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CANADA
MEDICAL & SURGICAL JOURNAL

DECEMBER, 1877.

Original Communications.

ANTISEPTIC DRESSING IN SURGERY.

BY T. G. RODDICK, M.D.,

Professor of Clinical Surgery, McGill University.

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

MR. PRESIDENT AND GENTLEMEN, — My object the other evening in volunteering to read this paper was not so much to parade any little success I may have had in my brief experience of Mr. Lister's most admirable system for the dressing of wounds, as it was to give me an opportunity of demonstrating the method to those members of our Society who may not have seen it put into practice. I may say that I have already had my failures, but fortunately I have always been able to trace their origin, so that to my mind, and as far as my experience goes, the method is yet faultless. When it is taken into consideration that I had for some time to work with assistants totally unacquainted with the minutæ of the method, and unable—as in the case of nurses—to appreciate the scientific basis on which the system is founded, the wonder is that my success has been so marked. I am happy to say, however, that I have now succeeded in impressing favourably a number of our colleagues, whose opinion I value, and in imparting not a little enthusiasm on behalf of the method to my assistants, markedly, my House Surgeon, and others with whom I am brought in daily contact.

CASE I.—*Compound Fracture of the Bones of the Tarsus, involving the Ankle-joint.—Amputation.*

F. C., æt. 68, labourer, was sent by Dr. Trenholme to the Montreal General Hospital, on the afternoon of September 10th, 1877, suffering from certain injuries caused by the falling on him of a load of earth. The old man had an extremely feeble pulse, extremities cold, face blanched, and he appeared to be in a very drowsy, semi-conscious condition, although the pupils were normal and responded well to light. I saw him within an hour of the accident, and on examination found fracture of both malleoli of the left leg, and comminution of the inner border of the astragalus and scaphoid bones, with a large wound on the inside of the foot communicating with the fractured parts and with the ankle-joint. Besides, there was a great deal of bruising of the whole dorsum of the foot, and a large effusion of blood under the integument of this part. He had also two scalp wounds—one on the frontal and the other over the occipital region—caused probably by his falling against a stone. I thought that some slight depression of the bone existed in the frontal wound, but of this I could not satisfy myself positively.

Notwithstanding the adverse circumstances in connection with the age, debilitated condition of the patient and the serious nature of the injury, I decided on making an attempt to save the foot by the "Antiseptic Method." Accordingly, with the able assistance of our late lamented House Surgeon, Dr. Cline, I proceeded as follows:—The steam spray producer being directed over the part, I first injected by means of a catheter a one-to-five spirit solution of carbolic acid into every crevice of the wound and between the broken bones, as a large quantity of gravel and filth had been ground into the part by the accident, and placed there by his fellow-labourers with the view of arresting hæmorrhage. I then washed the entire foot thoroughly with a one-to-twenty carbolic solution, being especially careful to cleanse the clefts between the toes, which, by-the-way, were much bruised and lacerated. A piece of the largest size (No. 1), drainage tube, employed by Mr. Lister, was now carried to the bottom of the wound, having been first soaked in the one-to-

twenty solution and armed with wires at its mouth to keep it more steadily in position. The angles of the wound were brought together with cat-gut sutures, oil-silk protective, dipped in one to forty, of size sufficient to cover the wound was applied, and over this a double layer of antiseptic gauze soaked in the one to forty carbolic solution. The lacerated wounds across the dorsal surfaces of the toes, were also covered with the protective and wet gauze, and then the entire foot and lower leg were enveloped in a dressing consisting of eight layers of gauze with a piece of macintosh cloth, on "hat lining" interposed between the seventh and eighth layer. The dressing was held in position by a gauze bandage, and the limb placed in a box splint. Brandy and milk were ordered to be given at stated intervals. A "draw sheet" was placed beneath the limb, as it lay in the box, for the purpose of indicating any discharge.

Sept. 11th.—Temperature at 9 a.m., 101° ; pulse 68. The sheet was considerably stained with bloody serum showing the necessity for changing the dressing. The wound looked well although there were several spots about the foot and at the base of the toes which had a sloughy appearance. The dressings were much stained with bloody serum, but there was no odour or other evidence of putrefaction to be detected. In the morning his temperature was $100^{\frac{3}{2}}^{\circ}$; pulse 72, and rather irregular—less drowsy than in the morning—answers questions, but lapses again into sleep,—pupils normal. Takes nourishment well.

12th.—There being slight staining of the draw-sheet the dressing was again removed—the lower border of the wound and the integument at the base of the toes have a gangrenous appearance, but there is no pus and no odour. The old man is delirious at times and has to be restrained. Pulse 70; temperature 100.

18th.—The dressing has been changed every day with one exception, in compliance with the rule that when the draw-sheet is stained the dressing must be removed. The discharge throughout has been of a serous nature, and at no time has the slightest odour of putrefaction been detected, notwithstanding the fact that a large portion of the dorsum of the foot has

become gangrenous, leaving bare the extensor tendons of the toes. Any dead tissue has been scrupulously removed with the scissors, and the wet antiseptic gauze pressed deeply into the cavities remaining, so as to keep them thoroughly aseptic. The original wound, communicating immediately with the joint, has an exceedingly healthy appearance and is granulating rapidly. For the past two days I have dipped the protective in salicylic cream, (made by mixing salicylic acid in one to forty carbolic solution until a creamy consistence is attained), as I feared the carbolic solution was too irritating for the granulations. The patient's general condition is, however, most unpromising; his delirium persists; his pulse is feeble, irregular, and intermittent; temperature $99\frac{1}{2}$; he passes everything under him, seldom asking even for the urinal; urine normal; tongue heavily furred.

On the 24th I found a large pocket of pus on the outer side of the joint, which I opened antiseptically, introducing a drainage tube. The pus was laudable in appearance, odourless, and contained no bacteria. The same antiseptic precautions in dressing were adopted as before. The patient's mental condition has slightly improved.

27th.—To-day I found that the extensor tendons of the three middle toes had given way, causing partial dislocation at the metatarso-phalangeal joints. The integument over the outer side of the foot had also a most unpromising appearance. In spite of the extensive mortification, however, the parts—remarkable to say—remained perfectly aseptic. I now came to the conclusion that any further efforts to save a useful foot would be utterly futile, so I decided on discontinuing the more elaborate antiseptic dressings and waiting until the patient's condition would warrant amputation. My chief reason, however, for adopting this retrograde course was that I was compelled to leave town for a couple of days, and Dr. Cline, who alone of the hospital residents was practised in the antiseptic mode of dressing, lay prostrate with the disease which a very few days after terminated his life. Hence, rather than that the method should suffer from neglect, I preferred discontinuing it altogether. In

the meantime I kept the parts sweet by the application thrice daily of equal parts of a forty grain solution of the chloride of zinc and the 1 to 40 carbolic lotion.

Oct. 4th.—The patient's condition is still more unsatisfactory, although his temperature for several days has been bordering on the normal. He has a very feeble irregular pulse, tongue dry and furred, and is at times delirious. It was however thought advisable to remove the foot, so I performed the operation by making a long anterior and short posterior flap, dividing the bones about an inch above the articular surfaces. The foot was thoroughly enveloped in a towel steeped in the one to twenty solution, so as to prevent the possibility of any septic elements coming in contact with the fresh wound. The usual antiseptic precautions were adopted throughout. The vessels were all ligatured with cat-gut, and the edges of the wound adjusted with the same material. Drainage tubes were inserted at either angle of the stump. A superficial ulcer situated over the shin bone, about midway between the ankle and the knee, was thoroughly cleansed with the forty grain solution of chloride of zinc, and enveloped in carbolized cotton wool, which latter is prepared by soaking in a mixture of one part of carbolic acid to one hundred of ether, and allowing it to dry.

I take the following record of the case from my clinical clerk, Mr. Hutchinson :

5th.—The stump was dressed to-day antiseptically, and only a small quantity of sero-sanguineous fluid found to be discharged. The patient's temperature is found to be nearly normal as may be seen by reference to the chart. Pulse weak and compressible. Appetite poor.

6th.—Dressed again to-day,—only a small amount of serum on the draw-sheet and dressing. Condition much as yesterday. The wound is healing in all parts.

7th.—The draw-sheet being slightly stained the dressing was removed. No odour. No pus. The patient's general condition is decidedly improving. Tongue cleaning rapidly.

10th.—The stump has not been disturbed for the past three

days. The edges of the flaps have united so closely that the line can barely be discovered; drainage tubes removed. The sutures were simply wiped away to-day with a sponge. The man's general, and especially his mental condition, has wonderfully improved in the past few days.

13th.—All dressing removed, and the patient is to sit up in the invalid chair this afternoon.

CASE II.—*Railway Accident demanding amputation above the knee-joint.*

On the 7th October last I was requested by Drs. Rodger and Fuller, of Point St. Charles, to see a case of Railway accident in which, in their opinion, it would be necessary to perform amputation. I repaired to the place fully equipped with the antiseptic appliances, as it was the express desire of these gentlemen that the Lister method should have a fair trial, this being a test case.

The history of the case is briefly as follows:

M. B., aged 15 years, a strong and healthy lad, was returning from St. Lamberts on the train, and instead of proceeding to Bonaventure station he attempted to leap from the cars as they passed through Point St. Charles, where he resided. It appears that instead of throwing himself free from the car he held on and was dragged for some distance, his left leg being drawn beneath the wheels. All the integument was torn off to within a few inches of the knee, and the foot hung simply by the tendons. The bones of the leg were fearfully comminuted, and the muscles separated and torn in all directions. There was therefore no question regarding the propriety of amputating at or above the knee joint. The boy's condition was not good. Pulse 130, and weak. Pupils dilated. Great restlessness.

