminous statistics and startling facts which some of these antis produce so rapidly and easily, you may hesitate a little, unless you have heard the celebrated conundrum which I am about to give you. A little boy said, "That girl is the daughter of my father and my mother, but she is not my sister. How do you account for that?" And the answer is, (this is strictly confidential), that the little boy lied. Taking them all in all, these antis are a curious class of cranks, worthy of careful study on the part of some of our experts in mental diseases, during the brief intervals in which

they have no medico-legal case on hand. Some of them are quite honest in their convictions, and all are very theological and emotional in their appeals, and to this they owe what success they have in achieving notoriety; and yet, while professing the most humane sentiments, they are unscrupulous even to cruelty in carrying out their fantastic ideas. They will not greet your coming on the stage of action with any particular enthusiasm, but you must not be discouraged on that account.

You will find, also, that the manufacturing pharmacist is abroad in the land, and that he, on the other hand, will be very glad to make your acquaintance. He will not only supply you with toothsome preparations, neatly put up in artistic packages, but he will tell you what they are good for, in what doses to use them, and, most important of all, which of them are in accordance with the code of ethics. He will ornament your office with innumerable samples, and pleasantly interrupt and variegate the perusal of your medical journals by means of blue, green, and yellow advertising sheets, unexpectedly and neatly inserted. Under his friendly guidance the path of medicine becomes a flowery one, for all that you have to do is to decide upon the name of the disease of your patient, and then look over the advertisements and samples to see what will cure it.

Moreover, there are some canvassers, and publishers, and editors, who are prepared to be your best friends if you will only permit it. They want you in the first place to subscribe, and then to write; to produce from the stores of your knowledge, items, and essays, and papers, to help them to raise the standard of American medical literature, until it shall be high above that of the effete despotisms of Europe. Nor are these the only persons that await your coming. You are wanted in Medical Societies, the advocates of higher medical education rely on your support, Boards of Health and Registrars are looking to you to make their statistics perfect and complete, and Army and Navy Medical Examining Boards are preparing fresh lists of questions for your benefit. But perhaps you flatter yourselves that you have now passed your final examination. Never was a greater mistake. Your

most severe and continued ordeal is just about to begin. And it may be that the result will give rise in some of your minds to serious doubts as to the value of the Darwinian theory about the survival of the fittest. But at all events I can assure you that you need have no fear as to there not being room for you, or that the world has not work enough for you to do. You know the old saying, "There is always plenty of room on top." But even in the lower stories there is plenty of standing room. There are to-day between one and two millions of sick people in the United States, and the deaths for this year will certainly be a million. You see, therefore, that the sanitarians, whom some of you may, unwisely, look upon as enemies, since they are trying to do away with some of the causes which necessitate your services, have, at all events, not yet seriously injured the business of the profession. And for your further encouragement I will predict that it will be a long time before they succeed in doing this, for whatever variations the changing seasons bring to our other harvests, the fool crop continues with almost unvarying regularity.

While I am on this subject, however, let me advise you from the business point of view, as well as on account of your interests as citizens and humanitarians, to look into this matter of preventive medicine a little more closely than you have yet probably had time to do. It is going to be a very important matter in your day and generation, and you will be examined and cross-questioned on it to an extent which you little suspect. Some of you will no doubt be called to act as members of Boards of Health, and all of you are sure to be appealed to on questions of ventilation, house drainage, school hygiene, pure water, adulterated food and drugs, and the means of shunning or putting away the pestilences, which will consume, not only the children of other people, but your own also, if you cannot answer the sphinx's riddle.

You will find that public health legislation is a matter to which you cannot remain indifferent, for you will become part of the machinery whether you wish to or not, and if you are wise you will study the subject so that

you can aid in shaping this legislation to what it should be, for in this respect knowledge is power. If you leave the matter to sentimental enthusiasts and professional office-seekers, you will find that it will turn out like the Irishman's ale—it will thicken as it clears. One of the matters just alluded to touches your professional work very nearly, and that is the adulteration of drugs. If you practice in a large city, this is not of so much importance, since you can always readily find first-class pharmacists, upon whose preparations you can rely, but away from the great centres, the case is different. Unless you can depend upon getting what you call for in your prescription, what success can you hope for? and yet unless you know what apothecary is to fill that prescription you cannot rely upon it. And it is always wise not to conclude that your treatment has failed until you have made sure that what you have ordered has really been given.

