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THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. III.

MAY, 1871.

No. 9.

Original Communications.

CHLORAL HYDRATE.

BY D. L. WALMSLEY, M.D., ELMIRA.

Much of late has been written about the good effects of Chloral Hydrate, and as a case bearing evidence of its good results came under my care lately I think its publication may prove of some value to the profession, and I trust any brother in perusing my statements of the case,

"In viewing with a critic's eye,
Will pass all imperfections by."

I give the facts from memory.

Mary R—, West Montrose, Ont., a native of England, aged 27, subject to epileptic fits since a child of 3½ years of age with the exception of an interval of two years between ten and twelve, since which time the fits have increased in severity and frequency. At sixteen months of age she fell down stairs lighting on her head.

After the intermitting period she complained of pain in the head, and about six years ago the right side of her face became paralyzed, and three years later she lost all power of speech. The mother does not recollect of any of the relatives on either side being similarly affected, insane, or scrofulous. Fatuity began in this case about nine years since, and for the last five years she has been perfectly insane. Sometimes very wild, requiring a constant attendant.

The number of severe fits during 1870 was 141.

The catamena commenced at the age of sixteen, always regular but scanty.

On the 30th of November 1870, I was called in to see her for the first time, the messenger stating that they thought she had broken an arm in falling while in a fit. On my arrival I found she really had broken the left arm at the junction of the middle with the lower third, both bones, the hand being bent back upon the arm at nearly right angles. I reduced the fracture and while putting it up according to the usual practice learned the previous history of the case from the mother.

I saw at a glance that my reputation as a surgeon was in danger, as during each fit the ends of the bones would be dislodged by muscular contraction, that if union took place I feared that ankylosis and deformity would be the result, and that no allowance would be made by the friends for the unusual difficulties of the case.

The mother told me she had tried everything she could get to control the fits and excitement, but to no purpose. I felt my position to be a critical one and resolved to try chloral hydrate, but an obstacle presented itself in the shape of heart disease, I determined, however, to try small doses and watch the effects. I left the patient for a short time, and on returning I found the girl had a fit during my absence, and on undoing the arm found the bones displaced. I again reduced the fracture and administered the chloral in 15 gr. doses every six hours, and on my return the next day, (Dec. 1st,) I found she had rested well and had no return of the fits since. Dec. 2nd, I visited her again and found her very quiet, had no fits since last I saw her. As she was so very quiet I ordered them to discontinue the chloral hydrate until some symptoms of fits or wildness came on, but on the slightest signs to administer the dose again. She went to sleep

and on waking had a slight fit before her mother had time to see any change in her appearance.

The remedy was again resorted to and followed by the former results. This was the 3rd day of the trial of the remedy and the mother was in ecstasies about the good effects of the medicine and the probable cure of her daughter, but the latter I could not warrant her and told her not to hope for too much. I now removed the splints and put the arm up in a starch bandage. I found the bones slightly displaced on removing the splints, and in putting it up I took the precaution of bandaging the arm from the ends of the fingers to midway between the elbow and shoulder, by so doing I expected in case of any more fits to partially overcome or counteract muscular contraction, I also placed straight splints on either side of the arm and secured them by dry bandages which I did not remove until the starch bandage was quite dry. At the end of six weeks all dressings were removed and the bones found to be securely united and allowing of the usual amount of pronation and supination. Notwithstanding the precaution of putting the arm up so securely, the ends of the bones became slightly displaced by muscular action during the spasms, and as a result there was more or less irregularity at the point of union, and also, some impeded action of the extensor muscles of the thumb, probably from adhesions.

During the most of the above time the patient took the chloral hydrate, and with the exception of comparatively light spasms, it controlled both the fits and the insanity, in fact she has not been wild since taking it. Seeing the good results up to this date (20th Jan., 1871,) I determined to push the remedy still further, and when given regularly it has had the effect of keeping down the fits and producing a partial return to reason and speech. The sister of the girl called at my office yesterday, (Feb. 20th,) with the empty bottle to be refilled, for, said she, "my sister is actually talking and reasoning with us, a thing she has not done for years before."

Dose night and morning ʒ grs.

I have been induced to report this case as one bearing testimony to the efficiency of chloral hydrate, in nervous affections.

REPORT OF CASES OF SPONTANEOUS AMPUTATION.

BY THOS. R. DUPUIS, M.D., ODESSA, ONT.

Such reports as these should be interesting, inasmuch as they show that occurrences so rare are occasionally taking place amongst us, and also refresh our memories with the fact that unaided nature sometimes effects the most marvellous cures. Two cases have come under my notice inside of the last seven years, which I shall briefly describe.

Case I. A woman, aged about 62 years, married, and the mother of a large family, had worked hard, eaten plenty of coarse food, and had been generally healthy, was attacked in the spring of 1864 with chronic gangrene, commencing in one of the small toes.

She had been attended by another physician for about a month, when I first saw her. I found all the smaller toes of the affected foot, hard, shrivelled, and black, the great toe and foot, up to a line drawn from the heel over the instep, and passing around just beneath the malleoli, dead, partially denuded of cuticle, still moist, but becoming dry and hard, and emitting a very offensive odor.

The low inflammatory process that heralded the mortification, was extending slowly and steadily upwards, and accompanied by the most excruciating pain. Restorative treatment with a free administration of opiates, poultices of various kinds, water dressing, stimulating and sedative applications were severally resorted to, without arresting the advance of the disease until it extended to about the middle of the leg.

Here the line of demarcation formed, and the work of separation began, when the pain almost entirely subsided and the patient's general health began to improve.

This was about eight weeks from the time I first saw her. All entreaties and persuasions of friends were in vain to procure an amputation, she looked for nothing but death, and intended to die by the disease. But instead of dying her general health improved slowly, the dead flesh completely separated from the living, and fell from the bones, leaving them bare and black from the line of separation to the ankle joint, and the foot became dry and hard. The stump, or the tissue that formed the stump

afterwards, had healed down to the bones, and these were being cut off as fast as possible by nature's process, when my patient in a paroxysm of hysterical convulsions suddenly completed the separation by breaking off both bones close up to the line of separation. From this time recovery was rapid, a few weeks after some fragments of dead bone were thrown off, and the stump was soon completely healed over. All this occupied five months from the time I first saw her (about six from the beginning of the malady) and left her a healthy woman, minus her leg, which was removed about midway between the knee and ankle.

She lived comfortably for about two years after this occurrence and then succumbed to dropsy from disease of the heart.

Case II. A fetus *in utero*. The mother who was a healthy woman, whom I had attended about two years previously in the delivery of a healthy child, was again seized with labour pains. There was a head presentation in the first position, the labour was wholly natural, completed in about six hours from the commencement, and the result was a fine boy, perfect in all respects excepting one leg. This had been amputated below the knee at the junction of the upper with the middle third, and the stump so completely healed over that it presented an appearance more like the extremity of the heel than an amputated stump; scarcely a cicatrix being visible. This was her third child, and the only one deformed, of the five which she has had up to the present time.

Nothing abnormal connected with the cord or placenta could be discovered, no injury, sickness, grief, or fright to the mother could be assigned as a probable cause for the accident.

It may have been the result of "being wound by the cord," or of being encircled by a "band of organized lymph," or a "prolongation from the egg membrane," which became twisted into a ligature about it, as held by different authors. Certainly it was done at an early stage of intra-uterine existence, and by some cause that did not interfere in any way with general development.

These two cases, although entirely different in circumstances, may still be classed under one general head, as having produced

a like result on the individual concerned, and as having been effected by the same proximate cause — the conservative power of life.

Should this brief notice interest any of my professional brethren, I shall be amply repaid for making it public in the columns of the "*Lancet*."

Odessa, April 1, 1871.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHARINES, Tuesday, Feb. 28th, 1871.

The chairman, Dr. T. Mack, after alluding to the prevalence of a fatal type of scarlet fever at Hamilton, recommended a consideration of the nature and treatment of this formidable disease to the society. It seemed to be eminently a zymotic disease and some strange facts as to the length of time infection may be communicated have fallen under the notice of many medical men. Milk has been suggested as a vehicle for the propagation of infection from its well known property of absorbing the vapours surrounding the spot it is kept in. Decomposing blood and offal, the refuse of slaughter houses, frequently lead to its production and a severe form of scarlet fever especially affects butchers and slaughtermen, according to Dr. Carpenter, of England. Dr Mack had known a singular case where a clergyman having died of the disease and his furniture having been sold, a lady who, during her confinement lay upon the same bed, more than a year after, on which he had died, contracted the disease, and died at a time when scarlet fever was not prevalent, and the disease, strange to say, was not contracted by any one else. This, if a coincidence is a remarkable one. The great fatality of this disease rendered it especially important in epidemiology. In 1863 and 1864 it destroyed in England alone, more than 60,000, and although it is sometimes very mild, yet the deaths are put at one or twelve cases of all types.

The congestive form of the disease is extremely formidable; the following is a fair sample. A negro lad, aged 17, complained of prostration, difficulty of breathing, anxiety, restlessness and the usual group of grave symptoms attending a severe form of

congestive fever, the throat and fauces were of a livid red colour, tongue red with elevated papillæ, skin very hot and dry at first, soon became cold and shrunken. All treatment proved unavailing and he expired about eighteen hours after the accession of the disease. An epidemic of scarlet fever was prevalent in the neighborhood. Upon *post mortem* examination the capillaries of the entire mucous membrane wherever exposed were found intensely injected with dark blood, the venous system generally was distended with very fluid blood, and all the parenchymatous organs were filled with dark blood resembling the state of the large abdominal veins.

The rules for guidance in warding off the disease, re-published in the "*Canada Lancet*," were admirable and in the event of an invasion of the epidemic here, should be slightly altered to suit the locality, and published in handbill-form at the expense of the town council for general distribution.

The chairman finally suggested that at the next meeting of the society some of the members should communicate such a system of treatment as their own experience had led them to adopt, and which they could recommend to their *confrères*.

Dr Sullivan asked if any satisfactory theory had ever been offered explanatory of the remarkable election of the mucous membrane of the fauces and the tonsils as the seat of inflammation pathognomonic of this disease.

Dr Goodman said that the mucous membrane lining the digestive tract was involved prior to the invasion of the skin, and to quite as great an extent, and that as the disease was ushered in almost invariably with vomiting, and sometimes with diarrhœa, he did not approve of the administration of purgatives after the development of the symptoms.

He had been in the habit, however, for several years past of giving a mercurial and saline purge to those who had been exposed to contagion, but in whom the disease had not yet manifested itself, and, in all cases so treated, when the malady supervened it assumed a type milder than that of the prevailing epidemic, and the patient invariably did well.

The Dr treated the disease in the earlier stages in the following manner: He administered a mixture containing liq. ammon acetatis; sp etheris. nit., and chlorate of potash, and had the body of the patient thoroughly anointed with sweet oil, or

what is perhaps better a rind of *bacon*. Apropos of the *bacon*—the Dr. said that he had been informed by a gentleman from Virginia, that it had been the custom for generations back to anoint the children of whites and blacks, when afflicted with *scarlatina*, with fat *bacon*, and that the rate of mortality from the disease was very low in the cases of those thus anointed. The Dr. highly approved of sponging the body with tepid whiskey and water, when the temperature of the surface was high and the skin dry, as it seemed to reduce the pulse, abate the fever, remove the distressing irritability and restlessness, and, not infrequently induced sleep.