At the request then of Dr. Rodger, whose case it was, I proceeded to perform the operation antiseptically. I first enveloped the part to be amputated in a towel thoroughly soaked in the one to twenty solution, and washed the remaining portion of the limb with the same. The instruments and sponges were made antiseptic by being placed in the one to twenty solution, while

my own hands and those of my assistants were thoroughly cleansed in the one to forty solution. Dr. Fuller administered the anæsthetic, Dr. Rodger took charge of the spray producer, while Dr. Bell looked after the instruments and rendered general assistance. I performed Carden's operation, through the condyles of the femur, and found that I could get barely enough healthy integument to cover the end of the bone, the bruising had extended so near the joint. I adopted the modification practised by some of the Edinburgh surgeons, namely, instead of making the posterior flap by transfixion, as Carden himself recommends, I first formed one of skin alone and then divided the muscles down to the bone. Thus the rather scanty anterior was compensated for by the longer posterior flap. There was sufficient integument to cover the bone without tension, and the line of junction lay well behind. The vessels, some three or four, were all tied with cat-gut, a drainage tube was inserted at either extremity of the stump, protective, and a double fold of gauze, both dipped in one to forty, were adapted to the wound, and the whole enveloped in the gauze dressing and bandage. The limb was placed on a pillow, to which a draw-sheet was adapted, and small quantities of brandy and milk ordered to be given to the patient.

The operation was performed about two o'clock in the morning of the 7th October, and I saw him in company with Drs. Rodger and Fuller on the afternoon of that day. He had been somewhat restless for three or four hours after the operation, but at the time of our visit complained only of a feeling of tightness about the stump. As the sheet was stained, we removed the dressing, but found no evidence of tension, the drainage tubes having done their work well,—stump looking exceedingly well, with the exception of a dark line along the edge of the anterior flap for the distance of about an inch, showing a lack of vitality at that point, at which I was not surprised, considering how closely I ventured to the bruised parts.

Oct. 8th.—Temperature 99½; pulse 124. The nurse reports that he has had a good night, and he expresses himself free from pain, and altogether very comfortable. We again dressed the

stump, and found on the protective and gauze simply a serous discharge, slightly tinged with blood. No pus.

On the two subsequent days the dressing was changed, and the condition of the stump found to be most promising. On the 11th the temperature ran up a degree as will be seen on reference to the chart, but as soon as his bowels had been moved by an enema it fell to normal. The dark suspicious-looking line which was noticed along the edge of the anterior flap at the first dressing has gradually disappeared.

The dressing was left undisturbed for the two following days, (12th and 13th), and when removed just one week after the operation, the stump was found to be entirely healed, excepting at the angles where the drainage tubes had been retained. The latter were removed, and the knots of the cat-gut sutures picked off with the forceps, or simply brushed away with the sponge. The dressing was re-applied as before, with this difference that salicylic cream was substituted for the one to forty solution on the protective and gauze, in order to prevent too great irritation of the tender cicatrix.

Dr. Rodger informs me that he removed the antiseptic dressing altogether on the 17th, and applied some red lotion to the angles of the stump, so as to hasten the healing of the two little spots, which had been prevented from closing by the drainage tubes. The boy has since been sitting up every day, and appears in perfect health.

These cases are most satisfactory in their results, and fully bear out the expectations in favor of Mr. Lister's antiseptic method of treating wounds. Nothing could be more striking than the rapidity with which the wounds closed in both instances, and without suppuration, a result which could not be looked for under any other method of treatment. But even if it be admitted that there is nothing specially advantageous in the antiseptic treatment of wounds. There is this to be said for it, that it makes the surgeon more careful in the after-treatment of wounds, and he will attend to the dressing himself or trust it alone to a skilled and reliable assistant.

PATHOLOGICAL REPORT,
GENERAL HOSPITAL, MONTREAL,

For the year ending May, 1st, 1877.

BY WILLIAM OSLER, M.D.

(Continued.)

LIVER.—*Hypertrophic Cirrhosis.*

CASE I.—*Cirrhosis of Liver, with enlargement.—Jaundice. No Ascites. — Delirium Tremens (?). — Erysipelas of the head.*

J. H., æt. 34, of intemperate habits, admitted to the Hospital April 30th, 1876, with jaundice, diarrhoea, and delirium. He had been seen by Dr. Roddick a few days before, when he complained of pain in the region of the liver, and great enlargement of the organ was then detected. Nothing definite could be obtained as to the duration of the jaundice, for he was incoherent, and had no friends. Shortly after admission he was attacked with erysipelas of the face and scalp, to which he succumbed rapidly on the 4th of May.

At the autopsy the body was found to be well nourished and of fair muscular development. Skin moderately jaundiced. Several purpuric spots noticed.

Brain.—Healthy.

Abdomen.—No fluid in peritoneal cavity. Liver projects considerably below the margin of the ribs.

Thorax.—No fluid in pleural cavities. A few extravasations on the visceral leaves.

Heart.—Slight thickening of the mitral segments and some atheroma at the bases of the aortic semi-lunar. Otherwise healthy.

Lungs.—Crepitant, except lower lobe of left lung, which is collapsed.

Spleen.—Weight 19 oz., (538.46 grammes). Capsule a little thickened and puckered. Pulp soft.

Kidneys.—Right, $9\frac{1}{2}$ oz.; left, 8 oz., of a greyish-yellow hue. Collecting tubules of the pyramids full of urates and bile pigment.

Stomach.—Contains $\frac{3}{4}$ vi of semi-coagulated blood. Mucous membrane dark-coloured, swollen in places and congested.

Intestines, dark, and contain a small quantity of altered blood. Large veins not particularly full, but the mucous membrane is reddened.

Liver weighs 6lbs. $11\frac{1}{2}$ oz., (3053 grms.), and is uniformly enlarged. No adhesions, or fibroid thickenings in capsule. Surface of organ of a dark, olive-green colour, and studded with small granulations, half the size of a pea and larger. These little projections have a greenish-yellow appearance, while the intervening tissue is white. On the under surface of the left lobe the largest nodules are seen. The organ is very firm, cuts with resistance, the surface of the section presenting a deep, greenish-yellow colour, and the lobules separated by strands of white connective tissue. The portal vein is large, appearing even dilated.

The gall-bladder is elongated, filled with inspissated bile which towards the orifice of the cystic duct had collected into three consistent, but easily broken balls, which completely close the orifice. The mucous membrane of the ductus communis choledochus is somewhat swollen, but the bile ducts do not appear to be dilated.

Microscopic Appearances.—Sections under a low power present islets of liver substance surrounded by a connective tissue rich in nuclei, and which, in most of the specimens examined, almost equalled in amount the liver substance. The limit between these two elements is rarely well defined, but there is a gradual blending of the one with the other. In certain lobules the invasion is uniform and intercellular, groups of two or three cells being separated by a nuclear growth; but in most the invasion is peripheral, and lobules in all stages of destruction may be seen with the liver cells in the central parts still in close contact with each other.

The connective tissue differs in no respect from that seen in

ordinary cirrhosis, save that the nuclei are perhaps more abundant in proportion to the fibroid tissue. Only in the central parts of wide areas is there an indistinctly fibrillated appearance, and here the nuclei are scattered, while in the neighbourhood of the lobules themselves the tissue is more embryonic in character, and the nuclei predominate, in some spots being crowded together with little or no intervening material. The method of invasion can be traced in all its stages, the new growth creeping in, as it were, from the periphery between the cells, sometimes separating them in rows, but frequently surrounding individual cells or groups of two or three. This appearance will of course vary with the direction of the section; if at right angles to the central vein of the lobules the appearance is of fibrous bands passing in from the periphery, while if parallel to the central vein, cells or groups of them are separated by an intervening tissue rich in small nuclei. Such is the condition of the external zone of the most of the lobules. There is no definite limit between the two constituents, as is so commonly seen in the atrophic form of the disease, where strands of fibrous tissue encircle and constrict lobules, and the boundary between the two is often, as in specimens before me, clearly defined. This was rarely seen in the case under consideration.

The *liver cells* do not present any remarkable alterations. In lobules not much involved in the sclerosis, they appear quite natural, but in the affected areas they are stuffed with yellow pigment grains or oil drops, frequently a combination of the two. The fatty infiltration is not extensive and is very unequally distributed, being marked in some lobules and absent in others. In the periphery of the acini cells in all stages of atrophy may be seen, some appearing flattened, but the majority look simply diminished in size. Where the central part of a lobule, containing 40 to 50 cells, alone remains, the whole process can be distinctly traced. In the outermost part little groups of yellow granules are seen in the fibroid tissue, in the next zone small cells filled with these granules occur, separated by numerous nuclei, while on the central part are 10–15 cells, the outlines of which are still distinct, the nuclei well marked, and the bile

pigment not so excessive in amount. In various sections numerous fine specimens of bilirubin crystals occurred, scattered among the cells.

Here and there in the extra-lobular tissue *biliary canaliculi* are seen, made up of rows of cuboidal cells, enclosing a very narrow tube. They do not appear to be specially numerous, certainly not more so than in sections of a well-marked specimen of atrophic cirrhosis obtained a short time since from the body an old toper.

The recognition of a distinct variety of cirrhosis of the liver accompanied with enlargement, has only been made within the past few years, owing in a great part to the labours of certain French Pathologists. When the specimen came under observation it appeared to be such an anomaly that the standard authors were ransacked for information, but in vain; the only references to an increase in volume of the organ in cirrhosis related to the initial stage of the disease and as a consequence of fatty infiltration. Happily, just at the time, a number of the *Revue des Sciences Médicales* came to hand, with a condensation of M Hanot's Thesis on Hypertrophic Cirrhosis; in which he seeks to establish this as a special variety of the disease, characterized clinically by enlargement of the organ, prolonged jaundice, and the absence of ascites, and pathologically by the fact that the affection originates about the bile ducts and leads to an increase, not a diminution, in the size of the organ. Cornil and Ranvier* describe the histological condition, and support this view of the origin of the disease. In a recent number of the *British and Foreign Medico-Chirurgical Review*† there is an excellent *resumé* of the papers on the subject, and the writer agrees in the main with Hanot.

The chief histological differences between this and the common form of cirrhosis appear to be that the new growth surrounds single lobules rather than groups of them, and tends more to invade the acini, and that a greater number of the so-called

* "Manuel d Histologie Pathologique," p. 922.

† July, 1877.

biliary canaliculi are found in the extra-lobular connective tissue. As will be seen in the above description, the first of these characters is well marked in our specimen, but the second is not so decided.