And in this immediate connection, permit me to remind you why the hyrax has no tail. It is written in the mystic volume of St. Nicholas that when the world was about being completed, notice was issued to all the beasts that, if they would go to the Court of the King on a certain day, they would be handsomely finished off with tails. All were pleased with the prospect, but the hyrax was especially delighted. Now when the appointed day came, it was cold and rainy, and the hyrax did not like to go out in bad weather. So he stood in his door and asked the lion and the wolf and several others to bring him his tail, and they all promised to attend to it. But they all forgot it; and when the hyrax went himself the next day to see about it, he found that the supply of tails was exhausted. That is why the hyrax has no tail, and if you rely on what other people tell you what they have done, or are going to do for you, the result will probably be about the same.

And just here permit me to give you an entirely new bit of advice; at least, I did not find it in any of the valedictories I read. You will, of course, never ask a man who is not acquainted with you personally to give you recommendations or testimonials; but see to it that you yourselves never sign a recommenda-

tion for a man whom you do not know. Do not be persuaded or bullied into doing this by people whom you know, for people whom they know, but you do not. If you wish your name and opinion to have any value in the eyes of other people, respect them yourself.

Do not be in a hurry to write or teach. The American press has been said to be chronically premature, and the same may be said of a good many graduates—not, of course, of this school, but of some other schools; and not only in this country, but in other countries. There are a great number of men, in all professions, and in all parts of the world, of whom it may be truly said, that if they knew more they would say less. Try to know something of all branches of science, for they all throw light upon your work; and at the same time try in some one branch of your own special field of study to know more than anybody else, and to be sure that you really do know it. This is not so difficult as it may seem. You will not have to go far in any direction before you will come upon that which is doubtful or unknown—questions which as yet have no answers. And if, during your pupilage, you have learned to think, and are not, as Holmes phrases it, merely “phonographs on legs,” the rest is a mere matter of detail, and this advice is not difficult to follow. Hesiod said that in his day there were three kinds of men—those who understand things of themselves, those who understand things when they are explained to them, and those who neither understand things of themselves nor when they are explained to them. That was the classification in Greece over two thousand years ago, but it is a convenient one for use even now; and when a man has settled for himself to which class he belongs, his education has taken a long stride.

Each of you has his aspirations—a little vague, no doubt, but none the less real. Keep them as long as possible, and above all things, do not assume or affect a cynicism which belongs neither to your age nor to your experience. Second-hand misanthropy is like a second-hand Chatham Street coat: it never fits. No doubt you all desire to make money, not for the money's sake, but for what you can do with it. It is not a desire to be ashamed

of, and the business of your profession demands your careful attention. But mark this: The best works in the world are not done for money, or from selfish motives of any kind. And if you are to achieve true success—the success which brings happiness, and is the only kind worth seeking—you must do a vast amount of work, not for money, but in part because you like it, and in part because it will do good and help others. Do not wait for the opportunity to do some great thing. Take hold of the work that lies next your hand; work which you can do, and which ought to be done—it will be very strange if there is not always something of that sort waiting for you; and do not dawdle, and defer, and lose the good, in a vain waiting and longing for the best.

Be healthy, brave-hearted, and joyous. Physical health is unfortunately not contagious, but mental and moral health is. Avoid second-hand philosophy, sickly complainings about the evils and miseries of life, and small beer of all kinds. No doubt you will find many of your golden dreams fading into gray mists; but, on the other hand, you will be continually stumbling against solid realities, which are quite as good as any dreams if you only recognize the opportunity. Labor and trouble you must meet; but of the first you can for the most part make a pleasure, and the second should not be pampered and made a luxury of. Never pity yourselves. Do not waste your time in vain speculations as to the why. Remember that bitter little poem of Heine's:

"By the sea, by the dreary darkening sea, stands a youthful man,
His head all questioning, his heart all doubting,
And with gloomiest accent he questions the billows.
Oh, solve me life's riddle, I pray ye, the torturing ancient enigma
O'er which full many a brain hath long puzzled. . . .
Tell me, what signifies man? Whence came he hither?