If the eruption did not appear satisfactorily, the Dr. favored the hot air bath, or the hot vapour bath, and the administration of stimulants. As an application to the ulcerated fauces, he spoke highly of the benefit he had observed to follow the frequent application of a strong solution of permanganate of potash, one dram to one oz. of water, it not only removed the factor and diminished the danger of *septicæmia*, but induced a healthy action and tendency to cicatrization in the ulcers themselves. He recommended the solution of permanganate of potash as an admirable application in nursing sore mouth, and, indeed, in all forms of *ulcerative stomatitis*. He combated the extreme restlessness and *insomnia*, which sometimes accompanied the affection, by the administration of *pulv. ipecac. co.*, whenever the tepid spongings failed in procuring sleep, but, in any future case, should be inclined to give the preference to the hydrate of chloral as less objectionable in view of uræmic complications. In practice, however, he had observed no ill effects to follow the administration of *Powers powder*, on the contrary, a marked change for the better had often followed its exhibition. As soon as a tonic was indicated the Dr. was in the habit of giving decoction of *cinchona flava*, containing 5 grs. of chlorate of potash to each dose, finding that bark agreed better with the stomach than quinine, and that it does not produce the headache, which occasionally results from the administration of the latter drug. In conclusion, the Dr. stated that in his opinion the sulpho-carbolates of soda, potash, or magnesia, would be found to exert a beneficial influence in the treatment of all the forms of *scarlatina*.

Tuesday, March 14th, 1871.

Dr Sullivan said that scarlet fever, like the rest of the exanthemata running a definite course and usually of an epidemic character, is therefore neither curable, nor can any regular form of treatment be followed, as so much depends upon the constitution of the individual, the character of the epidemic, and the complications which exist. I would suggest, that instead of following a routine of treatment or the puzzling subdivision of nosologists, that every case, no matter how simple, should be carefully watched and the tendency to this or that form of death obviated. If the epidemic was of an inflammatory type, with high fever, furred tongue, with scanty and deep red urine, he would give an emetic even if vomiting had taken place, then a purgative of calomel, rhubarb, and soda bicarb. His reason for giving calomel is that it has been recommended as a prophylactic, by several German authorities, the rhubarb as most suitable to the state of stomach, and the soda to correct the acid and scanty condition of the urine. He would also give a diaphoretic mixture, with warm or vapour baths, tepid spongings, a well ventilated and warm room, if in winter, a pot of warm water placed on the stove will give the necessary humidity to the air, the application of a flannel pad wrung out of hot water to the throat, followed by a liniment of camphorated oil and turpentine. He would prefer the hydrochloric or nitric acids mixed as Dr. West recommended, with honey. Ice, as recommended by Dr. Jackson, and finally greasing the skin with fat of bacon, as recommended by Schnoimann, of Hanover. In the typhoid or malignant form, he would give the treatment for typhoid fever, a gentle laxative and an early resort to stimulants and tonics, usually pot. chlor., in infusion of cinchona, or Dr. Watson's prescription of pot. chlor in hydrochloric acid, with a view to supporting the restorative powers of nature, and by its arterializing power, arresting the low form of ulceration, or the chlorate may be combined with carbonate of ammonia. As a stimulant, port wine or brandy, broths or beef tea, and no milk, unless an infant at the breast. To produce active diaphoreses he would advise the application of hot bottles, as recommended by Dr. Andrew Wood, also the muriate of ammonia, as recommended by Dr. Witt, as a specific, which he states acts by retarding the coagulability of the blood and nitrate of potash, in full doses in mucilage. In the hæma-

taria following he would try the benzoic acid, after active purgation with croton oil and an early use of the tinct. ferri. mur.

Dr. Comfort bore favourable testimony to cold sponging when the eruption was fully established and febrile heat was severe. In an epidemic he had seen benefit from small doses of nitrate of potash, which kept the kidneys active. In the congestive forms he bore favourable testimony to the free use of stimulants and the hot air bath.

Dr. Mack described his programme of treatment to be, according to the nature of the case, free use of sulpho-carbolate of soda internally, local applications by mop, gargle, or atomization of the sulpho-carbolate of zinc, with the application of powdered ice in a net bag, dipped in weak carbolic lotion for short periods, at intervals, to the tonsils. Lactate of iron dissolved and mixed with whey, so that a quantity of iron proportioned to the age should be taken in the course of the day, in small quantity, largely diluted and at short intervals. Inunction of fat by means of the rind of pork as at first recommended. In recommending these remedial expedients, Dr. Mack purposely left the indications for their employment to the judgment of the practitioner, and fully recognised the possibility of verifying the great Sydenham's allegation, that scarlatina is simply fatal "only through the officiousness of the doctor." An abundant supply of fresh air was of the greatest importance, tepid affusion, or in some instances when arterial action and heat of skin ran high, cold affusion or immersion for one minute in a cold bath followed by being wrapped in warm bedclothes, or when internal inflammations were threatened, wrapping the patient in a blanket coming out of warm water, encasing him in warm dry blankets and covering with oil cloth or india-rubber, so as to excite the sudatory glands to resume their suppressed functions.

During desquamation quinine is frequently required, acetum celchici is useful in uremia and nitrate of urea has proved a valuable remedy in combating the dropsical sequela.

Dr. Goodman reported the following remarkable case of chorea.

Rhoda O---, was admitted into the St. Catharines General and Marine Hospital, on the 4th of March, 1871, she is a slender delicate looking girl, about nine years of age, and was suffering at the time of her admission from a very violent attack of chorea,

with which her friends stated she had been afflicted for upwards of seven months. She was brought from the township of Polham in the county of Monck.

The patient seemed to have lost all control over the muscles, she could not walk without the assistance of two persons, one on either side, she could not sit in a chair without being tied in it, and could not speak a word. The expression of the patients face was not unpleasing or unintelligent, and there was no indication of cerebro-spinal disease. From the dilatation of the pupil, the red and glazed look of the tongue, the capricious appetite, and the hard and tympanitic condition of the abdomen, he inferred that the irregular and involuntary muscular contractions were due to nervous reflex action, and that the cause of excitation, was eccentric and probably due to the presence of worms in the intestines.

In pursuance of this theory he administered at bed time Hyd. submur. gr. ij, santonine, gr. v., and gave ol ricini and spts. of terebinth, on the following morning. The effect was very satisfactory, the little patient passing a great number of lumbrici, to the manifest relief of the symptoms. In consultation with his colleague, Dr. L. Mack, who concurred in his diagnosis and treatment, it was determined to repeat the anthelmintic. This was done and resulted in the expulsion of a great number of worms, and in the production of great amelioration of the disease. The little patient can sit alone in the chair, without any kind of restraint, can speak and walk without assistance, her appetite has much improved, and she can feed herself. The anæmia, the diseased condition of the mucous membrane lining the digestive tract and the irritable state of the nervous system, are being combated by iron, chlorate of potash, and bromide of potassium. At the same time an effort is being made to equalize the circulation and reduce calmness and tonicity of the nerves by means of the shower-bath, followed by friction over the surface of the body. The diet given is light and nutritious, but no milk is allowed as the Dr. has observed that entozoa very commonly infest the intestines of persons in whom milk forms the principle article of diet. In this way perhaps we may account for the circumstances, that the children of the poor in the rural districts are more troubled with worms, than the offspring of those in better circumstance, or who reside in cities or towns, as milk

and salt pork bear a greater relative proportion to the whole amount of food used in the former case than in the latter. He hoped at the next meeting of the society to report the little patient as being quite recovered from her distressing malady. His object in alluding to the case is to direct attention to the presence of worms in the intestines as being a not unfrequent cause of the reflex nervous action, which manifests itself in the irregular and involuntary muscular movements which characterize chorea.

SHOULDER PRESENTATION.

BY GEORGE WRIGHT, A. M., M. B., TORONTO.

The following somewhat unusual case, from its still more unusual issue, may not be without some degree of interest to the readers of the "*Lancet*," and I am therefore induced to communicate it.

I was called on the morning of March 9th, 1870, to attend Mrs. C—, of this city, whom her husband represented as being "in labor and severely ill." On arriving at the house I discovered that the patient had been in labor during most of the night, and that a midwife was in attendance, who informed me the presentation was irregular. I made an examination at once and found the left shoulder presenting and the arm projecting the entire length, and very much swollen. The head was to the right side of the pelvis and looking towards the back of the mother. The pains were frequent and very vigorous, and as the patient had been suffering in this way for at least six hours, I deemed it expedient to fortify myself in case of rupture with additional counsel, and a messenger was immediately dispatched for another physician. During the interval of delay, I determined to try whether or not anything could be done by manipulation to change the relation of the child, and thus secure a speedier termination of the case. Seizing the projecting arm at the shoulder during an interval between the pains, I made strong pressure upwards with the effect of causing the head and arm to recede considerably. When in the act of making a second effort, a

strong pain ensued and the breech was delivered. Another pain completed the expulsion of the child, which was dead and had been for some hours. The remainder of the labor terminated without the occurrence of anything unusual and the patient made an excellent recovery, not a solitary unfavorable symptom presenting. This was her seventh confinement, but in none of the rest had there been any irregularity. Indeed, she had never before, but once, called in the services of a physician.

This was a case which I am disposed to think, might have terminated in spontaneous evolution had no assistance been rendered. All the circumstances were favorable to such an issue. The pelvis was large and well formed, the child was dead, and, although arrived at full term, was unusually small, and the pains were vigorous from the time when labor had fully commenced. If so happy a termination of cross-presentations were of more frequent occurrence, the *accoucheur* would be relieved from many an hour of anxious care and feel more encouragement in the arduous and responsible duties of his calling.

[To the Editor of the Canada Lancet.]

SIR,—Without risking the employment of overstrained metaphor, at the expense of truth, it may safely be averred, that the individual who aspires to surgical distinction has often a hard (even a macadamized road) to travel. It behooves him, therefore, before entering on his arduous progress to furnish himself with a proper pilgrim's staff, lest each step, instead of being a "gradus ad parnassum" may prove a *facilis descensus*, &c. Candour and truthfulness might also form useful additions to his "kit," before starting on his precarious journey.

These desultory remarks have been suggested by the perusal of an article in the "*Canada Lancet*," from the pen of the "Professor of Surgery, Victoria College," on a case of stone in the bladder."

The particulars of the case, with the fatal result that followed the operation are too well known to require any remarks commensurate with the laboured report of the case referred to. But, inasmuch as graphic illustration sometimes supplies the place of elaborate commentary, permit me to trespass on your

good nature by asking you to place upon record the following which occurred some forty years ago when I was a student of Sir William Ferguson, in Edinburgh. At the end of one of his lectures it was announced to the class that Liston was to operate for stone, there was, as usual, a great rush for seats in the front row of the operating theatre. Among the fortunate occupants were myself, and a thorough going milesian fresh from the Emerald isle, who sat beside me, and after watching with intense eagerness each step of the operation, until Liston had extracted the stone (about the size of a pigeon's egg) and exhibited it to the students. "By jaspers!" he exclaimed, "How the devil could the man have swallowed that stone?" This was a poser—but had my Hibernian fellow-student been present when the Prof. of Surgery, Victoria College declared that "the stone (the size of a billiard ball) occupied the prostatic portion of the urethra," he might, with fully as much reason have asked "how it got there?" and paused, as I do, with bated breath, for a satisfactory reply.