The clinical history of the disease in this instance, so far as known, corresponds with that of the cases recorded by Hanot. The liver exceeds in weight any of the specimens mentioned in the authorities referred to.

Syphiloma.

CASE V.—*Syphilitic ulceration of left frontal bone. Large node on left tibia. Gummata in liver.*

T. M., æt. 24, admitted May 4th, with syphilitic disease of frontal bones, and died of erysipelas of the head on the 16th.

Liver weighs nearly 5lbs., elongated in the transverse direction. Left lobe much flattened, measuring 8" from anterior to posterior border, the right lobe at the gall-bladder measuring only 6". Capsule much thickened, especially about the longitudinal ligament. Five puckered cicatrices are seen in surface of the right lobe, and some small extravasations exist beneath the capsule. On section of the organ from right to left three gummata are seen in the substance, each about the size of a large walnut, two corresponding to cicatrices in right lobe. Each presents a firm, white, central area, which cuts with resistance, and a capsule of fibrous tissue, which towards the liver substance is not well defined, but blends insensibly with it, and at this part is more translucent. Four others presenting similar characters are seen; two, the smallest, in the left lobe. Microscopically the central portions show an indistinctly fibrous appearance, at the periphery the fibres are more marked, while the zone in the immediate neighborhood of the liver substance shows a small-celled growth involving the lobules.

The other organs presented nothing abnormal.

Cancer.

CASE LV.—*Primary Cancer of the Liver. Ascites. Jaundice—Secondary mass in tail of Pancreas, small secondary nodules in Kidneys.*

A. B., æt, 65, in hospital for several months. Body much emaciated. Abdomen distended. Skin moderately jaundiced.

From the peritoneal cavity 250 oz. of bile-stained serum were removed. Intestines slate coloured, and here and there small flakes of lymph are seen upon them. The descending colon passes down to about an inch and a half below the crest of the ilium, then turns and passes up upon the kidney nearly to the spleen, at which point it is firmly united to the omental tissue; turning again it passes obliquely to the lumbar vertebræ, descending in front of them and the sacrum to the anus. In the whole of its course it is closely attached. The ileum two inches from the valve is united by a firm band to the psoas muscle.

Liver.—Weight $4\frac{1}{2}$ lbs.; closely adherent to the diaphragm behind and at the right border, and also below to the tissue in the neighbourhood of the right kidney. Though somewhat smaller than natural the shape of the organ is maintained. The upper surface is exceedingly irregular, owing to the presence of numerous cancerous masses, a very large one much depressed in the centre being seen a little to the right of the longitudinal fissure, occupying an area fully three inches in diameter. Above the gall bladder there is another puckered spot, and numerous nodules exist in the liver substance about it. The whole of the surface to the right of the longitudinal fissure is involved in the disease, and the capsule here is thickened, opaque and fibroid. The posterior border is not so much affected, only here and there presenting isolated nodules. Where the longitudinal ligament is attached to the diaphragm there is an extensive, somewhat flattened, cancerous mass. The under surface of the right lobe is comparatively free, nodules being seen only at the anterior border. The lobus Spigelii presents a single deep puckering. Many elevated tuberos nodules exist in the under surface of the left lobe. All of these masses are raised above the surround

ing liver substance, and the majority of them present cup-like depressions. A longitudinal section from right to left, through both lobes, shows the greater part of the liver substance to be the seat of disease. The large white mass noticed in the right lobe extends fully two inches into the organ, and innumerable small nodules are arranged about it. Quite three-fourths of the liver substance exposed on the section is occupied by the cancerous growth. The lower and posterior parts do not contain so many nodules. The hepatic tissue is very dark, and stained with bile; the central veins of the lobules are injected, and apparently dilated; a good deal of blood escapes from the larger veins.

The gall-bladder contains a small quantity of dark bile. A cancerous girdle surrounds the middle of the organ, and the fundus is also affected.

Nothing abnormal in the *heart* and *lungs*.

Kidneys—Two small cancerous nodules the size of peas in the cortex of the left organ, and two others somewhat smaller in the right.

Spleen, small, and looks healthy.

Pancreas.—The tail is firmly united to the tissue in the hilus of the spleen, forming a firm, hard mass, about the size of a walnut, which on examination is found to be cancerous.

Stomach.—About 20 small, punched-out ulcers, with hæmorrhagic bases are seen on the mucous membrane of the fundus.

The intestines are dark in colour, the veins full, and the coats sodden.

The abdominal *lymphatic glands* are not enlarged.

The *left external femoral artery* contains a firm thrombus.

The general character of the growth and the absence of any considerable mass of cancer elsewhere render it more than probable that the disease in the liver was primary. The presence of one large tumour, around which numerous smaller nodules are aggregated, is almost characteristic of primary cancer, the situation of which, however, is more commonly towards the under surface of the organ, and not, as in this case, just to the right of the longitudinal ligament. Though the weight of the organ was increased its volume was decidedly diminished, an

unusual circumstance in cancer, and one apt to lead, as I believe it did in the present case, to some confusion with cirrhosis.

Secondary Cancer.—Of three cases one followed cancer of the tongue, another cancer of the vertebræ and ribs, and in the third the primary lesion was in the gall bladder. The latter, a very remarkable case, is given in detail by Dr. Bell, in *Canada Med. & Surg. Journal* for April, 1877. The pathological condition was as follows:

CASE LXXXIV.—*Cancer of neck of the gall-bladder and lymphatic glands in the portal fissure. Compression of the hepatic ducts. Secondary masses in liver. Enormous distension of gall-bladder and hæmorrhage into it.—Gall stones.*

Suppuration of Portal vein.

CASE LXXXVIII.—*Extensive abscesses in the mesentery following typhoid fever. Suppuration of the portal vein and its branches in the liver.—Empyema.—Perforation of the appendix vermiformis; Peritonitis; Miliary tubercles in lungs.—Amyloid degeneration of spleen, liver, and mucous membrane of small intestines.*

A. B., æt. 37. History of an attack of typhoid fever three months before his death, from which he had never entirely recovered, remaining febrile and very weak. Empyema supervened, and finally an attack of acute peritonitis. There was no jaundice, nor, as far as I can learn, did the symptoms point specially to any trouble in the liver.

Peritoneum, extensively inflamed and contains 80 ounces of turbid fluid. The inflammation is most intense about, and has evidently spread from, the appendix vermiformis, the cæcal end of which is obliterated, while the under surface presents an oval perforation.

Pericardium and *Heart* healthy. Left pleura contains 54 ounces of pus. Left *lung* compressed and, with the exception of the apex, airless. Numerous miliary tubercles scattered through it. Right *lung* crepitant; one or two caseous nodules at the apex; miliary granulations abundant. *Spleen* weighs 330 grms., firm, Malpighian corpuscles enlarged, translucent, and react with

iodine. *Kidneys* firm, pale, slight reaction with iodine in the right one. *Ureters and bladder* healthy. Stomach contains about a pint of greenish fluid; the mucous membrane is thin and soft. The *Duodenum* is firmly adherent in its first part to the gall bladder, the tissues in the neighbourhood being closely matted together. On pressing the *common bile duct* a yellowish secretion first flows out, and is followed by pure pus. About an inch and a half from the pylorus, towards the upper surface of the first portion of the duodenum, pus is seen to exude from a round orifice, the size of a pea. On passing a probe into this it is found to communicate directly with the enlarged and suppurating portal vein, to be shortly described. Mucous membrane of jejunum and ileum reacts on the application of iodine. Nothing abnormal in the *large bowel*.

The *mesentery* is enlarged, thickened, and the whole structure fluctuates like a sac of pus. Towards the root, and at some spots near the bowel, the fluctuation is limited as if the individual glands were involved. On section of the membrane pus is found to spread uniformly between the folds, and after thoroughly washing with water it presents an appearance as if riddled by communicating cavities. In some spots the pus is limited within the capsules of lymphatic glands. On tracing the mesenteric veins from the intestinal border many are found to lead directly into these suppurating areas, others are shut off by thrombi. At the distal border, where the mesentery is cut away, there is an irregular opening, close to the superior mesenteric artery, from which pus flows and a probe in it passes in several directions. Whether or not this represents the superior mesenteric vein it is difficult to say; the situation corresponds with it.

Liver, enlarged, firm to the touch, but at the same time yielding and elastic. On section the substance cuts with resistance, looks glistening, and on the application of iodine the intermediate zone of each lobule becomes a mahogany-brown colour, the central and interlobular areas remaining unaffected. On the surface of the organ, especially on the posterior and right borders are several small, irregular swellings, which on section are found to contain pus. The abscesses are tolerably numer-

ous in these regions, and range in size from pin's heads to marbles. Many are in communication with each other, or are separated by narrow portions of liver substance. On closer dissection it is found that these abscesses stand in direct connection with, and indeed, are only suppurating portal veins. This being ascertained a thorough inspection of this vessel was begun. Outside the liver the vein is represented by an elongated abscess with thick, irregular walls, made up anteriorly of condensed connective tissue, posteriorly to a large extent by the head of the pancreas, the lobules of which have been laid bare in the supuration. Immediately where the vessel enters the liver its calibre is relatively diminished. The *splenic* vein ends abruptly on the wall of the suppurating vessel, being closed by a thrombus the portion behind is much dilated. Unfortunately in removing the liver, duodenum, stomach and pancreas together, the mesentery was cut off just below the latter, and no trace could be found of the superior mesenteric vein and the manner of its communication with the portal. On passing a director along the branches of the portal vein and slitting them up they are found full of pus, sometimes cream-coloured, at others tinged with bile. The branch passing out to the right lobe of the organ, at about an inch from the hilus, widens out in two large sinuses, one going to the right border, the other towards the posterior. Into these are seen opening numerous branches from which large quantities of a yellowish creamy pus can be squeezed. Near the upper surface of the right lobe is a cavity the size of a walnut, in communication with a vein, and from its upper end one or two branches are given off. The posterior border of the organ appears on section riddled with such cavities which are found in every instance to be merely dilated branches of the vein. In the anterior portion of the organ over the gall bladder there is less disease than in other parts. The extreme left border is also unaffected, and the branch going to it does not contain pus. The lining wall of all the suppurating vessels is of a peculiar yellowish-white colour, firm, and passes over abruptly into the liver substance. There is no zone of hyperæmia about the inflamed vessels, the hepatic tissue beyond the opaque white margin

looks natural. In branches in which the suppuration is not far advanced, the remains of the intima, like a soft, stringy mass, can be seen, as if the process was confined rather to the adventitia and Glisson's sheath. On almost any section of the organ peculiar whitish-yellow areas, very often of an irregular foliaceous appearance, are seen, presenting a remarkable appearance. Occasionally groups of them appear isolated, but on making a section through them they are always found to be in connection with suppurating vessels, the smaller ones being surrounded by one or two necrotic liver lobules of a glistening, opaque-white colour.