Where goes he hence!

"The billows are murmuring their murmur unceasing,
Wild blows the wind, the dark clouds are fleeting,
The stars are still gleaming so calmly and cold,
And a fool is awaiting an answer."

In the majority of valedictory addresses

which I have examined, there was a more or less special advice about medical ethics, and a word or two on this subject is, therefore, not out of place. The code—or, perhaps, I should now rather say the codes—of medical ethics are great mysteries to the public at large. By many it is supposed to be a sort of trades-union set of rules designed to protect the business interests of physicians, without any particular regard to the rest of the world. I need hardly say to you that this is not true. It may be summed up in this, that a physician should be a gentleman, and should treat other physicians and his patients as he would wish to be treated under like circumstances. And your duty in this matter is to attend to your own ethics and not those of other people. Medicine is not a rigid system of rules and formulæ as it was in ancient Egypt; a fixed creed to which you are to subscribe, and from which you must not vary. It is a living, growing thing, making use of every resource which the progress of science brings; it is truly eclectic and catholic testing all things, and holding fast to that which is good. It is not a system which forbids the use of any particular remedy, or limits its followers within the narrow bounds of sect or ism. There are such systems, and there are a few men who advertise themselves as followers of such systems, and who really do follow them. There are also many men who so advertise, but who really do not follow them. Some of these last are well-educated physicians, "but they are—that is to say from the point of view of a gentleman, they must be considered as—in short, the more you know of their methods the more fervidly you will assent to what I have not said about them."

One of the latest authoritative expressions of opinion on this subject is the following resolution recently adopted by the Royal College of Physicians in London:

"While the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless expresses its opinion that the assumption or acceptance by members of the profession of resignations implying the adoption of special

modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations." This last sentence touches the root of the difficulty. *Those who trade upon such designations.* Let us take a concrete example. You treat a case of pemphigus with arsenic. You may theorize as you like about the essential nature of pemphigus; you may select arsenic because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you have seen a case of pemphigus recover under the use of arsenic. Also, you may give this arsenic alone or combined with other substances, and in any doses that you please, from the decillionth of a grain to a grain, and you may explain the results as you like. But as an educated physician, and a gentleman, you may not advertise yourself as an arsenio-pemphigist, and denounce every one who does not adopt your theory and practice, and as there is a good deal of common-sense truth in the old adage, that a man may be known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with those who advertise themselves as antiarsenio-pemphigists, and then treat their cases with arsenic after all, and claim the results as due to dynamized brickdust.

And please observe that this is all that you have to do. You are not to enter into controversies with them or abuse them, you are not to repine over their success or exult over their failures. They have another code of ethics from your own; that is all that need be said about it. Thus far I have been speaking of fairly educated sectarian physicians. As to the ordinary, uneducated, and bill-distributing quack, with his sure cure for cancer, or his pure vegetable specific for coughs, rheumatism, and dyspepsia, you may be sure that in the long run he will make rather more business for you

than he takes away. Do not fall into the error of supposing that legislation can prevent the existence of this class of men, or that you need the protection of the law against them. The public interest demands such protection, if for no other reason than to secure a proper registration of the causes of deaths of all citizens, and it is not only your right, but your duty, to call the attention of legislators to these interests, but never seek protection on your own account.

Be honest to yourselves as well as to other people, and do not be afraid of admitting that you do not know, or feel bound to attempt an explanation of all that you see or do. He who would know anything thoroughly must be content to be ignorant of many things. Try to define to yourself, as clearly as possible, your own ignorance; it is the first step towards remedying it, and be sure that the modest student, whether he be under-graduate or learned professor, will everywhere meet with helping hands in the great brotherhood of science.