Yours, &c.,

OMICRON.

TORONTO, April 14th, 1871.

(To the Editor of the Canada Lancet.)

SIR,—I beg leave to present the following report of a peculiar case of Eclampsia of the mother and suspended animation of the child, for publication in the *Lancet*. At the present time when there are so many different kinds of treatment for the same disease, it is almost impossible to be very far astray no matter what treatment one may choose to adopt.

My object in reporting the present case is not to advance anything new in treatment; but merely to state the facts which occurred, and the treatment adopted in a case of Eclampsia lately under my care.

I was called to see Mrs. B—, aged 26, robust, had always been healthy, mother of two children. She had been in convulsions for several hours previous to my arrival, the face was flushed and congested, the pulse full and quick, pains very weak, os rigid and unyielding. I tried venesection, removing

about 20 ounces of blood, which was very dark colored and flowed with considerable difficulty. This produced no decided effect in relieving the spasms. I then shaved the head and applied iced water, hot bottles to the extremities and mustard poultices to the feet and legs, but as no improvement followed I put the patient under the influence of chloroform and continued its use for some time, all to no purpose. The pains were scarcely perceptible, and the "os" still rigid and undilated.

I had been taught never to interfere with natural labor, but finding the ordinary treatment of no avail, I decided to deliver the patient as soon as possible. I introduced the finger into the "os" and assisted in dilating until I was enabled to introduce my hand to seize hold of the feet, which I brought down, and delivered the patient, with as much rapidity as was consistent with safety.

The child showed no signs of life and was placed aside for the time being and the secundines removed. In about ten minutes I heard a noise, and judge of my astonishment when I found that it proceeded from the child. Attention was now given to the infant which was at once handed to the nurse for proper care and treatment.

The convulsions ceased immediately after delivery, but the patient remained unconscious until the following morning. A blister was applied to the nape of the neck which had the effect of restoring consciousness and she made a rapid recovery. I feel certain that if I had not adopted the course pursued in this instance the woman would have died.

Yours, &c.,

SUBSCRIBER.

Roseneath, July 16, 1871.

(To the Editor of the *Lancet*.)

DEAR SIR,—I beg leave to offer a few remarks on the supposed therapeutic action of iron.

This is a remedy which is used by all classes of the medical profession most extensively in a variety of forms. Is it of any use as a medicine? I think not. The best Physiologists

of the age, have found by experiments, that in all cases iron is excreted in the feces, which shows that more than the necessary amount is taken up from ordinary food. Some of the best specimens of the genus *homo* in the world are Scotchmen, who work in ditches up to their knees in mud, and live on oatmeal and water which they carry with them. This is very simple food and yet they get all the iron they require from it.

I dare say there are some medical men, who would say I was mad if I were to attempt such an argument with them. Twenty years ago a man would have been looked upon as insane if he had told the doctors that mercury did not act specifically upon the liver. I often think of the saying of a celebrated old "Doctor," that "we have no cholagogues or emmenagogues." In ordinary cases of amenorrhœa the anaemia is the effect of a deranged stomach and not of the absence of iron in the blood, and when doctors administer iron in such cases without attending to the digestion, they mistake the effect for the cause. I do not believe we have any tonics as far as drugs are concerned. Iron I believe always has a tendency to derange a weak stomach. Strychnia I believe acts as a stimulant to the nervous system. Quinine only does good in cases connected with malaria. It is said to have been found by Headland in the blood of rabbits, a very far fetched and incredible theory. Quassia, Gentian, and Calumbo, with strict hygienic measures, I believe to be the best. Good doctors often treat anaemia with iron, but they never forget to order the patient (if possible) a change of air in a healthy locality, suitable exercise, rest from work, good food, thorough ventilation, and perfect cleanliness. The patients recover not from the iron that is given, but from the effect of the hygienic measures and thus nature does more than the doctor. I believe (according to a rough estimation) there are eight or ten grains of iron in the blood of an ordinary sized man and I do not believe there is any more use in the artificial administration of iron than there is in the artificial administration of any other proximate principle (or part of one.) Nature furnishes all of them. Iron (in one particular form) is beneficial in erysipelas, but I believe the good effect depends more upon the hydrochloric acid than upon the iron.

This letter was not originally intended for publication, but it is at your disposal, if you deem it worthy of a place in the columns of the "Lancet."

G. A. WILLIAMS, M.D.

Chatham, March 19th 1871.

(To the Editor of the Canada Lancet.)

SIR.—I would beg, through your journal, to call the attention of the Medical Council and the profession generally, to the conduct of our present Registrar, Dr. Strange.

It seems impossible in any way to get him to attend to the duties required of one holding his position.

In November last, the profession of this county were about to form a Medical Society, and for their instruction required a copy of the "Medical Register" Accordingly one of the medical gentlemen here wrote to Dr Strange, enclosing fifty cents, and requesting him to forward immediately, for the use of the Society, a copy of said "Register" But no answer came to our application, and it was only after repeated urging, that, within the last two weeks, the "Register" was forwarded.

About the same month last year, two convictions were obtained against a quack, practising in this neighborhood, and, in accordance with the wise provisions of the present Medical Act, the Council's attorney for this county applied to Dr. Strango for instructions to proceed, by civil action, for the recovery of the fines and costs, but although the application was made upwards of three months ago, no instructions have yet arrived, and the quack continues to flourish, while we have to pay the costs of the convictions, and Dr. Strango sits idly neglecting his duties, and pocketing his salary for disgusting the profession, with Medical Council, Medical Act, and all matters connected therewith.

I am, Sir,

Your obedient servant,

A. C. POUSSETTE, M.D.,

President Lambton M. and S. Society.

Sarnia, April 17th, 1871.

NOTICE.—The firm of William Baldwin & Co., of New York, Advertising Agents and Publishers of the "American Chemist" and the "American Journal of Obstetrics," have removed to new and more centrally located offices in that city. Their address now is "21 Park Row, opposite the Astor House, New York city." The subscription price of the "Journal of Obstetrics and Diseases of Women and Children" is advanced to 85 U. S. currency per annum.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the Editor Canada Lancet, Toronto.

TORONTO, MAY 1, 1871.

THE CONTEMPLATED MEDICAL ACT.

We have received a copy of the above Act which was submitted to the Canada Medical Association at its late session in Ottawa, and we find on the last page certain amendments adopted by the Association, but as the Act is distributed in its original shape we must suppose there is still a desire to secure its adoption in that form.

For modesty, it is one of the most remarkable documents we have read in a long time.

We know it used to be said that the codush of the gulf were counted against Upper Canadians in the discussions on Rep. by Pop,—but we did not expect to have that absurdity perpetuated in the constitution of a new Medical Council. We have, in Ontario, a Medical Act, with which we have every reason to be satisfied. It is fast bringing the profession up to that high standard of intelligence and respectability, to which it has long aspired. It has already done a great deal towards eliminating or shutting out from our ranks, a vast horde of illiterate or incompetent persons, who every year reinforced the ranks of quackery and charlatanism. It has materially lessened the numbers entering the regular profession, and now at the close of the second annual examination held by the College of Physicians and Surgeons, we find that *not one* single candidate has entered for examination or registration as an homœopath or eclectic.

In view of these facts therefore, it behoves us to guard carefully and support manfully, until it has been sufficiently tried, a measure which is working with so much apparent satisfaction,

and we do not believe the profession of Ontario is prepared to sacrifice a Bill, doing so much good, for a Dominion Act which would inflict so much injustice on our western profession and institutions as the "Contemplated Bill."

While our Ontario Act is *falsely* accused of amalgamating the sects and causing a forced association with them, it *most unmistakably* controls the character and education of the men admitted into the profession, and keeps up a broad distinction between the regular members and the irregular.

But this new Bill which is to remove all the evils and stains of an imaginary association with homœopaths and eclectics, produces at one stroke, the most complete amalgamation and miscegenation, it is possible to conceive, for does not clause 2 say that "every member of the profession now holding a license to practice medicine, surgery and midwifery in any of the Provinces of the Dominion of Canada shall be and is hereby made a member of the College of Physicians and Surgeons of the Dominion of Canada"? And does not the Contemplated Bill *do away* with all distinctions of creed or sect, and thus make all, members of the regular profession?

Now it must be observed that, as many homœopaths and eclectics are licensed practitioners, they must be admitted to registration equally with members of the regular profession, thus securing a more close identification and association, by far, than our Ontario Bill does.

But the extreme modesty of the measure appears to culminate in the fourth clause, where the composition of the general Council is spoken of. There we find the old sentiment of the superiority of the east as strongly asserted as it ever was in the arena of politics, and the machinery for giving tangible expression to the idea, more unblushingly set before the profession for adoption.

We confess ourselves utterly unable to understand by what process the conclusion was arrived at, that the whole four Institutions in Quebec and the two in New Brunswick, (to which representation in the general Council has been accorded), were entitled to one representative *each*, while only one College either in Ontario or Nova Scotia was considered worthy the same honor, all the others being coupled together in pairs, and only allowed to send one representative from each pair.

Certainly we did think the standing of Queen's College, Kingston, or the University of Toronto, would have entitled them to as much consideration, as Bishops' College, Lennoxville, or Fredericton College, N.B., and we can't see why the University of Trinity College, Toronto, and the Toronto School of Medicine should not have a voice in the new Council equal to that accorded the Montreal School of Medicine or Victoria College, nor can we understand why the Royal College of Surgeons, Kingston, and Dalhousie College, Nova Scotia, should have been placed in a position *inferior* to the University of New Brunswick or McGill College.

Further, we think the proportion of representation accorded to the profession is too small as compared with the Schools, and we also think Ontario with its fifteen hundred practitioners will hardly be content with *four* members of Council, or any other number not based proportionately on the numbers to be represented. Although it is true, that certain friends of equality, at the late meeting of the Canada Medical Association, did succeed in carrying an amendment more in conformity with the principles of justice and common sense, yet we submit that the representation of the general profession should not be contingent upon the establishment of new schools from time to time, thus continually disturbing the number and boundaries of the electoral divisions, and preventing the adoption of any fixed principle in the arrangements for the general elections. It were far better to give the general profession a moderately full representation at the start, and then allow the Council to expand or contract from time to time, by the addition of representatives from new Schools, or the withdrawal of those from old ones, as they may cease to exercise medical functions.

The distribution of the "Contemplated Bill" with all its original injustice, even after its condemnation by the Medical Association, appears to indicate a lingering hope that it may yet secure final adoption, in that form, otherwise, we think its promoters would have incorporated in the original text, the amendments (as far as they go) which were adopted by the Association at Ottawa.

In view of these circumstances, we think the friends of our Ontario profession and Institutions, should watch with jealous care, the further progress of this singular measure, and be prepared to render a good account of themselves and their professional fealty at the next meeting of the Canada Medical Association, in the city of Quebec

CANADIANS IN ENGLAND.

In the January number of the *Lancet*, we noticed the name of Arthur Jukes Johnson, M.B., Toronto University, among those who were successful in obtaining the diploma of the Royal College of Surgeons, Eng. The numerous friends of that gentleman will also be glad to learn that he shortly afterwards obtained the appointment of House Surgeon to St. Thomas' Hospital, in which position he will be able to acquire a very extensive and thoroughly practical knowledge of that branch of his profession.

It always gives us pleasure to record the honors awarded to Canadians in the Mother Country, but especially when we know that, personally, the recipients are in every respect worthy of them.