The first and second division of the vein passing to the hinder and right borders are considerably dilated, and on the lower wall the branches of the artery and duct are seen as elevated cords. The former at its commencement appears nearly double the usual size, and on the walls of all the larger suppurating veins its branches could be seen. The *common bile duct* is pervious and a probe can readily be passed into the hepatic ducts, which appear quite free from disease and contains, in places, bile. The cystic duct is also patent. At the junction of the cystic and hepatic ducts the sub-mucous tissue is greyish-white in colour, and the same condition extends along the former to the *gall-bladder*. This organ is large, somewhat distended, and contains about 3 oz. of laudable pus, not tinged with bile. The mucous membrane is transformed into a thick, greyish white structure, which is here and there congested. At the upper and back part of the opening of the cystic duct there is an irregular wide sinus leading towards the portal fissure, and along it a probe can be passed for $1\frac{1}{2}$ ", terminating close to the dilated and suppurating branches of the vein. A direct communication with the latter could not be made out, but water poured into the sinus oozed out in the vein.

All the parts about the head of the pancreas are closely adherent together, and there are several separate lymphatic glands in a condition of suppuration.

Lying along the left side of the lower 2" of the abdominal aorta, and extending another $2\frac{1}{2}$ " at the left of the left internal iliac

and ending on the wall of the rectum, is a narrow shut sac, full of pus, the walls thick, dark in colour, and lined by a definite pyogenic membrane. There is no communication with the rectum, the walls of which at the point of attachment appear healthy, nor is there any opening at the upper end.

The *vena azygos dextra* is remarkably large and distended with blood, almost equalling in size the inf. vena cava. The left is also large.

Suppuration of the portal vein—pylephlebitis—is among the rare affections of the liver. Frerichs (1861), collected twenty-five cases, of which only three or four followed, as in this instance, suppuration in the mesentery; the others resulted from injury, ulcerative processes in intestine and stomach, abscess of spleen, &c. In the pathological Society of London two or three cases have been presented up to the present time.—

The remarkable combination of lesions met with in this case, (pathological and the absence of a proper clinical history), render it somewhat difficult to decide upon the starting point of the process,—the first link in the series. The Typhoid fever may be regarded as the primary affection to which the suppuration in the mesentery and chain of retro-peritoneal glands was secondary; the pylephlebitis, resulting probably from an extension of the inflammation in the mesenteric veins to the vena portæ and its branches. Another source of infection, however, was present, viz: the inflammation in the appendix vermiformis which formed the starting-point of the disease in three or four of the recorded cases; but I see no reason in this instance to regard the ulceration and perforation of the appendix as anything more than an accidental occurrence, arising from obliteration of the orifice—probably the result of a typhoid ulcer—and retention of secretion. The fatal issue was due to the extension of the inflammation in the neighbourhood of the appendix to the general peritoneum. It is impossible to say, not having a clinical record, whether the empyema was a sequela of the typhoid fever or of pyæmic origin, resulting from the pylephlebitis, though it is remarkable how rarely pyæmic abscess occur in this disease, being found in only 5 out of the 52 cases collected by Frerichs.

The tuberculosis of the lungs was probably secondary to the empyema. A point of interest is the way in which the collateral circulation was established, though, unfortunately, owing to the length of time spent over the other conditions, no careful dissection could be made. The right vena azygos was greatly distended, and the left was also much larger than normal. The only veins in the abdominal cavity noticed to be distended were those about the hilus of the spleen, and the vasa-brevia of the stomach.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL.

Excisions of the Knee joint.—Case of Excision of the Knee Joint.—Recovery with useful Limb.—Under the care of J. M. DRAKE, M.D.

I am indebted to my friend Dr. Drake for the particulars in this case and permission to include them in this series.

J. G., aged 22, came under the care of Dr. Drake, Sept. 15th, 1873, suffering from painful swelling in the right knee joint. The joint had been repeatedly injured by sprains, falls, &c., and for the past two years had been more or less swelled and painful. For the past three weeks the pain has been excessive, and he uses large quantities of morphia to alleviate it. Rest and palliative measures were resorted to till October 16th, when the patient being fully etherized, the joint was excised. The semi-lunar incision was adopted, the patella removed, together with about two inches of the lower end of the femur, and $\frac{1}{2}$ an inch of the tibia. The cartilages of both surfaces were considerably eroded, and the synovial membranes much thickened. The limb was put up firmly in a straight trough splint, attached by rivets, to a pelvic belt made of wire and covered with leather, moulded carefully to the shape of the patient's body. The limb remained undisturbed for 73 days, was then dressed, and returned to the splint for 20 days. At this time, owing to a defect in the splint,

a superficial sore of some three inches in length was observed on the outer side of the thigh. The splint was removed altogether and the limb steadied by means of sand bags. He remained in bed 43 days longer, and then was allowed to sit up, union being apparently complete. He left the hospital in March, 1874, with two or three small fistulous openings in the neighbourhood of the wound, which did not close completely for four or five months. Nevertheless, he was able to get about with the aid of a crutch, and came repeatedly to my office. It is worth recording that, on the evening of the day on which the operation was performed, a considerable hæmorrhage occurred from the bowels, and this continued for three consecutive days and nights. His urine also was smoky, and contained albumen in considerable quantity. The albuminuria continued for upwards of twelve months, and was present when I last examined the urine, fifteen months after the operation. The limb is now (Jan. 1875,) perfectly strong, the wound and fistulæ completely healed, shortening to $2\frac{1}{2}$ inches. He expresses himself perfectly satisfied with the result and says he walks as well as ever he did, without a cane or support of any kind.

Case of Excision of the Knee Joint.—Recovery with a useful limb.—Under the care of G. E. FENWICK, M.D.—Reported by J. D. CLINE, B.A., M.D.

Case I.—R. E., aged 20, was admitted into hospital in April, 1875, suffering from an attack of acute synovitis. The history is as follows: In October, 1871, he slipped while running, fell, and struck his knee a severe blow. The leg became swollen and painful; the pain, however, was not sufficient to oblige him to keep in the house, so that he continued to walk about. He experienced a sense of fatigue, and also a creaking sensation in the joint while walking. This sense of uneasiness obliged him to sit in the house after returning from school. Towards the end of the month of October he consulted Dr. Rodger, who enjoined absolute rest, put the leg on a splint, and painted the knee with tincture of iodine. The leg was also blistered several

times, which gave him relief. In February, 1872, he left Montreal and returned to his home in St. John's, P.Q., when he became the patient of Dr. Wight of that place. The same treatment of rest was followed out, and at the end of a week or two belladonna plaster, spread on leather strapping, and a bandage was applied over the knee. While under treatment an abscess formed, which was freely opened and discharged for some five or six weeks. After the closure of this abscess he noticed that motion in the joint was less free, still he was able to go about with comparative comfort. In March, 1873, he again slipped while running, and twisted or sprained his knee; this accident obliged him to keep his bed for six weeks. After recovery from this injury motion was limited the same as before. Again in April, 1875, he met with a severe fall, and shortly afterwards, on the 29th of April, he was admitted into the hospital. The leg was put up on a McIntyre splint, and as he was somewhat run down, tonics were prescribed. Towards the middle of May an abscess was found to exist in the vicinity of the joint, this was freely opened and a drainage tube inserted. Subsequently pus formed at other points both above and below the joint; these were treated in the usual way, free openings being made, and the boy was given nutritious diet, and ale, and the quinine and iron mixture on which he had been placed was continued.

The patient came under the charge of Dr. Fenwick on the 1st July, 1875, who found the joint open and sinuses leading to bare bone at the extremity of the femur. The boy was in a very unsatisfactory condition; however, he proposed excision, with the alternative of amputation if the disease was too extensive, at the lower third; this was agreed to, and the operation performed on the 13th July, 1875. At the end of eight weeks union between the bones was tolerably firm. There were one or two points still discharging a small quantity of pus, in fact, the amount of the discharge was so trifling that it did not more than moisten a piece of lint in the twenty-four hours. The rest of the wound was firmly united. As the patient was anxious to leave his bed a back splint of gutta percha was moulded to the limb, and it

was put up in a glue bandage, openings being made in the bandage opposite the points still discharging for the purpose of exchanging the dressings and he was allowed to get up and go on crutches. He gradually acquired confidence in the strength of his limb, and, by the middle of January, could limp about with a stick. He returned home on the 2nd February, 1876. The following October, he again presented himself for admission to the hospital, as there existed a somewhat indolent ulcer, five inches in length, situated on the outer side of the thigh, and which had been treated with red wash and a bandage, but without much benefit. Simple water-dressing was at first employed, and cod-liver oil with tonics and good diet. This had the effect of improving the character of the sore, when it rapidly healed by skin-grafting. At this time the patient could walk without a stick, and stated that he felt perfectly secure on that leg. At the present time he is able to walk any reasonable distance without fatigue; the shortening is about two inches.

Excision of the Knee Joint. — Recovery with useful limb. —

Under the care of DR. FENWICK. — Reported by J. D. CLINE, B.A., M.D.