There are many men who are honest in purpose, and yet who are constantly, although not consciously, untruthful; they see that which they think they ought to see, and not that which is.

I am reminded that this is a valedictory address, and that in it I must bid you farewell. This I do in behalf of your teachers, whose unavailing regrets that they are not to have another opportunity of meeting you in the examination-room, you can imagine much better than I can describe. What they could do for you they have done. And now, as Emerson says, "We have accompanied you with sympathy, and manifold old sayings of the wise, to the gate of the arena, but 'tis certain that not by strength of ours, or of the old sayings, but only on strength of your own, unknown to us or to any, you must stand or fall." You may be sure of our best wishes for your success and happiness.

"Who misses or who wins the prize, go lose or conquer as you can;
But if you fall or if you rise, be each, pray God,
a gentleman."

But while I bid you farewell as students, I also bid you welcome to the ranks of the pro-

fession. And I can assure you, that upon the whole, you are coming into very good company. If in anything I have said this evening I have seemed to speak lightly of the medical profession or its adjuncts, I hope it will not be construed as more than the ordinary banter in which we boys sometimes indulge when we get off in a quiet corner by ourselves.

I have much faith in the advice of that anonymous writer who said :—

“Oh, never wear a brow of care, or frown with rueful gravity,

For wit's the child of wisdom, and good humor is the twin.

No need to play the Pharisee, or groan at man's depravity ;

Let one man be a good man, and let all be fair within. Speak sober truths with smiling lips ; the bitter wrap in sweetness,

Sound sense in seeming nonsense, as the grain is hid in chaff.

And fear not that the lesson e'er may seem to lack completeness,

A man may say a wise thing, though he say it with a laugh.”

It is true that you are entering, nay, in your medical studies you have already entered, a world of labor, and pain, and sorrow. You will see how the destruction of the poor is their poverty, and how the sins of the fathers are visited upon the children; how neither culture, nor wealth, nor power, can forever put off the evil day; and how there is, at last, one event to all the sons of men.

You must be prepared to deal with anxiety, fear, grief, and despair, as well as fever and physical pain; you are to be not only physician, but friend, confessor, guide, and judge, and you cannot avoid these responsibilities if you would, nor should you if you could.

Nevertheless, I can assure that you are also entering a beautiful world, where the very shadows prove that plenty of sunshine exists, a world of brave men and good women, whose best and noblest characteristics are brought out most clearly and vividly in such scenes as those in which you will be called to act. But remember, that as a rule, you will find only what you seek and believe in. Remember, also, that this knowledge which you have acquired, and are yet to acquire, is entrusted to you as a power,

a power none the less real, and involving no less responsibility because it is accompanied by no special outward insignia of authority or rank.

By the help of this knowledge you are to get wisdom—that wisdom which always lingers, and sometimes comes too late; that wisdom of which it is written that for all the children of men “length of days are in her right hand, and in her left hand riches and honor.”

THE NEW YORK STATE MEDICAL SOCIETY, when it enacted its little law permitting consultations with all legally qualified practitioners, viz. : homœopaths, eclectics, and the horde of irregular practitioners, had but eighty members present; and there was of these a good minority (30) opposed to such action. There are over 4,500 qualified regular practitioners in this State. It remains to be seen, whether a small collection of fifty doctors are to so override the views and defy the convictions and customs of this great medical army, as to bring all reputable practitioners of the State into absolute collision with the American Medical Association; and to place them in opposition to the recognized views and respected customs of the 60,000 reputable physicians of this country. It is certain that 59,950 physicians of the United States are justly opposed to any such consultations; wherein there can not be either honourable agreement or rational compromise. And if a small majority of a small body of eighty men are to control and defy the impregnable sentiment of over 59,000 physicians, the day of absolute absurdity and medical chaos has fully and fatally dawned. The American Medical Association will, of course, justly repudiate the New York Medical Society, and all who yield an allegiance to its recent inexcusable legislation. And the best medical men everywhere, will say Amen, and Amen. —*American Medical Weekly.*