COURTESIES OF THE PRESS.

We received a communication last month from Mr. W. Geo. Beers, Editor of the "*Canada Dental Journal*," Montreal, requesting us to publish a reply to an article that appeared in the "*Canada Medical Journal*," from the pen of Mr. Bowker, Dentist, of Montreal. We were obliged, most respectfully, to decline to publish the article in question, in consequence of the pressure of other original matter upon our pages, that had lain over since March, and besides, as the article by Mr. Bowker did not appear in our pages, the reply would not be interesting to our readers. But we feel bound to say that we are astonished at the want of courtesy shown towards Mr. Beers, by the Editors, in refusing to allow his article to appear, in reply to an attack made upon him by Mr. Bowker, through the pages of the *Canada Medical Journal*."

BISHOP'S COLLEGE MEDICAL SCHOOL, MONTREAL.

In another page will be found the announcement of the first session of the Medical Faculty of this institution. The following gentlemen, in addition to those mentioned in the April number of the "*Lancet*," have accepted appointments in the new School.

—Robert Godfrey, M.D., Diseases of Women and Children; J. Baker Edwards, Ph.D., A.M., Chemistry—Theoretical and Practical; John Kennedy, M.D., Anatomy; William Gardner, M.D., Medical Jurisprudence, and J. L. Leprohon, M.D., State Medicine.

This new School opens on the 2nd of October, with a large and well appointed staff of professors, and we cordially wish them all success in their new undertaking.

PROFESSIONAL ETIQUETTE.

Just before going to press we received a communication from Dr. Hodgc, of Orono, complaining of a gross breach of etiquette on the part of a fellow-practitioner in his neighborhood.

The facts of the case as related by Dr. Hodgc, are as follows: He was attending a case of acute rheumatism which he was treating on the *alkaline* plan with opiates to relieve pain, and the patient was doing very well. His fellow-practitioner, whose name he mentions, was called to see a patient one-and-a-half miles distant from the former patient, and meeting a relative there, he told him that his friend must have been badly treated or he would have been better by this time, and offered to send some medicine, stating that he could "have him as well as ever in a few days." He also said that he would visit his own patient about noon the next day and that if it was requested he would visit Dr. Hodgc's also. No message was left however, and the gentleman was foiled in his efforts to secure the case.

This, if true, is a most glaring breach of professional etiquette, and deserves the severest condemnation, and we feel it our bounden duty to expose such abuses, wherever and whenever they are shown to exist. It must be borne in mind, however, that, in many such cases, there is a good deal of exaggeration and hearsay evidence, which it is not always safe to accept without the closest investigation. We trust, for the honor of the profession in this country, that there are few such cases to be recorded.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

MATRICULATION EXAMINATION, APRIL, 1871.

A. WICKSON, M.A., LL.D., Examiner, Toronto.

S. WOOD, M.A., " Kingston.

The following candidates successfully passed the Matriculation Examination of this College:—

TORONTO.—Archibald J. Sinclair, J. T. Moore, Archibald Leitch, Lorenzo D. Halyo, Colin McLarty, Edward W. Murphy, John H. Bennett, James M. Kennedy, Allan F. Pringle, Charles McGeorge, John P. Sivowright, Samuel K. Falls, J. M. Mackie, Sydney S. Murray, George M. McDonald, Emily H. Stowe, Jenny K. Trout.

KINGSTON.—A. M. Gibson, W. Meinaker, E. C. Saunders, G. C. Dowsley, D. H. Dowsley, R. F. Preston, N. A. Powell.

PROFESSIONAL EXAMINATION.

The Professional Examinations, *primary* and *final*, were held in the Convocation Hall, Toronto University, commencing on Tuesday, the 4th of April, and ending on Monday, the 12th. There were 32 candidates for the primary examination. *Two* were rejected in all the branches, *ten* passed a partial examination, and 20 passed the full examination.

51 candidates presented themselves for the final examination, 47 of whom were successful, and are entitled to registration as members of the College. We give their names below.—

FINAL.—R. A. Alexander, Stoney Creek, Evan Allan, Stratford, Charles Archibald, Yorkville, William S. Black, Barrie, William John Breerton, Bradford, Miles Brown, Winchester, George Buchanan, Ridgerville, Edward L. Cash, Markham, John J. Clement, Streetsville, Henry J. Cole, Brantford, Geo. Hoyle Cowan, Princeton, Robert H. De la Mater, Font Hill, George W. Falkner, Belleville, William Forrest, Mount Albert, John Frazer, Strabane, William H. Graham, Gifford, Abraham Groves, Fergus, Alexander Hamilton, Onondaga, John M. Hart, Wilfred, A. A. Henderson, Ottawa, Nathaniel P. Henning, Tyrrell, William Higginbotham, Bridgewater, Samuel Hudson, Roslin, Charles E. Jakoway, Holland Landing, Thomas G. Johnston, Sarnia, James Lafferty, Perth, William Lang, Keeno;

Robert Lawrence, Honeywood, Charles Frederick A. Locke, Barrio; James P. Lovokin, Newcastle, Daniel S. Maccoll, Eagle; John H. Mathieson, Embro; Findlay McEwon, Toronto; Andrew McKay, Woodstock; Angus McKinnon, Ospringe; Charles Y. Moore, Derry West, Henry Moorehouse, Shetland, James Parker, Frankville, John H. Parsons, Yorkville, Charles J. Rattray, Cornwall, Samuel R. Richardson, Highland Creek, James A. Robertson, Shakespeare, Robert A. Stevenson, Cayuga, Alexander Taylor, Whitby, Adam Vrooman, Vroomanton, Samuel M. Wells, Laskay, Henry P. Wright, Toronto.

Questions for Primary Examination.

ANATOMY—DR. SULLIVAN.

1. How would you expose the fornx cerebri? Describe it.
2. Trace the third division of the fifth nerve from its origin. Give branches, and sum up the parts supplied.
3. Name in order the parts exposed on removing the trapezius muscle.
 1. How are the portal and internal jugular veins formed? Give their course and relations to their termination.
 5. Describe the iris, membrana tympani, and velum interpositum.
 6. Describe the duodenum, its relations and the vessels and nerves which supply it.
 7. Expose the plantar arch.

PHYSIOLOGY—DR. COVERNTON.

1. What are the conditions for the perception of taste? What nerves exercise the special sense? Describe their origin and distribution, and give a brief account of supposed mechanism.
- 2 Describe the auditory apparatus, origin and distribution of terminal filaments of auditory nerve, also functions of external and middle ear and labyrinth.
- 3 Give the origin, distribution, function and inter-relations of great sympathetic with cerebro-spinal nerves.
- 4 What are the functions of the medulla oblongata and meso-cephalon as nervous centres?
- 5 Arrange the cerebral nerves according to their several functions, viz., nerves of special sense, common sensation, motion and mixed nerves.

6. Relate the peculiarities of the fetal circulation.
7. Where are the Wolffian bodies situated, and what is their function?

MATERIA MEDICA—DR. TUCK.

1. Name the chief medicinal agents classed as diuretics. State the purposes for which they are employed, and write a prescription in full that will have a direct diuretic action.

2. Give the medicinal properties, uses, doses, and modes of administration of iodine, belladonna and aconite.

3. Name the pharmaceutical compounds of lead, their uses and doses, poisonous effects, and antidotal treatment.

4. Distinguish between narcotics and hypnotics, anæsthetics and anodynes, with examples of each and their peculiar physiological effects.

THEORETICAL CHEMISTRY—DR. SANGSTER.

1. State clearly the course of the electric current in a galvanic battery, and which is the positive and which the negative electrode.

2. Describe the thermometric scales, and state how readings in one may be reduced to equivalent readings in the other.

3. Describe the nature, sources, properties and uses of ozone, also mode of detecting its presence and amount.

4. Distinguish between colloids and crystalloids, giving examples.

5. Give general rule for calculating specific gravity of gases of known composition.

6. Give a brief synopsis of the chemistry of iron and its compounds.

7. Distinguish between monads, diads, triads, &c., giving examples.

8. State the differences between rectified spirits, proof spirits, and absolute alcohol, stating how the last may be obtained, give the name and composition of a few of the monatomic alcohols of the series $C_n H_{2n} + 2 O$, and of the monobasic acids derived therefrom.

9. How many grains of sodium potassium carbonate, crystallized with $6 H_2 O$, are required to saturate 250 grs. of citric acid?

TOXICOLOGY—DR. SWEETLAND.

1. What is a poison?
2. What are the symptoms of arsenical poisoning? Give antidotes and the reasons for using them.
3. Give the tests for corrosive sublimate.
4. Contrast the symptoms of poisoning by opium and those of apoplexy and intoxication.
5. What treatment would you adopt in narcotic poisoning?
6. In a case of suspected poisoning, what precaution would it be necessary to observe in making the *post mortem* examination?

BOTANY—DR. CORNELL.

1. What is Botany?
2. Of what does the vegetable kingdom consist?
3. What does the term plant imply?
4. Are there any plants growing without being attached to any fixed body, if so give examples?
5. Are there any plants endowed with sensibility, if so give examples?
6. What analogy is there between plants and animals?
7. What important position does the vegetable kingdom occupy?
8. Is there constantly a reciprocity of favors going on between the animal and vegetable kingdoms, if so give examples?

Questions for Final Examination.

MEDICINE AND MEDICAL PATHOLOGY—DR. H. H. WRIGHT.

1. What are the symptoms of pneumonia in the adult? Describe its several stages and their pathological condition, and give the prognosis and treatment.
2. What circumstances are necessary for the production of malaria? What diseases does it give rise to, and how can you prove the existence of the cause? What character have they in common, and what effects follow the long continued influence of malaria?
3. Give the symptoms, prognosis and treatment of acute and chronic Bright's disease of the kidney, the tests for albumen and their fallacies.

4. What diseases of the chest have increased resonance on percussion? in what is percussion unaffected, and in what is it dull, and in what flat, and the value of this sign? how is operation performed?

5. Give the history of tubercle.

6. What conditions produce passive congestion, and what structures are involved? Give the rules of treatment.

MEDICAL DIAGNOSIS—DR. SWEETLAND.

1. What diseases are liable to be confounded with *scabies*? Mention the distinctive symptoms of each.

2. Mention the distinctive signs of bronchitis, pneumonia and pleurisy.

3. Give the distinguishing characters of the diseases which have pain and tenderness in the right iliac fossa, as a prominent symptom.

4. Describe the varieties of small-pox. What diseases might it be mistaken for in early stages?

5. Give the diagnosis of typhoid fever. What indications does the thermometer afford in this disease?

SURGERY (OPERATIVE)—DR. LIZARS.

1. Describe two or more methods of vaccinating a child, and the changes that will take place in the part if successful.

2. Describe the operation of ligating the subclavian artery in the third portion; structures divided and avoided.

3. Describe the different degrees of rupture of the female perineum; causes and operations for its relief.

4. What is the usual cause of vesico-vaginal fistula, and operation for its relief?

5. Describe Piragoff's modification of Syme's operation

6. Describe the operation for iridectomy.

7. Describe the operation of resection of knee joint, and cases in which it would be successful.

8. If a child is brought to you with double hair-lip and cleft soft palate, when would you attempt to operate, and what are the reasons for operating at that time? Describe the operation.

SURGERY (OTHER THAN OPERATIVE).