Case II.—M. McG., a delicate-looking girl, æt. 12 years, was admitted into hospital on 15th July, 1875, with disease of the right knee-joint of several years' duration. The joint was fixed at right angles with the thigh; there was dislocation backwards of the bones of the leg from contraction of the hamstring muscles. There were sinuses communicating with the joint which led into its cavity, and reached bare bone. The muscles of the leg and thigh were very much wasted, soft and flabby, and the joint itself was tender, so that she could not permit examination, except while under chloroform. Excision was performed on the 10th August, 1875. In order to secure the after-growth of the bones the entire epiphysis was not removed from either the femur or tibia. The end of the femur was rounded off, making it convex, and the end of the tibia was treated the reverse of this, rendering it concave. There was

much difficulty in straightening the leg, in consequence of contraction of the muscles, so that, in order to prevent crushing of the ends of the bones, a second thin slice had to be removed from the end of the femur and the ham-string tendons had to be divided; the bones then came into position, but the tissues in the popliteal space appeared to be put on the stretch, this in all likelihood, led to after difficulty in the management of the case, probably from stretching of the popliteal nerve. There was, throughout, great tendency to the formation of sloughs from pressure, so that, after the end of the first ten days, the splint had to be removed and the parts retained in position by means of a weight keeping up extension, and sand bags placed on either side of the limb; sloughs formed over the tibia on the dorsum of the foot and over the heel. The patient complained of a sense of tingling in the leg, but no urgent pain. The patient progressed slowly, and the sloughs separated, and healthy granulation followed with closure of the sores. The wound, the result of the operation, took on healthy action, and nearly in whole closed, and, at the expiration of the fourth month, she was allowed to leave her bed and go about on crutches; bony union, however, was not complete, as owing to the difficulty of retaining the parts at rest, some motion, though limited, existed. There was still slight discharge from the wound, but the patient was improving in general health. The following June she left the hospital, and returned to her friends. At this time she walked about on crutches and was tolerably active. This patient was seen again in August, 1877, when the following condition was found: Her general health was very good; union of the bones was firm; all discharge had ceased; the leg was slightly bent, and she could sustain the weight of the body on the leg; muscular development was markedly in abeyance, apparently because the little girl was disinclined to use the limb, and she was very active on crutches. The limb was by measurement two inches shorter than its fellow.

Case of Excision of the Knee.—Recovery with useful limb in five months.—Under the care of Dr. FENWICK.—Reported by J. D. CLINE, B.A., M.D.

Case III.—J. B., æt 38, farmer, was admitted into hospital May 6th, 1877, with chronic disease of the left knee-joint. Family history good. No history of tubercular, serofulous, or rheumatic taint. Up to commencement of present affection, seven years ago, enjoyed perfect health. At that time, after working in cold water the left knee became swelled and painful particularly at night. The swelling was evidently synovial. Was not confined to bed, and has gone about ever since that time though somewhat lame. At times after any slight injury the joint would become more painful. It was more swollen than it is now. Since last spring he has been unable to walk without crutches. He has had starting pains in the night for the last year, and the same pain was produced by any jarring of the joint. There is great thickening about the joint. Circumference of the leg over the middle of the patella is $14\frac{1}{2}$ inches, of the sound knee, $13\frac{1}{4}$. The patella is fixed. There is very little motion possible of the joint. The limb cannot be straightened entirely, and scarcely flexed beyond its constant position. By flexion a grating sensation is communicated. There is no pain when the joint is at rest. The muscles of the thigh are much wasted. The patient's general condition is good. No disease can be detected in any of the organs. Urine is clear and of normal appearance, acid in reaction, sp. gr. 1.020. No albumen or sugar. Excision of the joint was performed by Dr. Fenwick on April 11th. The limb was put up in a gutter splint moulded around the buttock so as to fix the pelvis as much as possible. A drainage tube was put through the wound. The incision healed by the first intention. The stitches were removed on the 9th day. There was a moderate degree of inflammatory fever with a rapid pulse, ranging from 108 to 124 till the 15th day, when temperature became normal and the pulse 92. The temperature remained normal for three days, when after a chill it ran up to 102° . After this to the first of June there were

fluctuations from high to low temperature with occasional chills, and a good deal of sweating. During this time there was evidence of a good deal of cellular inflammation around the joint, with the formation of some collections of pus. June 9th, the splint was removed and there was found to be tolerably firm union of the bones. A moulded leather back splint was applied with a narrow piece of wood at the back to strengthen it. Patient's condition now rapidly improved. June 20th, patient got out of bed on a wheeled chair, and in a few days he began to go about on crutches. At this time his temperature would run up in the evenings to 100° , and even 102° . July 20th—The leather splint was removed. Union now is quite firm. The wound is still open at its two angles. The discharge is very slight. The shape of the leg is good. The patient was discharged, August, 1877, and went to the country being instructed to return when the wound had ceased discharging altogether. He can now bear a considerable weight on the limb, and goes about well on his crutches. He was thus four months in hospital after the operation. Since this report I have heard from the patient, and he informed me that he was progressing fairly well, was able to get about, but lacks confidence, as he is always fearful of injury resulting from extra exertion or from falling down.

Excision of the Knee Joint.—Death from Pyæmia.—Under the care of G. E. FENWICK, M.D. — Reported by Mr. D. F. SMITH.

Case IV.—F. P., æt. 17, a farmer's son, was admitted into the Montreal General Hospital on July 5th. 1877, with chronic disease of the right knee. There is a history of scrofula on the father's side of the family. Patient says he was perfectly healthy until two years ago. Two years ago a small swelling began in the right knee, which increased and diminished alternately, and was unattended by pain for about a year. He only felt a stiffness and numbness of the joint. He attributes the affection to overwork, especially mowing hay. About a year after the first appearance of these symptoms pain began to be felt, not

very severe at first, without any increase in the swelling. Up to last Christmas he could walk without much lameness. The pain and consequent lameness increased till in April he began to use crutches. Since then the knee has become fixed in a flexed position.

The measurements of the diseased joint as compared with the other are as follows :

Right Leg.		Left Leg.
Over the patella	- - 15 $\frac{3}{4}$ in.	14 $\frac{1}{2}$ in.
$\frac{1}{4}$ in. above "	- - 15 $\frac{1}{4}$ "	14 "
$\frac{1}{4}$ " below "	- - 15 "	12 $\frac{1}{2}$ "

There is much heat and tenderness about the joint. It is red and bulging on the inner side near the border of the patella. Fluctuation here is evident. There is partial ankylosis of the right elbow. He cannot extend the forearm completely. There is no displacement of the bones; some swelling and slight tenderness between the olecranon and external condyle. This condition began a year ago. Has felt neuralgic pains at times darting through the joint and suffered from sciatica at the same time. The patient is a good deal emaciated. Appetite is good. Heart, lungs, and liver are normal. Examination of urine gives a negative result.

July 7th.—Excision performed. Much pulpy degeneration of the joint, not much pus. Spots of ulcerated cartilage on both condyles of femur. The semilunar cartilages of the tibia, were both entirely destroyed, and several diseased spots were found on both articular surfaces of the tibia. The excision produces shortening of the limb by about 1 $\frac{1}{2}$ inches. The limb was put up on a gutter splint cut out at the knee, and extending up the side so as to fix the pelvis.

11th.—Patient feels comfortable. Wound looks clear and healthy. Urine and other excretions normal. Appetite poor. Tongue heavily coated. Vomits occasionally. Bed sores appearing over the sacrum.

21st.—Removed stitches; wound looking well, united superficially, drainage tube still in. There are frequent spasms of the flexors of the thigh which cause great pain. General condition

seems to be improving. No night sweats. Tongue clear. Pulse 132; temperature $100\frac{1}{4}^{\circ}$. Sleeps well after morphia gr. $\frac{1}{4}$ hypodermically. Appetite very good.

25th.—Temperature last night 104° . Ordered quin. grs. xv. Morning temperature, 98° . Passed a good night. Gets M. gr. $\frac{1}{4}$ hypodermically night and morning. Pulse 124; Pulse has been very rapid throughout. Knee dressed once a day, and lightly bandaged with a many tailed bandaged.

29th.—Diarrhœa for last two days. Increase stimulant, brandy 6 ounces. Ordered pill plumbi c. opio. Tongue dry. Large slough over sacrum.

30th. — Diarrhœa persists. Lost appetite. Tongue dry. Pulv. kino. co. and starch and opium enemata given. Patient getting very weak. Some dusky red blotches on back of left forearm and one over styloid process of right ulna. Diet of boiled milk. Patient sweats considerably; no chills.

31st.—A large collection of pus was discovered and opened; on outside of leg below the knee. The pus was very foetid. Introduced a large drainage tube. Ordered frequent syringing of opening with carbolic lotion. Discharge from wound of operation scanty.

Aug. 1st.—Bowels moved five times during night. Slept pretty well, did not sweat. Pulse 120; temperature $98\frac{1}{2}^{\circ}$. Tongue moister. Ordered a mixture of ac. sulph. dil.; co. spt. chloroform; and decoction of hæmatox. Red blushes on left forearm disappeared.

3rd.—Diarrhœa less; slept well. Tongue clean and moist. Wound improved in appearance, discharge more healthy-looking and more copious. No sweating. Pulse 128; temperature $98\frac{3}{8}^{\circ}$ in morning.

5th.—Pulse 124; temperature $99\frac{1}{8}^{\circ}$. Diarrhœa continues. A blush with œdema on forehead. Felt chilly yesterday. Patient very weak. Tongue clean but glazed.

6th.—Patient continued to get weaker and died at 9 p. m. No autopsy was allowed, but the leg was examined. There was found to be no union between the bones. There was a collection of unhealthy pus around the lower end of the femur, which was partly stripped of periosteum and necrosed superficially.

Reviews and Notices of Books.

Transactions of the International Medical Congress of Philadelphia, 1876. Edited for the Congress by JOHN ASHURST, JR., A.M., M.D. Imp. Svo. n, xlix, and pp. 1153. Philadelphia: Printed for the Congress, 1877.