NEW SOURCE OF VACCINE VIRUS.—A new source of vaccine virus has recently been discovered in France, according to the *Progrès Médical*. A cow was recently discovered at Eusyres, in the vicinity of Bordeaux, affected with the vaccine disease spontaneously devel-

oped. From the virus thus obtained a heifer was inoculated, and sent to Paris. An examination by the members of the Academy took place, at which it was shown that about thirty genuine pustules were located in the vicinity of the teats. The virus taken from these pustules produced other pustules on children heifers exactly identical with those of normal vaccine. From the vaccine virus thus obtained, M. Chambon, from whose stables the hospitals of Paris are supplied, has renewed his animal vaccine. He now favours the propagation of this, called the Gironde, vaccine in the city. The virus is considered equal to the most renowned, that of Passy, discovered in 1836, and that of Beaugency, obtained in 1866. —*Pittsburgh Medical Journal*, March, 1882.

THE ETHICS OF NEW YORK.—The proposition of the society of the State of New York, to hold consultations with all legally-qualified practitioners of medicine, does not exclude the licensed cancer quack, the midwife, and the chiropodist. It embraces all the pathies. Now, this is called ethics, and we are plainly informed by the *Record* that this is reform. Fortunately, the provisions for enforcing this code of defiance to all ethics and common decency are limited to the prostitutes of professional morals, and the country may yet be saved.—*Louisville Medical Herald*.

The *Boston Medical and Surgical Journal*, says: "*L'entrée est défendue aux dames*" is certainly not a suitable inscription to be placed over the portals of a University; and it is satisfactory to be assured by the President of the Boston University, in his last report, that a phrase so often seen over certain apartments in French railway stations will be denied a place upon the front of the University building. —*Phila. Med. and Surg. Journal*.

Dr. Thomas K. Chambers has been elected to represent Oxford University in the General Council of Medical Education and Registration in the United Kingdom for five years, in place of the late Professor Rolleston.

Obituary.

JOSEPH PANCOAST, M.D.

This distinguished and venerable surgeon died in Philadelphia on the 7th ult., from pneumonic influenza, at the advanced age of 76. He was born in Burlington Co., N. J. in November, 1805, graduated in medicine from the University of Pennsylvania in 1828, and practised in Philadelphia from first to last. He succeeded Dr. Geo. McClellan in the Chair of Surgery at Jefferson Medical College in 1838, and held this position until the reconstruction of the school in 1841, when he transferred to the Chair of Anatomy, which he continued to occupy with great acceptance and distinction until his resignation in 1874. He was elected emeritus professor. During his career he was connected with several of Philadelphia hospitals. He translated Rosenstein's "Treatise on the Sympathetic Nerve" in 1831, and was editor of "Manec on the Sympathetic" and on the "Cerebro-spinal System," of Wistar's "Anatomy," and of Quain's "Anatomical Plates," and he published a "Treatise on Operative Surgery" in 1844. As an operator he was bold, brilliant, original, and successful; as a teacher learned, lucid, influential, and, above all, practical. He has left a name in the history of American surgery which time will not readily efface.

Births, Marriages, and Deaths.

MARRIAGES.

On February 23rd, at Christ Church, Brampton, Ontario, the Rev. C. C. Johnston, R. S. Tyrrell, Esq., M. D., Toronto, to Grace, eldest daughter of Dr. N. O. Vail, of Port Dover.

At "Bassington," township of Cramahe, on the 1st of March, by the Rev. R. H. Harris, Edmund Rogers, Esq., M.D., L.R.C.P., and L.R.C.S., Denver, Colorado, youngest son of the late J. G. Rogers, of Grafton, Ont., to Maria Georgina, second daughter of G. S. Burrell, Esq.

DEATH.

At Ancaster, on Friday, the 24th of March, Orton, M.D., aged 50 years.

Dr. Yates, one of Kingston's most eminent physicians, a late surgeon of "A" hospital, Quebec, is dead. He came to Kingston 20 years ago.