1. Describe cause, symptoms and diagnosis of lumbar abscess.

- 2 Describe causes, differential diagnosis and treatment of orchitis.
3. What are the diseases that demand castration?
4. What diseases affect the Antrum of Highmore?
5. Describe symptoms of membranous croup, and the cases where tracheotomy is justifiable.

SANITARY SCIENCE—DR. CARSON.

1. What is Sanitary Science?
2. What sanitary measures should be enforced by the public authorities at all times?
3. What measures should be adopted in anticipation of an epidemic of cholera?
4. What measures should be adopted in anticipation of an epidemic of small-pox?
5. How far may the endemic diseases of Canada be prevented, and in what way?
6. What are the ordinary impurities of drinking water, and how may they be detected and removed?
7. In making out a dietary scale for jails or asylums, what proportion of nitrogenous food would you allow each inmate?
8. Give an example of a daily regime of diet on the cheapest scale compatible with health.
9. What is the minimum of cubic feet of space for each bed in a hospital?
10. Name some of the ordinary disinfectants, and describe the manner in which they act.

SURGICAL PATHOLOGY—DR. FIELD.

1. What are the four principal conditions necessary for the normal nutrition of parts?
2. What are the two chief forms of atrophy? Describe atrophy of muscle in each kind.
3. Describe the pathological changes in the formation of an abscess, also the process of repair in filling up the cavity.
4. Enumerate the products of inflammation.
5. In subcutaneous injuries does extravasation of blood take any part in the reparative process? If so, in what manner?

6. Is the normal mode of repair of fracture by onsheathing, or intermediate callus? Describe the reparative process in fractures.

7. What is the difference, pathologically, between dry and moist gangrene? Give the cause of the difference.

MEDICAL JURISPRUDENCE—DR. CAMPBELL.

1. Give the signs of death.
 2. Distinguish between wounds before and after death.
 3. How are stains of human blood known?
 4. How far can concussion of the brain be distinguished from intoxication?
 5. Give the signs of pregnancy.
 6. Give the signs of recent delivery.
 7. Describe the hydrostatic test in infanticide, and give the objections to it.
 8. Give a definition of insanity.
 9. Name the different varieties of insanity.
 10. How can feigned insanity be detected?
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SURGICAL ANATOMY—DR. SULLIVAN.

1. What is the relation of parts passing beneath the anterior annular ligament of the wrist?
 2. What parts are divided in excision of the elbow-joint?
 3. Give the course and coverings of femoral hernia. Where does stricture occur, and what are the dangers in operating?
 4. How is Syme's operation performed?
 5. Give the course and relations of the internal maxillary and obturator arteries.
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MIDWIFERY (OPERATIVE)—DR. HOPE.

1. If the fœtus and pelvis are duly proportioned, but the position of the child unpropitious, what instruments would you use to restore the lost relation in position?
2. Give three cases in which the forceps are indicated, the proper position of the patient for the operation, the manner of applying the instrument and the mode of making extractive force.

3. Describe a case where craniotomy is indicated and the manner of performing the operation.
4. Give diagnosis and treatment of a case of puerperal epileptic convulsions.
5. State the diagnosis and treatment of prolapsus of the cord.

MIDWIFERY (OTHER THAN OPERATIVE).

1. State some of the signs that show that labour has commenced.
2. How do you distinguish true from false pains?
3. Into how many stages is labour divided? Describe them.
4. Describe 1st and 2nd positions of the head.
5. What is the best position for delivery?

PRACTICAL CHEMISTRY—DR. SANOSTER.

1. Briefly describe the preparation of the following re-agents CaCl_2 , H_2S , and K_2O .
2. Name the acids precipitated from neutral solutions by AgNO_3 , grouping together,—1st, those insoluble, and 2nd, those soluble in NH_3 .
3. Name the acids which are precipitated from neutral solutions by CaCl_2 and Fe_2Cl_6 , respectively, distinguishing in the former case, between those soluble and those insoluble in acetic acid, and in the latter case stating the color of the precipitate.
4. Describe the re-actions by means of which you would detect the presence of lead, copper, potassium and mercury respectively.
5. Give the special re-actions of arsenic and morphine.

UNIVERSITY OF TRINITY COLLEGE.

MEDICAL EXAMINATION, APRIL, 1871.

The following candidates have successfully passed the primary and final examinations, respectively, in this University:—
 PRIMARY.—F. C. Astley, Barrie, J. Albright, Beamsville, W. S. Boyle, St. Catharines, R. Callighon, Toronto; William

James, Mount Albert, R. Kains, St. Thomas, H. Lang, Bryanston; C W Marlatt, Yarmouth Centro, P. McDonald, Brucefield; A McKay, Ingersoll, William Osler, Toronto, S. G. Rutherford, Shakespeare, H. Ross, Brucefield; T. J. Tamlyn, Newcastle.

FINAL (M.B.)—A. S. Campbell, Montreal; W. R. Hillary, Aurora, James Hackett, Newmarket; J. M. Hart, Wilfred; H. H. Moorehouse, Shetland, D. S. Maccoll, Eagle; A. L. McLaren, Campbellville; J. Parker, Frankville; J. A. Robertson, Shakespeare, Adam Vrooman, Vroomanton.

VICTORIA MEDICAL SCHOOL.

The following are the names of the successful candidates at the recent examinations in connection with the Victoria Medical School.

PRIMARY.—Jos. Albright, Beamsville, Henry Brent, Port Hope, W S Boyle, St. Catharines, L. C. Campbell, Toronto; William James, Nobleton, Hugh Lang, London, Robert Kains, St. Thomas, Logan M. Moore, Duntroom; J. S. McCallum, Stouffville P Macdonald, Princefield, Hugh Ross, Brucefield; T. J. Tamlyn, Newcastle, W. G. Tennant, Mohawk.

FINAL—S. Bell, West Essex, W. J. Broroton, Bradford, Miles Brown, Winchester, Frederick C. Cluxton, Peterborough; Ed. L. Cash, Markham; John Frazer, Strabano, B. T. Gahan; Samuel Hudson, Belleville, Chas. E. Jakeway, Holland Landing; Robert Lawson, Honeywood, William Lang, Keene, J. O. Lovekin, Newcastle; H. H. Moorehouse, Shetland; Andrew McKay, Woodstock, J H. Parsons, Yorkville; S. R. Richardson, Provincial Lunatic Asylum, Toronto.

SUBSTITUTE FOR QUININE.—It is stated in the "Lancet," of London, Eng., that M. Pavia, of Italy, has produced an alkaloid from the leaves and roots of boxwood, which he calls "bussino." In the experience of certain Italian physicians, this substance has been found to possess virtues nearly equal to quinine, in the treatment of miasmatic fevers. In several cases gastric uneasiness, pyrosis, thirst, nausea, giddiness, and tinnitus aurium were attributed to the use of this remedy.

Selected Articles.

COMPOUND DEPRESSED FRACTURE OF THE SKULL TREPHINING.

CLINIC OF PROF. GROSS.

William Mitchell, 9 years old, was brought to the clinic by his father, Dr. Mitchell, having the day previous been thrown from a horse, lighting on his head. His father, on picking him up, discovered a wound about an inch in length, extending from a short distance above the left eyebrow upward and outward; it was attended with fracture of the frontal bone, with marked depression. The boy was not stunned by the fall, and he bore the journey—undertaken almost immediately after the accident—to the city, a distance of 160 miles, without any apparent suffering or injury.

Professor Gross, on examining the parts, found the condition described above, and, in conclusion with his colleague, Professor Pancoast, decided to trephine. Chloroform having been administered, he enlarged the wound, and removed a disk of bone, with a small trephine, from the outer side of the depression, and restored the bone to its natural level. The dura mater at the site of injury was somewhat injected, but perfectly sound in other respects. The parts were brought lightly together by suture, and covered with a wet compress secured with a bandage. At 8 P.M., six hours after the operation, the patient was restless, his pulse excited, and his skin hot and dry. He was taking hydrarg. chl. mitis, grs. iij, with pulv. jalap, grs. vj, every three hours, and a febrifuge composed of sp. mindereri, sp. etheris nit., tr. verat. virid., and deodorized tr. opii.

Six foreign leeches were applied to the left temple at midnight, and, gave him decided relief; his bowels had been freely purged, and he rested well after the bleeding. During the following day he was comfortable, his diet was restricted, and senna and sulphate of magnesia were substituted for the calomel and jalap.

He continued to do well until the 14th, when his father, on account of urgent professional engagements, was compelled to take him home. Fortunately no ill effects ensued; on the con-

trary, he continued steadily to improve, and is now, nearly two months since the accident, entirely well.

Professor Gross, in commenting upon the operation of trephining, alluded to the disfavor with which it is at present regarded by military surgeons, and then alluded to his own convictions that its danger, in ordinary cases and in persons of good constitution, is greatly overrated. The danger of allowing a depressed bone to remain in its unnatural situation was, he said, twofold,—immediate, from inflammation, and remote, from epilepsy and other bad effects. This is especially true of small, depressed fractures, which, by their pressure upon the brain and its membranes, nearly always induce inflammation, not unfrequently terminating in death in a few days. When the pressure is widely diffused, the danger, other things being equal, is comparatively slight. In punctured fracture the danger is proverbial. Children, from the peculiar susceptibility of the nervous system, are particularly prone to suffer from epilepsy and other nervous symptoms on recovering from the immediate effects of such injuries, where the bone is permitted to retain its depressed situation.

Great stress is properly laid upon the after-treatment in injuries necessitating such an operation. The head and shoulders should be kept constantly elevated, the hair should be cut off close, and the scalp covered with a bladder partially filled with ice; light and noise should be excluded from the apartment; the diet should be restricted to the smallest allowance, the bowels should be freely evacuated with calomel and jalap or senna and Epsom salts, and if headache, accompanied by high fever and restlessness, arise, blood should be taken freely, by leeches, from the temples or behind the ears, or even from a vein at the bend of the arm. The old method of treatment after such injuries is too much neglected at the present day, we feed too much and deplete too little.

A patient with fracture of the skull—especially one requiring the use of the trephine—should consider himself for a long time an invalid, avoiding all excitement, both of mind and body, observing great care in his diet, and keeping his bowels constantly in a soluble condition. From want of proper precaution, many a person has lost his life from the effects of inflammation of the brain, weeks and months after all danger was supposed to have been safely passed.—*Medical Times*.

SIMPLE METHOD OF MEASURING THE SPECIFIC GRAVITY OF SMALL QUANTITIES OF URINE.

We not unfrequently see, in an otherwise complete report of the condition of a specimen of urine, "quantity too small for the specific gravity to be measured," or words of similar import. A simple method has occurred to me by which the specific gravity of an extremely small quantity of urine may be obtained with sufficient accuracy for all practical purposes.

Suppose the quantity to be examined is half a fluid ounce. Add to this, say four times its bulk, or two fluid ounces of water, and take the specific gravity of the mixture. Suppose this to be 1004, the specific gravity of the urine will be 1020. The reason of this will be obvious, for we have in the mixture four parts of water at 1000, and one of urine for the fifth, to which any surplus above 1000 belongs, of course, if the water were replaced by an equal quantity of the urine, four other volumes of the surplus specific gravity would be added, and the specific gravity of the whole would be five times as great. Hence the following rule:—

Add to the quantity of urine to be examined as many equal volumes of water as may be necessary to float the scale of the urinometer. Multiply the excess of the specific gravity of the mixture above 1000 by the whole number of volumes employed, add it to 1000, and the result will be the specific gravity of the urine.