The conception of holding an international medical congress on the occasion of the one-hundredth anniversary of the existence of the United States of America as a nation, was first entertained as early as 1872, when at a meeting of the Philadelphia County Medical Society, held in October of that year, Dr. J. G. Stetler moved that a general conference of the different Medical Societies and Colleges of Philadelphia should be held to determine what part the Medical profession should take in the approaching centennial celebration. Nothing further was done in this matter until January 1874, when a committee of the same Society was named, to consist of Drs. Turnbull, Stetler and O'Hara, to take the matter into consideration, and to bring it before the notice of other societies with the view of securing their co-operation in preparing some definite line of action. But one other society responded to the invitation. The Committee soon found that it did not fully represent the profession of Philadelphia, so that invitations were extended to several prominent members of the profession to take part in the deliberations. These invitations were cordially accepted, and eventually an organization was formed on the 29th of March, 1875, named "The Centennial Medical Commission of Philadelphia," with Samuel D. Gross, M.D., LL.D., &c., at its head as President. After much discussion the following programme was adopted. The Congress to meet in the city of Philadelphia in September, 1876, and to continue in session at least six days. That the morning of each day of meeting, should be devoted to the reading of discussions upon topics of general interest, and to the transaction of general business, and that in the afternoons the congress should meet in sections, for hearing papers and discussing scientific questions under each separate head, and for that

purpose it was decided that there should be nine sections. We must here remark that if a lack of interest was displayed by the Medical profession generally of the city of Philadelphia at the inception of these proceedings, they fully made up for it afterwards, as the project had the warmest support and sympathy of the entire body of the profession of the city.

It was a grand conception. To celebrate the one-hundredth anniversary of the birth of a new nation, or shall we say the one hundredth anniversary of the separation of the child from its parent. An invitation to the scientific world to meet in judgment and learn what this young nation had accomplished during those one hundred years. Had it remained stationary or had it kept pace with the outside world? Had civilization and learning flourished or had it declined, or was the watchword *onward* in every mouth, and carried out to the full by each succeeding generation? What had this nation done to advance science and in what relative position did it stand with the scientific advance of other peoples? These were all questions of interest, and as though to render an account of its stewardship, this nation called together the representatives of other nations, not alone for social intercourse and pleasing personal reminiscence, but to lay claim to its position in the world of science, and to point with pride and satisfaction to the labour of its children, votaries of science and independent thought, who with all the disadvantages of isolation, were as capable of advancing the holiest interests of humanity, and benefiting their race, as those who lived under more favourable auspices. These remarks do not apply solely to that department of science to which the volume before us is devoted. We make them as applicable to general educational interests; and we must in the most emphatic terms commend the action of those who have given to the world in the volume before us a memorial work, and one which will, we have no doubt, be read with satisfaction and instruction, and frequently referred to by all who are so fortunate as to procure a copy.

The volume opens with an address of welcome pronounced by Professor Gross, after which will be found the minutes of

proceedings of the Congress. Then follow eleven addresses ; On Medical Progress in the United States, by Austin Flint, M.D., of New York ; on Hygiene, by Dr. Bowditch of Boston ; on Medical Chemistry and Toxicology, by Dr. Wormley of Columbus ; on Surgery, by Prof. Paul F. Eve, of Nashville ; on Medical Biography, by Dr. Toner of Washington, D.C. ; on Obstetrics, by Dr. Parvin of Indianapolis ; on Medical Jurisprudence, by Dr. Stanford E. Chaillé of New Orleans ; on Mental Diseases, by Dr. J. P. Gray, of the New York State Lunatic Asylum, Utica, N.Y. ; on American Medical Literature, by Dr. S. P. Yandell, of Louisville ; on the Progress of Medical Education in the United States of America, by Dr. N. S. Davis of Chicago ; and last, though not least, an address on the Scientific Work of the Medical Staff of the United States' Army, by Dr. J. J. Woodward, U. S. A., of Washington, D. C. These addresses, all of deep interest as pointing to the work accomplished by American physicians in their several departments, occupy about 300 pages of reading matter, and form a most interesting Medical History of the Country. Then commences the real work of the Congress by sections.

In the section on Medicine there are nine interesting and important papers on various topics. The first paper is from the pen of Dr. J. J. Woodward, U.S.A., on "Typho-malarial Fever ; is it a special type of fever ?" In this paper the author alludes to the comparison which has been drawn by German authors between the results of the American war of rebellion and the Franco-Prussian war, as bearing on the mortality of either army, and in which German writers claim a greater immunity from disease and death owing to their having profited by the scientific experience gained during former wars, and especially alluding to the American war. The author of the paper clearly demonstrates that this comparison is not a fair one, because the mortality amongst the Germans is based on an experience of a few months, whereas the American war lasted for over five years. It would appear that the deaths from disease in the Armies of the United States during the war including the year following the struggle, amounted to

200,000 men, whilst those who died in battle and from wounds, was about 100,000. In this estimate is included the number of prisoners of war who died in the hands of the enemy. He states that in reality the mortality of the American troops from disease was about one-third greater than that of the German army, and not as claimed by German writers, fifteen times as great. The author admits that in fact the actual difference in favor of the Germans was due to better discipline, and more careful administration of preventive medicine, but he alludes to other circumstances, such as raw troops from the North sent direct to malarial districts, and to the miasmatic valleys of the Mississippi, Ohio and the Potomac, whilst the Germans occupied the comparatively healthy plains of France. And he asks the very pertinent question: "How much of the difference was really due to the wisdom of man, how much to a more favorable climate, and the absence of the intense malarial poison to which all were exposed who bore our arms." This state of things gave rise to a species of bilious remittent fever, whilst a certain number of ordinary typhoid cases prevailed. After the Peninsular Campaign, with the siege of Yorktown, the army lay on the swampy borders of the Chickahominy, and the disease assumed formidable proportions, so that the hospitals in all the cities from Washington to New York were crowded with the sick. It was recognized by the medical attendants that they had to deal with a form of fever with unusual pathological complications, and in the reports this fever frequently appeared under the name of Chickahominy fever. A board of medical officers was summoned, and the author who had served with the army at the front, recognized the complex character of the disease which he regarded as a hybrid resulting from combined influences, such as malarial poison, and the ordinary causes of typhoid fever, together with, in many instances, a scorbutic taint, and proposed to designate this complex condition by the name of typho-malarial fever, which was adopted. The object the author had in this paper was to draw the attention of the profession to this condition,—not that the term typho-malarial was used to indicate any specific form of fever, but an intermingling of types of two well recognized conditions.

The next article is from Dr. J. Lewis Smith, physician to the Infant Hospital, New York, and embraces the question, "Are diphtheritic and pseudo-membranous croup identical or distinct affections?" From the history, symptoms, contagious character and sequelæ of diphtheria, there can be no doubt in our own mind that diphtheria is a form of disease distinct from pseudo-membranous croup. However, the article before us is full of interest and will repay perusal.

The next article is by Dr. Roberts Bartholow, of Ohio Medical College, and the question submitted in his paper was: "Do the conditions of modern life favor specially the development of nervous diseases?" and the conclusions the author arrives at are that nervous affections were as prevalent at early periods of the history of man as they are in the present day; that sickness and mortality has diminished, and length of days increased in modern times, and that in modern times nervous diseases have been more carefully studied and more accurately differentiated.

The next paper is a contribution to the etiology of epilepsy, by Dr. William B. Neftel of New York, which is followed by a practical paper on the influence of high altitudes on the progress of phthisis, by Dr. Charles Denison, of Denver, Colorado. This is an exceedingly well-written and carefully prepared paper, embracing as it does all the points of interest bearing on the subject under discussion. The author, while bringing before the profession the benefit to be derived from high altitudes in phthisis, notices the futility of sending all cases to that region with the hope of benefit, as he points out that in advanced cases the patient is merely benefited by the change, but this benefit is not permanent,

The theory advanced by Dr. Denison as to the action of high altitudes on phthisis is very plausible. He maintains that the lungs to be in health must be kept in full action, that rest is not the condition intended by nature in giving us a breathing apparatus; that the air in higher altitudes being rarefied it follows that it contains a proportionately smaller quantity of oxygen. The atmospheric pressure being less in degree, the capillary circulation in all the tissues is more active and to

acquire the quantity of oxygen necessary, the breathing must be deeper and fuller. This is followed by a quickened flow of blood, and produces an increased respiratory effort, hence a more perfect oxygenation of the blood occurs, consequent on increased expansion of the lung tissue, which promotes a healthful renewal of tissue, and the removal of impurities and disease germs, of which the body in phthisis is full. There is a short paper on the treatment of simple ulcer of the stomach, by M. le Docteur H. Lebert of Vevey, translated by Dr. Charles W. Dulles of Philadelphia.

The next paper is from our fellow citizen and colleague, Dr. R. P. Howard, on "Cases of Pernicious Progressive Anæmia, with some observations upon the ante and post-mortem conditions observed in that affection." This is a most interesting paper on a somewhat obscure affection, and gives proof of much research. At the end of the paper will be found a table showing statistics of sixty-two cases of pernicious progressive anæmia, four of which are reported by Dr. Howard himself. The author arrives at the following conclusions :

That all forms of anæmia, determined by the conditions under which they occur, may take on progressive and pernicious characters.

That it has not been proved that there is a distinct variety of anæmia, demanding the name "progressive pernicious."

That the spleen and lymphatic glands do not present any special lesion in pernicious anæmia.

That it is not proved that any change in the bone marrow is a cause of anæmia.

That if it be a cause it has yet to be shown whether it is a cause of a variety that should be specially called pernicious and progressive.

That it is premature to regard pernicious anæmia as a myelogenous pseudo-leukæmia.

That it is not more frequent in females than males, and that with a view of obtaining information concerning this disease as to its nature and causation a careful personal and family history

should be obtained, an accurate record should be kept of changes in the blood and urine, and an examination post-mortem of all the viscera and organs of the body, together with the bones and the marrow.

Dr. Ezra M. Hunt writes a paper on Alcohol and its Therapeutic relations as a food and as a medicine.

Professor Rudnew of St. Petersburg furnishes a pathological Report of his investigations, chiefly on sclerosis of the vessels of the lungs, and of the arteries, and also his observations on the development of Cancer in Lymphatic Glands.

The section on Biology furnishes several interesting papers. On the Microscopy of the blood, by Dr. Christopher Johnston. On the excretory function of the liver, by Austin Flint, Jr., M.D. A report of investigations in histology made under Professor Lavarikini. On the prevention, by salicylic acid, of fungous growths in solutions, by Dr. J. G. Richardson; and on the Mechanisms of Joints by Dr. Harrison Allen.

In the section on Surgery we find a number of very important papers, and the interest of this section must have been greatly enhanced by the presidency of Joseph Lister, F.R.S., of Edinburgh. The first article is on Antiseptic Surgery, by J. Hodgen, M.D., of St. Louis. A very interesting discussion followed the reading of this paper, which was adjourned to the following day, with a request to the President, Professor Lister, to address the section on the subject under discussion. This gave the Edinburgh professor an opportunity to discuss his favorite theme, and we have another paper on the subject of antiseptic surgery from the man who deserves the credit of originating and practically carrying out this method. The views of Mr. Lister are so universally known, that it would be superfluous to enter into details. During the reading of the paper the author gave a practical demonstration of his method of treating wounds antiseptically, on the person of a patient; and also spoke of the different kinds of carbolic acid. He likewise showed a spray producer, manufactured by Gardner of Edinburgh, and the apparatus employed in conducting experiments on the anti-

septic properties of various substances ; and also prepared flasks in which, if any liquid is placed free from living organisms, it will remain without any putrefactive change until it dries up. There is an interesting paper on the treatment of Aneurism by Dr. H. W. Van Buren, of New York, which elicited a lively discussion, participated in by Mr. Jelliffe Tufnell, of Dublin, Ireland, Dr. J. H. Pooley of Columbus Ohio, Dr. A. C. Post, New York, Dr. Geo. A. Otis, U. S. A., Dr. John Ashurst, Jr. of Philadelphia, and the President of the section Mr. Lister.

We come to the next paper by Lewis A. Sayre, M.D., of New York, which is on the subject of "The Pathology and Treatment of Morbus Coxarius." Dr. Sayre's views are very extensively known, so that it will be unnecessary to report them on this occasion. The discussion on Dr. Sayre's paper was on motion postponed until next meeting of the section, to afford the members an opportunity of witnessing a practical demonstration of the modes of treatment adopted by that surgeon, as several patients had been placed at his disposal in the wards of the Philadelphia Hospital.

The following day at 11 a.m., the members of the section met in the operating amphitheatre of the Hospital, and several cases of coxalgia in various stages were submitted to their inspection. One was a case of the disease in the third stage in a little boy of six years. He was emaciated and anæmic. The left thigh was flexed and adducted across the opposite limb and fixed, an opening existed in the outer side of the thigh near the junction of the upper with the middle third, which discharged freely. This was the opening of a sinus which led to diseased bone, and a large unopened abscess was found over the trochanter major. In consultation with the surgeons present, excision of the head of the femur was considered to be the only chance of giving relief to this child. Chloroform was administered and the operation proceeded with by Dr. Sayre, and the child at once placed on a wire cuirass. Dr. Sayre laid great stress on careful dressing and efficient nursing, and after the operation he stood the child on the cuirass against the side of the amphitheatre, remarking : "Now this child is ready for transportation." The subsequent

history of this case is given from notes furnished by Dr. Holland the Resident Physician to the Philadelphia Hospital, these are brought down to January, 1877, fifteen months after the operation. Dr. Barton in a note to Dr. Sayre states that he had examined the boy that day, (18th January, 1877), that he found five-eighths of an inch of shortening. On laying him on a table the small of the back and popliteal space came simultaneously down. There was great freedom of motion, so that he could rotate the leg freely outwards, making the side of the foot touch the table as he lay on on his back, or he could rotate the limb inwards, so as to touch the other foot with his toes, flexion and extension of the limbs was well performed. His general health had much improved, and his appetite ravenous.

At the subsequent meeting of the section a very lively discussion took place on the question of the traumatic origin of coxalgia, as embraced in the second proposition of the reader of this paper, or that "morbus coxarius" is almost always of traumatic origin, and not necessarily connected with a vitiated constitution. It was finally decided that on this point the section could not unanimously agree, and here we must stay our pen, for already has the length of this book notice extended beyond our limit. There are several other excellent papers in the surgical section which are all of great interest.

The section on Dermatology and Syphilography is also well represented, so is likewise that on Obstetrics, under the Presidency of Dr. Barnes of London. In the other sections the papers are of equal interest. Indeed the entire volume is a very creditable production, and contains much material which must be fully appreciated. We are unable to say whether the work is to be had by purchase. Several inquiries on this point have come to us, but we should refer any of our readers, those desirous of procuring a copy of this work to the editor, John Ashurst, Jr., M.D., Philadelphia, as there is no publisher named on the title-page, or application through Dawson Bros., St. James street, will, we doubt not, receive attention.

Extracts from British and Foreign Journals.

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

Buisson's Treatment of Hydrophobia.

An Edinburgh physician sends the following extract, which he states he copied from an old journal some years ago:—M. Buisson of Paris was inoculated by hydrophobia virus whilst attending a patient who was affected. He felt all the symptoms of the disease, constriction of the pharyngeal muscles, &c. He entered a Russian vapour bath, 107° Fahr., resolving to terminate his life by suicide. To his astonishment the symptoms gradually subsided, and he in time completely recovered. Since then he has treated eighty cases successfully. His mode of treatment is this: the person bitten should take a certain number of vapour baths, and every night should induce a violent perspiration by wrapping in flannels and lying under a feather bed, and by drinking freely of warm decoction of sarsaparilla. So convinced is he of this mode of treatment proving successful, that he will suffer himself to be inoculated with the virus. Dancing is also recommended to produce sweating. Animals which do not perspire—as dogs, wolves and foxes—are most frequently affected with hydrophobia. Dancing was an old remedy for the cure of tarantula stings. (*The Lancet*, Sept. 29, 1877.)—*The Practitioner*.

Note on Lactopeptine.—Dr. Ivor Murray states he has been using this remedy somewhat extensively during the last year. One of his cases was that of a lady suffering from uterine affection with very obstinate dyspepsia, which had baffled all ordinary treatment. Lactopeptine in fifteen grain doses given three times a day in a little water after meals did more, he thinks, to restore her digestive power than anything he had previously prescribed. She has persevered in its use from time to time as the stomach appeared to require assistance. With the improvement in her general health the uterine symptoms

have also ameliorated. Dr. Murray has also used lactopeptine in a large number of cases of weakened digestion, and in the majority of cases with marked success. Even in very young children he has seen great benefit result from its employment, especially in those cases which are attended with obstinate vomiting. The composition of the preparation, which has been published, would, he thinks, lead to a favourable *à priori* opinion of its efficacy in the cases for which it is recommended, and he has no hesitation in stating that as far as he has used it the combination is very materially more successful in its results than its component parts in any combination in which he has hitherto employed them, whilst it is both more readily taken and retained than pepsine in those cases in which it is advisable to prescribe that remedy. (*British Medical Journal*, Oct. 13, 1857.)—*The Practitioner*.

The Prophylaxis of Phthisis.—At a meeting of the Paris Academy of Medicine, M. Lagneau read a paper which was referred to the Committee on Hygiene, in which he advocated strongly the enforcement of measures of public hygiene with a view to diminish the frequency of phthisis. This terrible scourge of the inhabitants of the temperate zone is, he showed, more prevalent in Paris, than in Berlin and London, reaching a mortality of 18 per cent. : a proportion in which it is exceeded by Brussels and Vienna. He pointed out that whereas formerly the male deaths from phthisis were less than the female, the proportions between the sexes has now become reversed, the male mortality being to the female as 115 to 100. Further that the mortality was higher by one-fourth among the immigrant population (country folk and foreigners) than among the native Parisians. After alluding to the fact that the disease prevails in warm and cold climates, M. Lagneau pointed out that certain regions enjoyed an immunity, such as certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the north-west of Scotland, and the Faroe Islands. Although the only point in common

between these mountain districts and northern countries is the possession of a low temperature, he showed, however, that cold could not be considered as preventive of phthisis, for M. Homann has shown it to prevail at Christiansund, in 62° north latitude, with a mean annual temperature of 4.5° C. (40° F.), and MM. Etzel Billebon, and Guerault report a certain proportion of deaths from pulmonary consumption in Greenland. In France itself a far larger number of persons claim exemption from military service on account of chest disease in the northern departments, as those of the Nord and Pas du Calais, than in the rest of France; but there is likewise a fair proportion even in the Mediterranean departments,—where sufferers are so often sent. M. Lagneau showed also that poverty and insufficient nourishment do not go hand in hand with phthisis, the inhabitants of those districts where the disease prevails being in much better circumstances than many others where phthisis is almost unknown. Pursuing his analysis further he finds a general consensus of opinion among French authorities as to the favouring effect of sedentary occupations and trades; the department of Morbihan, which furnishes the fewest instances of the disease being also the least industrial part of the country. He urged therefore the formation of free gymnasia, the encouragement of athletic exercises, formation of choral societies, establishment of public sanatoria for the phthisical, prevention of over-crowding in workshops, and means taken to procure a good supply of air and light in newly built dwellings, legal restrictions against juvenile labour, the encouragement of physical exercises in the Lycées and schools, and the substitution of rural camps in place of barracks, where the young soldier could pass his term of military service. (*The Lancet*, Oct. 6th, 1877.)—*The Practitioner*.

Transfusion of Blood in Pernicious Anæmia.—At the medical congress, held at Hamburg this year, Professor Quinke reported two cases of successful transfusion of human blood in pernicious anæmia. After the transfusion, partial destruction of the red blood corpuscles took

place, manifesting itself in transient hæmo-globinuria, and corroborated by direct numeration of the corpuscles, the cause of which was probably the different character of the blood in the patient and the person from whom the blood was withdrawn. The blood corpuscles subsequently greatly increased in number, and the abnormally small and variously formed corpuscles disappeared. There can be no doubt that transfusion is extremely useful in some cases of pernicious anæmia. (*Med. chirurgische Rundschau*, March, 1877.)—*The Practitioner*.

Podophyllin in Habitual Constipation and Hæmorrhoids.—Dr. Rousselet gives the result of the employment of podophyllin in forty-seven cases. He finds the powder of podophyllum superior in its action to the resin, which, as sold, is often inoperative. In habitual constipation the use of the remedy must be continued for two or three months, and care should be taken that the action of the bowels should be solicited with regularity at the same hour every morning. He commences by prescribing about one-sixth of a grain, increasing the quantity to a small extent day by day till the desired action is obtained. The same quantity is then given daily for a fortnight, when at first one day, then two and three days are allowed to intervene between the doses. In cases of mechanical occlusion of the alimentary canal, podophyllin possesses the advantage that it may be used for a long period without harm. It is especially useful in hæmorrhoids, rendering the motions pultaceous, and quickly causing the disappearance of the swellings. (*Gazette Médicale de Paris*, Tome 6, No. 21, 26.)—*The Practitioner*.