So simple a method as this can hardly fail to have occurred to many persons who have been engaged in examining urine, but I do not happen to have seen it mentioned in any of the books at hand, perhaps for this very reason. On the other hand, I have so often known the important fact of the specific gravity to be left out of a report on a specimen of urine for the want of enough to fill the urinometer, that the simple rule above given may not be without value to some of your readers.—*Boston Medical and Surgical Journal*.

FISTULA IN ANO.

Dr. Huso in the *Medical Record* (March 15th) recommends the following mode for the radical cure of fistula in ano without the knife:—

A prompt and successful result, in several cases of anal fistula treated by injection of iodine, has induced me to call attention to this subject in the *RE-Ö.*

While disclaiming of course, any originality for this *plan* of treatment the *manner* in which I have employed it is probably somewhat new. At all events, it has thus far been entirely and permanently successful in my hands, and the suggestion of M. Honry, assistant to M. Bonnafont, as long ago as 1858, on this subject, seem to have met with undeserved neglect.

The iodine should be employed in the form of a *saturated ethereal tincture*. Its advantages over the officinal or alcoholic tincture are obvious. It is not only *stronger*, and thereby excites inflammatory adhesion in the walls of the tube, but the ether evaporates almost momentarily and a pure coating of iodine is left along the fistulous track which doubtless encourages absorption.

The instrument I have used is an ordinary hypodermic syringe with small silver canula, which may be readily bent to correspond with the direction of the sinus.

The mode of operation is as follows. — After exploring the fistula with a *very small* probe (the ordinary probe of the pocket-case is far *too large*) after determining its course and extent, the patient is to be placed in a good light and a glass rectal speculum introduced, with its fenestrum opposite the internal orifice of the fistula. The canula is now bent to the required curvature and introduced, when the syringe, filled with tepid water, is screwed on, and the surface thoroughly cleansed of all extraneous matter. This step is not only essential, but serves to allay timidity, or dread of the subsequent operation.

Next by the pressure the fistula in its whole extent should be dried out, and the iodine will thus come in direct contact with its walls. Introduce now into the speculum a quantity of carded cotton. This will absorb any of the iodine which might otherwise be injected *through* and injure the mucous membrane, and by its characteristic stain will serve to show the completeness both of the fistula and of the operation.

The canula may now be re-inserted and the injection made. It should be done *slowly*, and at the same time the canula gradually withdrawn. Every part of the surface will thereby be reached.

The operation, which is not very painful, should be premised with a cathartic and followed with a full anodyne, as ordinarily with the time-honored knife method. The patient need not be confined to his bed, or room, even for an hour.

Thus far I have performed this operation four times and, as remarked above, with immediate and complete success. The patients, were, all but one, below thirty years old. One was tuberculous, but no appreciable injury accrued from thus checking what we were once told is in phthisis a conservative drain. In my first case, a clerk, *æt.* 23, there was a dense and almost cartilaginous state of the fistulous wall, and the injection had to be repeated, but in the other, one 'sitting alone was called for.

THE PROGRESS OF OBSTETRICS IN THE LAST TWELVE YEARS.

DR. GRAILY HEWITT, the retiring President of the Obstetrical Society of London, in his Farewell Address on the 5th inst., passed in review the work of this Society since its formation twelve years ago. The Address touched necessarily on many topics, and may almost be regarded as a kind of review of the volumes of the Society's Transactions already published. We give the most prominent points:—

ANÆSTHETICS IN MIDWIFERY.

We have come—some of us, at all events—to recognize the fact that chloroform has a tendency to make work "lingering," that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air.

DEFORMITIES.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—the spondylolisthesis, or projection forwards of the last lumbar vertebra from caries or other disease of the bones beneath, first described in 1853 by Kilian, of Bonn. Dr. Barnes has contributed in our "Transactions" an exhaus-

tive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare, but we shall probably bear of it more commonly now attention has been directed to its existence.

FORCEPS.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this society done to further the use and efficiency of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to apply it; we do not consider the entrance of the blades into the uterus as prejudicial; nor do we object to the employment of slight degrees of compression to the foetal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on.

TURNING.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible.

CRANIOTOMY.

Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that

the foetal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's, to cut the head into segments by means of a very strong wire, worked by the adaptation of the craseur mechanism. Before this society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr Praxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument.

INDUCTION OF PREMATURE LABOUR.

It must be stated, I think, at the present time, that we are not yet decided as to what is actually the best method of inducing premature labour. There is a very remarkable paper in the "Transactions," by Professor Lazarewitch, of Chareov, in which twelve cases are related wherein the method of injecting water to the fundus of the uterus was employed; and no one can read the account of these cases without being struck with the safety and completeness with which labour was induced. Dr. Barnes's method is unquestionably an exceedingly good, and it may be characterised as being the best, method we have in our possession for bringing labour to an end within a certain definite time. Looking, however, to the great difficulty of conducting the labour through its various periods safely to the child, which is an important consideration in most of these cases, it must be stated that we have not yet quite decided as to what is the best method, and there are still some, including myself, who think very highly indeed of the method of simple puncture of the membranes.

HÆMORRHAGE.

A new term in reference to hæmorrhage has been added to medical obstetric literature since the formation of this Society. We now recognize the existence of a form termed concealed accidental hæmorrhage, — hæmorrhage, that is to say, occurring concealed in the uterus itself, capable of imperiling the patient without necessarily causing a great external loss—a very dangerous complication of labour.

In a very interesting paper, Dr. Greenhalgh laid down this proposition, that in a case of placenta prævia the patient should not be

allowed to go on to the full term of pregnancy, that a woman with placenta previa is constantly in danger of losing her life, and that the practitioner should exercise a special control over that patient, if he does not think it advisable to induce the continuance of the labour at the time the difficulty is first observed. With reference to the methods of treatment of this complication, I think that the general current of feeling in the Society is in favour of an eclectic method.

With reference to a post-partum hæmorrhage, I have little doubt that, if the treatment of the third stage of labour previously alluded to were generally practiced and insisted upon, we should have very slight occasion to treat post-partum hæmorrhage at all. As to the actual treatment of post partum hæmorrhage, an important addition has been made to our practice in the injection of perchloride of iron into the uterus in cases where the other methods fail. This we owe to Dr. Barnes.

It must be admitted that transfusion is a remedy which is the only one capable of resuscitating a patient in certain cases, and it is a remedy which must always be considered in alluding to the subject of the treatment of hæmorrhage.—*Medical Press and Circular.*

ON THE THERAPEUTIC ACTION OF THE SULPHITES IN MALARIAL DISEASE.

BY JAMES TYSON, M.D.

As the fungus origin of malarial disease became less probable, the plausibility of its treatment by the sulphites also lost all rational foundation, since it was based upon the discovery of Polli that these salts are hostile to animal and vegetable fungi. But since clinical results have been quoted in confirmation of the propriety of this theory, it is necessary also that additional experience should accord in its results with what we would expect on the supposition that the theory is erroneous, else must there be a certain amount of evidence in its favor. Accordingly, we have thought proper to report the results of a limited hospital experience, as shown by four illustrative cases.

First, however, let us learn some of the results of others. Dr. T. L. Leavitt, of Germantown, Pa., reports in the *American Journal of the Medical Sciences* for April, 1866, p. 388, a single case of remittent fever in a lady, aged 19, which resisted for more than four weeks the sulphate of quinia. The use of fifteen grains of the hyposulphite of

soda every three hours, instituted in the afternoon, was followed on the next morning by "the first omission in the exacerbation for over four weeks." The sulphite was continued three days, then at longer intervals, and, as stated by the reporter, "effected a perfect cure."

Dr. S. E. Hampton states in the *Cincinnati Lancet and Observer*, November, 1867, that in sixty-six cases of malarial disease it failed in the one only. A few of these cases only are reported.

Dr. W. E. Turner, in the *Leavenworth Medical Herald*, November, 1867, says that he used the sulphite and hyposulphite in every one hundred and twenty-five cases with unvarying success, and with better after-results than followed the use of quinia.

Dr. C. H. Chubb, of Cambridge, Md., reports, in the *American Journal of the Medical Sciences* for April, 1868, that in twenty-seven cases in which he used the hyposulphite of soda, the paroxysms were arrested in twenty five, in eleven of these the arrest was immediate, no paroxysm occurring after the treatment was instituted. These cases were nearly all of the tertian type. In nine cases, one paroxysm, and in the remaining five, two or more paroxysms, occurred after the use of the remedy commenced. These cases were mostly quotidians or double tertians, and the recurring paroxysms were invariably of mitigated severity. In no case was the remedy continued longer than a week, unless there was manifest improvement. In five of the cases relapses occurred, in three of these the disease was again arrested by the same remedy, and did not return, the treatment having been continued some time after the arrest of the chills, in the other two of the relapsing cases, sulphate of quinia was resorted to, to complete the cure."

Two cases only are reported in full,—one of success, another of failure. The former was that of a female, aged 31, who had been the victim of ague for twelve months, during which there was never an interval of more than two weeks between paroxysms. Quinia, iron, etc., were freely administered. She took the hyposulphite in doses of fifteen grains every two hours, and had but one paroxysm after the treatment was instituted."

To these we append the results of our own experience.

Case I TERTIAN INTERMITTENT—J. D., æt 48, of Ireland, was admitted to the medical wards of the Philadelphia Hospital, October 10, 1870. He had no chill previous to admission. At noon on the 12th of October had a well-marked paroxysm of chill, fever, and sweat. On the 13th was ordered $\mathfrak{z}\mathfrak{i}$ of sulphite of soda, to be taken in the

twenty-four hours terminating at noon on the 14th. At this time, however, the paroxysm recurred with less severity. Two drachms a day were then administered, in divided doses. On the 16th a paroxysm recurred, but less severely. The same treatment was continued until Oct. 27, when the patient was discharged, *no chill recurring after that on the 16th.*

Case II. QUOTIDIAN INTERMITTENT.—Ellen F., æt. 30, of Ireland, domestic, was admitted October 11, 1870. Has been residing the past five weeks at Red Bank on the Delaware River, where chills and fever are prevalent.

On October 7, about 4 p. m., had a slight chill, followed by fever and profuse sweating. A similar paroxysm recurred daily to date of admission. On October 12 ordered gr. x. sulphite of soda every three hours. The paroxysm recurred at 6 p. m. of October 13. Treatment continued until October 15, paroxysm recurring each day with increasing severity, until we feared to continue the sulphites longer. Accordingly, on the 15th, ordered gr. v. quin. sulph. every three hours. *After which no paroxysm recurred.* She was discharged October 21, 1871.

Case III. TERTIAN INTERMITTENT.—Hugh K., æt. 13, in summer drives a canal boat on the Juniata Canal. Admitted to the medical wards of Philadelphia Hospital, October 12, 1870. About October 1, was seized with a chill, followed by fever and perspiration, to which succeeded a similar paroxysm on alternate days, but not at precisely the same hour. The first paroxysm in the hospital occurred October 13. A half-drachm sulphite of soda was ordered to be taken daily. Paroxysm recurring on the 15th, ʒij sulphite of soda were ordered daily. On October 17 paroxysm returned, also on October 19,—earlier and less severe. On October 21, paroxysm did not recur, but at midnight on the 23d again presented itself, though less decidedly; again, similarly on the 25th, on the 26th at 3 p. m., in very severe form, and at 1 p. m. on the 28th. During this time ʒij of sulphite of soda were taken daily. On the the 29th, sulphite of cinchonia, gr. xij, was ordered to be taken by 9 a. m. of the 30th. Paroxysm returned at 10.15 a. m. On November 1, the cinchoniz sulph. was similarly administered. No paroxysm recurred upon that day, nor upon the 3d, but one again presented itself upon the 5th, the remedy having been inadvertently omitted after the 1st. On November 7, another paroxysm. Two drachms of sulphite of soda daily were now again ordered, which were increased to ʒss on the 10th. During this interval the paroxysms continued to recur with severity on alternate days. On

the 11th the sulphate of cinchonia was again ordered, in so small a dose as gr. ij three times a day. A slight fever presented itself at 10 p. m. of the 12th, but no chill, and after this no paroxysm recurred, the cinchonia salt being continued daily.

Case IV TERTIAN INTERMITTENT — Isabella W., æt. 29, was admitted October 24, 1870, having the history of a well-marked paroxysm on alternate days for some time previously. The first in the hospital occurred on the 25th. On October 27, zij of sodæ sulphis were ordered, the paroxysm occurring at 1.30 p. m. The quantity was increased to ziii on the 29th, which was again reduced to zij on the 31st. After October 28 no paroxysm presented, though on each day, at the time of the expected chill, a feeling of nausea occurred, and continued even at the date of the patient's discharge on November 7, the zij of sulphites being continued to that time.

Now, what are the conclusions we draw from the above cases, bearing in mind that the almost invariable tendency of malarial disease, except in its *pernicious* form, is to abatement in the severity of recurring paroxysms, and in some instances, at least, to spontaneous recovery? Let us consider *Case I.*,—one of recovery under the use of the sulphites. Three paroxysms succeeded each other, the second after one drachm of sulphite of soda had been administered, the third after the use of two drachms, and this was less severe than the previous ones, and was also the last, the sulphites being continued ten days longer. Although some observers might be inclined to class this among the cases which owe their recovery to the sulphites, we ourselves feel compelled to place it on neutral ground, from the fact that the course pursued by the disease was precisely that of the natural history of mild cases,—gradual abatement and final disappearance of the paroxysm. Although it is *possible*, therefore, the disease was influenced by the treatment, yet the chances are at least equal that spontaneous recovery took place. The case cannot, therefore, be admitted in evidence. Even the most credulous must, however, admit that the response to treatment in this case did not at all compare to that of the sulphate of quinia in similar cases.

How is it with *Case II.*, in which we have the more uncommon condition of increasing severity in the paroxysms? Here clearly the case is against the sulphites. The remedy was useless, at least in the quantity given, and that the case was not an unusual one appears from its prompt amenability to quinine.

Case III. must also be counted against the efficacy of the sul-

phites; and here no objection can be made to the quantity administered. It reached 3ss per day, while ʒij, which were given many days in succession, must be acknowledged to be a full dose for a boy thirteen years old. It will be noted that there was here a relapse, after the interruption of the paroxysm, during the administration of the sulphate of cinchonia, and that the use of the sulphite of soda was again instituted, but to no purpose. The cinchona was again called to rescue the patient.

In Case IV, a well-marked tertian, the paroxysms disappeared under the use of the sulphites in quantities of ʒij a day; and the suddenness with which they ceased, after a full dose of the salt, when no tendency to diminished severity had previously presented itself, is at least striking. And although it is not impossible that such cessation should occur spontaneously, yet the probabilities are against it; and it must be admitted that if quinine had been administered it would generally be conceded that the subsequent effect was a consequent one. We must therefore accept this case as one in evidence of the efficacy of the sulphites.

These results do not accord with those previously reported. Only one of four could be legitimately conceded to confirm the efficiency of the sulphites in malarial disease, instead of sixty-five out of sixty-six, as in the report of Dr Hampton, or twenty-five out of twenty-seven, as in that of Dr. Chubb. We do not wish to be considered as questioning the observations of these gentlemen, and have no doubt but that the results followed the treatment, but had these cases been closely watched, analyzed, and eliminated, as only can be done under hospital-surveillance, perhaps all would not have been admitted in strict testimony as to the efficiency of a treatment which, in the face of recent minute investigations, can no longer be said to have a rational foundation.

We have not, however, any right, nor do wish, to exclude any of these cases. We simply present our own as a nucleus *tending* to prove a somewhat different conclusion, to which others may or may not be added.

The attention of others is accordingly invited to a subject which is so full of interest, both in a practical point of view, and as bearing upon a theory of disease which, although tottering, is perhaps not without something to support it, and, therefore, since not definitely settled, calling upon all of us for information as our humble facilities may afford.—*Medical Times*.

THE PRODUCTION OF HEMORRHAGE, ANÆMIA, ETC.
IN THE LUNGS BY INJURIES TO THE BASE OF
THE BRAIN.

Dr. Brown-Séguard contributes to the *London Lancet*, January 7, 1871, some experimental researches on guinea-pigs, rabbits, and cats, to show how frequently the lungs are altered consecutively to a lesion of the brain. He states that in almost all cases of injuries by crushing or section of the pons varolii, ecchymoses were found in the lungs, sometimes the whole lung was crowded with effused blood, and real pulmonary apoplexy existed. Injuries to other portions of the brain were attended with similar results, but they rarely followed injuries to the medulla oblongata and spinal cord, although the nerve-fibres going from the pons varolii to the lung pass through both of these divisions of the nervous system. Experiments show that it is not through the par vagum, but the sympathetic, especially by its spinal roots, that the peculiar influence of the irritated pons varolii exerts itself in producing pulmonary hemorrhage. The condition of the lung, as regards distention or collapse of air-cells, does not materially change the effect. A lesion in one of the lateral halves of the pons produces generally a much greater effect on the lung of the opposite side. Anæmia may also be produced after similar injuries of the base of the brain, but especially of the pons varolii, some parts of the lung seeming to be absolutely deprived of blood. Edema appears principally after injury of the medulla oblongata, the lung presenting several minute grayish spots containing serum, and the minute blood-vessels being filled with the white corpuscles of blood, and free from red corpuscles. This change in the contents of the pulmonary capillaries is immediate. Emphysema, Dr. Brown-Séguard declares, can appear when not a single respiratory movement takes place, after an irritation of the base of the brain, either by crushing or cutting. This differs from the views of other observers on the mode of production of emphysema. He also states that of 188 cases of organic disease of the brain recorded in the work of Colmoil, there was a morbid state of the lungs in more than 60 cases. He concludes that many patients attacked with brain-diseases die from disease of the lungs caused by that of the central organ of the nervous system.—*Medical Times.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a meeting of the Council, on the 21st March, for the consideration of the Draft-scheme for a Conjoint Examining Board, the Council formed itself into a Committee, when Mr. CHARLES HAWKINS moved, Mr. H. LEE seconded, and it was resolved, that the present Committee affirms anew, and purposes that the Conjoint Board Committee should, as far as practicable, adhere to the resolution of the Council of October 7th, 1869, viz, "That it is the opinion of the Council that there should be instituted a single Examining Board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined, and that a diploma from either of such Examining Boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominion."

It was moved by Mr. CURLING, seconded by Mr. BUSK, "That an Examining Board be formed for this division of the United Kingdom; that every person desirous of being registered under any of the qualifications granted by the English licensing bodies, as mentioned in Schedule A to the Medical Act of 1858, be required to appear before that Board, and be examined on the subjects of professional education, and that full liberty be left to the said licensing bodies to confer as they may think proper their honorary distinctions and degrees."

It was moved as an amendment by Dr. HUMPHRY, seconded by Mr. HUTTON and carried, "That it is desirable that an Examining Board should be formed by such licensing bodies as may consent to take part in it, it being understood that each co-operating body shall refrain from the exercise of its previous separate privilege of giving admission to the *Medical Register*."

On reading Resolution 2 of the Draft-scheme, it was moved by Mr. SIMON, seconded by Mr. LEE, "That the consideration of clauses II., III., IV., and V. of the Scheme be deferred till the Conference shall have had an opportunity of revising them in the sense of the resolutions which the Committee that day passed."

Amendment moved by Dr. HUMPHRY, seconded by Mr. HANCOCK, and carried, "That the Committee assents to Resolution 2

of the Draft-scheme, provided each of the licensing bodies therein mentioned take part in the constitution of the Board of Examiners."

It was then moved by Dr HUMPHRY, seconded by Mr. SIMON, and resolved, "That it is desirable, in the opinion of the Committee, that each of the examiners in medicine, surgery, and midwifery, shall be a graduate in medicine or surgery of a British University holding the highest degree in medicine or surgery of his University, or a Fellow or Member of one of the Royal Colleges of Physicians, or Fellow of one of the Royal Colleges of Surgeons in the United Kingdom, or that he shall be, or have been, a recognized teacher on the subject in which he is appointed to examine."

The other resolutions in the Draft-scheme were deferred for future consideration.—*Medical Press and Circular.*

DEATH FROM INHALATION OF ETHER.

Some of our American friends seem to think ether perfectly safe. We beg to remind them of a case of directly fatal result from ether inhalation which occurred in Boston. A man who had received a bullet wound in the knee, and who was etherized for the purpose of amputation, suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. The present case is more like cases of death from chloroform. The particulars were related in the *Boston Med. and Surg. Journal*, of December 8, 1870, but many American editors seem to have quite forgotten it.—*Medical Press and Circular*

THE TITLE OF "DOCTOR."—The *New York Medical Gazette* gives the following, taken from one of its exchanges.—

"The title of 'Doctor' was invented in the twelfth century; Irnerius, a learned professor of law at the University of Bologna, induced the Emperor Lothaire II., whose chancellor he was, to create the title, and he himself was the first recipient of it. He was made doctor of laws by that university. Subsequently the title was borrowed by the faculty of theology, and first conferred by the University of Paris on Peter Lombard. William Gordenio was the first person upon whom the title of doctor of medicine was bestowed, he received it from the College of Asti, in 1329."

A NEW AND PRACTICAL METHOD OF DISINFECTION.

Dr. Hoskin, in the *Boston Medical and Surgical Journal* of March 9th, calls the attention of the profession to a new and simple apparatus designed by himself, the object of which is to vaporize certain chemical substances, and thus thoroughly to disinfect the air, walls, ceiling, and, in short, the entire contents of any apartment, however large.

The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, wick, and—attached to the free end of the wick—a bulb of spongy platinum. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid), the wick is then to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, and will continue red hot as long as any fluid remains in the bottle, and, in this condition, it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere.

The following may be enumerated as a few of the cases in which it is thought this instrument will be found useful.

Firstly In zymotic diseases, for disinfecting the persons of patients as well as those of the nurses and other attendants, also the furniture, walls, ceiling, and air, this method offers many advantages over any other hitherto suggested. In scarlatina, smallpox, &c., there are strong grounds for the belief that the poisonous germs of the malady, emanating from the body of the patient and exhaled with every breath, fill the air of the sick chamber, adhering to all objects within the room, and that each of these germs, unless in some way neutralized or destroyed, may become the focus of future infection. It is true that these germs are so minute that their presence has not yet been detected with certainty, even with the aid of the microscope, still we have very strong circumstantial evidence of their existence. Furthermore, experiments have demonstrated that if liquids or solids containing these germs are brought in contact with certain chemical substances, such as carbolic acid, sulphurous acid, &c. even in the smallest appreciable quantity they are, by some process not yet satisfactorily explained, rendered completely innocuous. In scarlatina, in particular, the results of this theory have been repeatedly shown, and the inevitable deductions are such as must carry with them great weight, so

that, at present, when one member of a family is attacked with this contagious malady, so great is the confidence felt in these prophylactic measures by those who have given them a trial, that it is no longer considered necessary to remove those of the family who have not previously contracted the disease.