Treatment of Fissures of the Breast by Picric Acid.—M. Charrier utilizes the hardening properties of picric acid in the treatment of mammary fissure. He paints the fissure once a day with a solution of thirty parts of picric acid to 1,000 of water, and also immerses the nipple in a little glass filled with a solution of picric of one part per 1,000 after each time of suckling.—(*British Medical Journal*, Oct, 6, 1877.)—*The Practitioner*.

CANADA

Medical and Surgical Journal.

MONTREAL, DECEMBER, 1877.

MEDICAL EDUCATION.

We have heard that it is the intention of Laval University to establish a branch in this city, to include Faculties in Arts, Law, Medicine and Divinity. In the faculty of medicine, rumour indicates that the present School of Medicine and Surgery in affiliation with Victoria College, Cobourg, is to become the faculty of medicine of the Montreal branch of Laval University. We are unable to make any positive statement on this subject, because we do not happen to be in the way of gathering information, but we should suppose that rival interests would induce some aspirants to fame, to establish a new staff of teachers, and moreover, we do not quite see how the Montreal School of Medicine and Surgery which claims to be the Medical Faculty of Victoria College could consent to this change without due notice being given to its University authorities.

The establishment of another medical school, because this is virtually what this movement means, must be regarded as an element of weakness in our educational system, and one which if carried out will tend to lower the standard of medical education in this Province. There are already in full operation in the Province of Quebec four medical Schools, all possessing University privileges, and should a fifth be established it will be more than is required by the country, and will tend to laxity in teaching, as also in examination of candidates. It may be said that these bodies will be under the supervision of censors, or assessors appointed by the College of Physicians and Surgeons of the Province. This is true, but we do not think that even this will prevent abuses.

We are adverse to the present system of visitation, and hold

that it is a system more humiliating to the Universities than to leave them free to exercise their functions without espionage of any kind. The Laval University pressed its privileges before the Committee of the House at the introduction of the present Act, but conceded the right of visitation to the College of Physicians and Surgeons, while objecting to a central examining board. We questioned at the time the wisdom of that movement, but conceded the point as the general feeling of the representatives of the schools was in favor of the movement. We are still of opinion that it would be advantageous to have a central board of examiners, or, in other words, one door of entrance to the profession. This opinion is strengthened in view of the contemplated establishment of a fifth medical school in this Province of Quebec. If a central board of examiners, existed before whom all candidates would have to pass, then, indeed, might the number of teaching bodies be increased without detriment, but so long as the examination of their own pupils is left in the hands of the teachers of any school, so long will there remain a doubt in the minds of outsiders as to the impartiality of the examinations. If there existed but one examining body before whom all aspirants to practice medicine, surgery and midwifery would have pass, then indeed no reasonable objection could be raised to the multiplication of teaching bodies. The very best way to learn is to teach or to attempt to teach, so that if we were all teachers of the several branches of medical and surgical science, there might be hope of some at least striking out into untrodden paths and so benefiting the general store of knowledge. We trust that if any change is contemplated in the present law, that a central examining board will form the basis of that change. The schools would then be all placed on an equal footing, and the superiority in the method of teaching of any one school would soon become apparent in the character of the examinations passed by their pupils. The Universities would then hold the status of conferring alone an honorary title or degree, and would be very careful that none but those really deserving should participate in the honours conferred.

TRANSACTIONS OF THE CANADA MEDICAL ASSOCIATION.

We have received a copy of these transactions which form a neat volume of 244 pages, and we trust that this first attempt of the committee to publish a selection of the papers read before the association, will receive the liberal support of the profession in the Dominion. We think it an omission that a full report of the meetings of the various sections was not obtained and published. Some of the discussions which took place on the occasion of those meetings were very creditable and well worth a report, and would undoubtedly have added to the interest of the volume of transactions before us. In publishing a volume of transactions of any society more interest and importance lies in the opinions expressed and in the criticisms offered by members present on the subject-matter under discussion than in the enunciation of the writer of any paper. We make this suggestion to the publication committee with all due respect, and trust that in future if a volume of transactions is to see the light of day that the opinions of those who discuss the papers read before the sections shall be duly recorded, and if they possess any value let them appear in their proper place.

However, this book may be regarded as a national work, and is so far creditable, as it contains a number of papers of worth. To subscribers this work is issued at the nominal sum of \$1.25. Non-subscribers will be required to pay the sum of \$2.00. We will in a future number endeavour to give our readers some idea of the contents of this volume. To all we say send in your names as subscribers. Names and subscriptions should be sent to Dr. David, Montreal, General Secretary of the Association, or to Dr. Osler, 1351 St. Catherine street, Montreal, Secretary to the Publication Committee.

COLLEGE OF PHYSICIANS AND SURGEONS, P.Q.

We understand that it is the intention to call a special meeting of the College of Physicians and Surgeons of the Province of Quebec to take into consideration the desirableness of changing the law in respect to the length of what is termed a medical session, or in other words, to oblige all medical schools now in

existence, or that may hereafter be established, to deliver courses of lectures on the various branches of medical science, to extend over a period of nine months.

The object, so far as we are able to ascertain, is to oblige the three medical schools in Montreal that at present deliver sessions of six months lectures on the various branches, to change their curriculum and deliver sessions of nine months each. It would appear that if the Laval University establishes a branch medical school in this city it would be on the condition that sessions of lectures will be of the same duration, and on the same terms as those delivered by the parent institution, and that unless the medical lectures of McGill University, Bishop's College, and Victoria College are of the same length and duration an unfair advantage would be held by those schools. We trust that the subject will receive careful deliberation as it is a matter which involves the future interests of the three Medical Schools above named.

THE WARREN PRIZE.

We have been requested to make the following announcement of the Warren triennial prize.

The Warren prize committee, consisting of the visiting physicians and surgeons of the Massachusetts General Hospital, have awarded the prize of the present year, amounting to \$371.41, to E. O. Shakspeare, M.D., of Philadelphia, for an essay on On the the Healing of Arteries after Ligation.

The committee also announce that the subject for 1880 will be Original Observations in Physiology, Surgery, and Pathological Anatomy.

Essays should be forwarded to the resident physician, Massachusetts General Hospital, Boston, on or before, February 1st, 1880. The amount of the prize will be \$400.

Your obedient servant,

R. M. HODGES,

Secretary Physicians and Surgeons of the Massachusetts General Hospital
November 13, 1877.

The object of this prize is to stimulate original investigations, and for this purpose the choice of a subject, within certain limits, is left to the option of the writer. The above reward is only the

second that has been made since the establishment of the prize. Ample time is given from the present up to the 1st February, 1880, at which period all the essays that are intended to compete must be in the hands of the committee. Here is a chance for our Canadians, as the competition is open to all Americans as well as those from abroad. Philadelphia has, we understand, carried off both the prizes that have been awarded.

PARRISH HALL,—A PRIVATE HOME FOR OPIUM HABITUÉS, BROOKLYN, N. Y.

We have received a circular announcing the opening of this institution. This home is the only one, specially devoted to the care of opium eaters, in the United States of America. The home is located in the most elevated suburb of Brooklyn, and commands a view of the city of New York, Staten Island, and New York Bay, as well as New Jersey. The consumption of opium must be very large in the neighbouring Republic to necessitate the opening of such an institution. We have long known that morphia and other preparations of opium are largely used by Americans, very frequently has the habit been acquired by the injudicious prescribing of opiates by physicians, and in course of time the indulgence in the constant use of opiates has been inevitable. It should be regarded as a step in the right direction to provide a means to overcome this pernicious habit and we believe that nothing will conduce to a more careful administration of opiates on the part of physicians than this practical protest against the custom. That the custom has become very general is a fact which few will deny who have had any opportunity of judging of this matter.

Some isolated cases have come before us personally, wherein large doses of morphia have been indulged in, and, indeed, become the habit of life. The agony of abstinence from the customary stimulus is graphically portrayed by de Quincy and other writers, who have detailed their own experience of the misery they endured. It is far greater misery than abstinence from alcoholic stimulants. In the case of the habitual drunkard the latter class are excluded from the home, inasmuch as it has

been found that opium eaters express an objection to entering a general inebriate asylum. We may state that the asylum or home is under the medical care of Dr. J. B. Mattison, and Dr. A. M. Mathias, with Joseph Parrish, M.D., as Consulting Physician, and in calling attention to the establishment of this institution we desire to wish them every success in their work of benevolence.

Medical Items and News.

Mr. Thomas Annandale has been appointed to the chair of Clinical Surgery, University of Edinburgh, vacated by Mr. Lister on his removal to King's College, London.

Dr. Paul F. Eve, the eminent Surgeon of Nashville, died suddenly while in attendance on a patient on the 3rd November last. Dr. Eve delivered the address on Surgery before the International Medical Congress at Philadelphia last year. He was a most successful lithotomist, and it is said had performed that operation more frequently than any other living surgeon.

WYETH'S DIALYZED IRON AND COMPRESSED TABLETS.

Dialyzed Iron is in many respects, superior to other ferruginous preparations. It is a solution of the oxide of iron obtained by a process of endosmosis and is nearly free from acid. It is of regular strength, is not styptic in taste, does not blacken the teeth, nor is its use followed by constipation, effects which nearly all the preparations of iron produce. We have used the preparation of Messrs. John Wyeth & Bros. of Philadelphia, and find it regular in its action, and believe it to be an excellent ferruginous tonic. It seems to be very suitable for children as its taste is not objectionable, and in persons in whom iron preparations disagree we have prescribed it with satisfactory results.

Messrs. Wyeth & Bros. also prepare a number of articles of materia medica in compressed tablets, which, from the mode of preparation, ought to be very soluble and very efficient. The strength of each preparation is indicated, so that the physician can with certainty know what he is prescribing. We believe that these preparations are to be had of all druggists.