But while the body of the patient may be disinfected by simple outward applications, it has long been felt that some ready process was needed for attacking more effectually those germs which float in the air or adhere to the walls and ceiling. For this purpose this little instrument will be found particularly efficient.

2dly. In the recent recommendations of the Commissioners on the contagious diseases among cattle of this State, the importance of thoroughly *disinfecting barns and sheds* is urged in order to arrest a prevailing epizootic, but it will be observed that no method is suggested for effectually carrying out such a process. I am confident that the result here desired could be most readily obtained by placing in these buildings, for twenty-four hours, two or three of the instruments here described. Other objects to which this apparatus may be applied will continually suggest themselves, as for instance, for neutralizing the offensive odor of dissecting rooms, surgical wards, for purifying the holds of emigrant ships, for disinfecting cars and carriages in which persons suffering from contagious maladies have been conveyed, or even horse or steam railroad cars to which any suspicion of such conveyance may be attached, or which need to be purified from other causes. By introducing into the bottle a solution of iodine, cannabis indica, or the like, this instrument may be substituted for the various atomizers now in use, for administering these various drugs by inhalation.

I have ventured to give the name "Eudipile" to this instrument, and although its construction was suggested by the old and well-known scientific toy employed in Eudiometry, it differs from the latter in several essential particulars.

Of course, the bottles to contain the disinfecting liquid may be made of different capacities, to correspond with the size of the apartment to be disinfected.

It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents.

BOOK NOTICES.

ON DISEASES OF THE SPINE AND NERVES. Philadelphia: H. C. Lea. Toronto Adam Stevenson & Co. \$1.50.

This volume comprises a series of essays, extracted from the "System of Medicine," edited by J. Russell Reynolds, M.D., on a group of diseases of great interest, and many of them of frequent occurrence.

Part I. is devoted to Diseases of the Spinal Cord, from the pen of C. B. Radcliffe, M.D., F.R.C.P.

Part II. contains a short and pointed article on Epidemic Cerebro-Spinal Meningitis, by J. Netten Radcliffe.

Part III. consists of a concise paper on Neuritis and Neuroma; by J. W. Begbie, M.D., F.R.C.P.E.

Part IV. is devoted to a full and comprehensive article on Neuralgia, by F. E. Anstie, M.D., F.R.C.P.E.

These Essays are from the pens of gentlemen of acknowledged ability and experience, who have paid particular attention to the several diseases on which they have written. The volume will be found to present the latest advances in the knowledge of the several subjects therein discussed.

THE CHANGE OF LIFE IN HEALTH AND DISEASE—By Edward John Tilt, Vice-President of the Obstetrical Society of London, &c. From the third London edition Philadelphia Lindsay and Blackiston. Toronto. Copp, Clarke & Co., \$3.00.

This new edition is much enlarged and improved and neatly bound in cloth. The book consists of about 300 pages, and is divided into twelve chapters; the first five on the Physiology of the change of life, and one on the Pathology, one on its Therapeutics, and one on its Hygienes. The remaining chapters treat of the diseases of the reproductive organs at this period of life the skin and digestive organs, nervous system, &c. The author is very clear and concise in style, and the work contains a fund of practical matter, and no small amount of theory also, which is very clearly enunciated. He also gives evidence of having been a very earnest and faithful worker in the Physiology and diseases of women, and he has made a valuable contribution to the literature of the subject which has thus engaged his attention. It is, so far as we know, the most interesting and thoroughly practical work on the subject of which it treats in the English language. It is a pleasant work to read, an easy guide to follow, and a work which we can cordially commend to the profession.

A TREATISE ON THE CHRONIC INFLAMMATION AND DISPLACEMENTS OF THE UNINPREGNATED UTERUS—By W H Byford, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical School. Second edition, Philadelphia: Lindsay and Blakiston. Toronto, Copp, Clarke & Co., \$3.00.

The second edition of this work is much enlarged and improved, several illustrations have also been added, which materially enhance the value of the book as a work of reference to the busy practitioner. The author seems to place great confidence in the success of local treatment in the cure of sympathetic secondary affections arising therefrom. A considerable space is therefore devoted to the local treatment of disease of the uterine system, and especially to the mechanical means and topical applications used. Although a work of only about 250 pages, it is supplied with a copious index, which adds much to its general usefulness as a work of reference. It is very neatly got up, printed in large type on very good paper, and is creditable alike to author and publisher. We have pleasure in commending it to our readers.

MEDICATED LOZENGES.

We beg to call the attention of the profession to Hessin's Medicated Lozenges, the advertisement of which will be found in another column. Mr Hessin is well known in Toronto, where he has been in the confectionery business for the last fifteen or twenty years, and at the suggestion of some medical men here, he has been induced to manufacture medicated lozenges. We are glad that he has seen his way clear to enter upon this new enterprise, as, if properly sustained, it will be the means of doing an incalculable amount of good. This is undoubtedly the easiest way of administering medicine to children and even to some adults, and explains the reason why so much patent medicine is consumed annually in the form of bronchial troches, worm lozenges, &c. This new branch of the business entered upon by Mr. Hessin will be the means of doing away with a good deal, at all events, of this abominable trash, and introducing ready to the doctor's hand, palatable and carefully prepared medicines.

We wish him all success in this branch of his business, and trust that the medical profession will second his laudable effort in striving to render disagreeable medicines as palatable and agreeable as possible to unfortunate patients, both young and old.

Two years ago we began to import pure light wines direct from the vineyards of the south of France believing that both in price and quality they would be well adapted for consumption in Canada. The result has surpassed our expectations, and the demand has been such as to tax all our energies for its supply.

As a considerable portion of this demand has arisen from the adoption of these wines by medical men in their professional practice, and their consequently extended use by invalids and delicate persons, it has been suggested to us that a careful analysis of those brands most used and especially the cheaper ones, would be useful, to show the various proportions of the main constituent parts of each description, so that, in every case, the wine most suited to the requirements of the consumer might be selected.

Professor Croft, of the Toronto University, has kindly made this analysis for us, and we annex his report with the chemical results given in a tabulated form. The higher priced and better known wines, being more articles of fashion and luxury, have not been included in this table as their number would make it too cumbersome for easy reference.

QUETTON ST. GEORGE & CO.,

Wine Merchants,

34 King Street East, Toronto.

UNIVERSITY COLLEGE, April 25th, 1871.

GENTLEMEN,—I have taken considerable interest in the examination of the Roussillon and other wines of you importing, on account of their being of a character so much superior to what I expected. I have tested them by the processes of Chevallier, Jacob, Vogel and Eschenbeck, and in all cases have proved them to be pure and unadulterated wines. The following table will show the relative strengths, as regards solid matter, alcohol, alkaline salt and acid, the latter being calculated per gallon. The alkaline matter is the ordinary wine salt or cream of tartar—bitartrate of potash. The determination of the quantity of astringent matter does not seem to be possible, but its relative proportion can be easily distinguished by taste. The Roussillon wines and Masden and some vins d'ordinaire have a good deal of it, while in the Alicante it is scarcely perceptible. The Masden has the greatest alcoholic strength of all these wines, and the Alicante most saccharine matter.

NAME.	Specific Gravity.	Absolute Alcohol by weight.	Solid Matter, Sugar, &c.	Ash.	Acidity per gallon.
Roussillon Vin Rouge . . \$1.00 per gal.	1.012	12.17	7.50	0.50	463
Roussillon Port, No. 1 . . . 2.00 "	1.018	14.86	9.10	0.50	435
Roussillon Port, No. 2 . . . 1.50 "	1.031	12.29	13.50	1.25	462
Alicante 2.00 "	1.033	15.47	14.25	0.30	339
Masden 2.00 "	1.007	17.22	10.20	0.40	457
Catalonian Port 1.50 "	0.997	10.24	4.38	0.63	366
Vin d'ordinaire (Lansade) 3.00 per doz.	0.998	8.33	2.67	0.40	621
Vin d'ordinaire du Midi (brown label) 3.50 "	0.997	10.78	3.06	0.30	629
Vin d'ordinaire (w/te label) 2.50 "	0.995	8.83	2.04	0.31	630
French Sherry, or Vin blanc d'ordinaire 1.50 per gal.	0.999	15.60	5.07	0.20	317
Vin de Graves 4.00 per doz.	0.991	9.66	2.01	0.21	350

The proportion of alcohol calculated as proof spirit would be about double that of the alcohol given in this table.

Yours truly,

HENRY CROFT.

Messrs. QUETTON ST. GEORGE & Co.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT

Ninth Street, above Chestnut, Philadelphia.

The Lectures of the Session 1870-71 will commence on the second Monday (10th) of October, and close on the 1st day of February ensuing.

MEDICAL FACULTY.

GEORGE B. WOOD, M.D., Eminent Professor of Theory and Practice of Medicine.

SAMUEL JACKSON, M.D., Eminent Professor of Institutes of Medicine.

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ROBERT E. ROGERS, M.D., Professor of Chemistry

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One Introductory will be delivered in the Course

Clinical instruction is given daily throughout the year, in the Medical Hall, by the Professors, and at the Hospital. At the Philadelphia Hospital, containing 900 beds, instruction is free.

The Dissecting rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The room for Operative Surgery and the Application of Bandages, &c., &c., is open early in September, and throughout the session under the supervision of the Professor of Clinical and Demonstrative Surgery.

EXPENSES.

Fees for the Course of Lectures	\$140
Matriculating Fee (paid once only)	5
Graduating Fee	30

CLINICAL LECTURERS.

WILLIAM PEPPER, M.D., Lecturer on Clinical Medicine.

EDWARD RHODES, M.D., Clinical Lecturer on Physical Diagnosis

JAMES TISON, M.D., Clinical Lecturer on Microscopy and Chemistry, applied to Diseases of the Urinary Organs.

WM. GOODELL, M.D., Clinical Lecturer on Diseases of Women and Children.

D. HAYES AGNEW, M.D., Professor of Clinical and Demonstrative Surgery.

HARRISON ALLEN, M.D., Clinical Lecturer on Syphi.

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JAS. E. GARRETTSON, M.D., Clinical Lecturer on Surgical Diseases of the Mouth.

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HENRI HARTSHORNE, M.D., Professor of Hygiene

JOHN J. REESE, Professor of Medical Jurisprudence, including Toxicology.

The Sixth Course of the Auxiliary Lectures will begin on the last Monday in March, and terminate the last Thursday in June. These Lectures are free to all Students of the regular Medical Course

R. E. ROBERTS, M.D., Dean of the Medical Faculty, University Building.

W. H. SALVADUR, Janitor, University Building.

P.S.—Board may be had at from \$4.50 to \$6 per week.

Alumni of this Department who are permanently residing, and other medical practitioners who desire to receive the Catalogue and Announcements regularly, are respectfully requested to send their address to the Dean, 102 E. 20th, Philadelphia.

Philadelphia, September, 1870